



Symphony Residences (formerly, The Ivy Apartments), 2021

PRONG 1

Attached to Sister Nursing Facility

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Heightened Scrutiny

SETTING INFORMATION

Setting Name:	Symphony Residences at Lincoln Park (Formerly The Ivy Apartments)	SLP
Address:	2437 N. Southport Chicago, IL 60614	

HEIGHTENED SCRUTINY INFORMATION

Maximum Capacity of the Facility: 138

Current Occupancy (10/13/16): 113

Proof of licensure by state agency

On Site Validation Tool

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

Provider qualifications for staff

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

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

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

Other relevant information

- Photographs of separate entrances
- Schematic Plans

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 Symphony Residences at Lincoln Park

Address 2437 North Southport

City/State/Zip Chicago, Illinois 60614

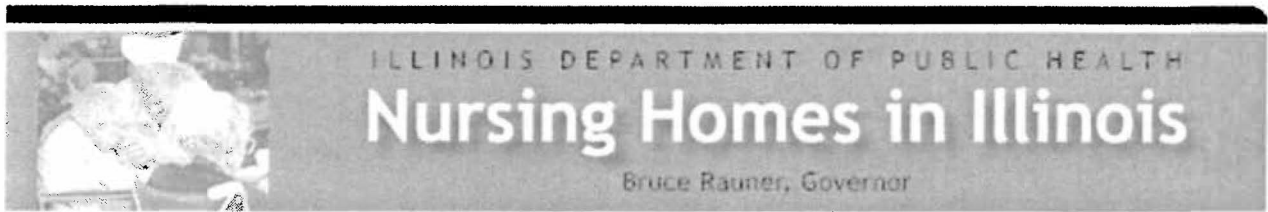
Number of Units 118 Maximum Number of Residents 138

Effective Date November 21, 2002

Bruce Rauner, Governor

Felicia F. Norwood, 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

SYMPHONY OF LINCOLN PARK

1366 WEST FULLERTON AVENUE
CHICAGO IL 60614

ADMINISTRATOR: LAURA ARANDA
TELEPHONE: 773-248-9300

Licensee ID	:0053694
Facility ID	:6004733
Skilled beds	:248
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	:248
Medicaid beds	:0
Fax	:773-935-0036
County	:Cook
Medicare Certification Number	:14-5510
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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3/4

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

Provider Name:	The Ivy Apartments (Symphony Residences)
Name/Address of setting:	The Ivy Apartments 2437 N. Southport Chicago, IL 60614
Contact at the setting:	[REDACTED]
Visited With:	[REDACTED]
Surveyor Name:	[REDACTED] HFSN
Date Completed:	6/27/16

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

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

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

Child Group Home		Site-Based Permanent Supported/Supportive Housing
Day Habilitation-Facility Based:	X	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?	X			
Does the setting provide both on-site and off-site services?		X No		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? <i>Physically connected to NF (sister)</i>	X	No Error/NA		
Is the setting a farmstead, a gated community, or part of a multi-setting campus? " " " "	X	X Error		

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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?	✓				
2. Does the setting utilize access to the community as part of its plan for services?	✓				
3. Do individuals have an opportunity to seek employment in competitive integrated settings?	✓				
4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit?	✓				
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?	✓				

Category 2

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
6. Are individuals and their families encouraged to participate in the care planning process?	✓				
7. Does the person centered plan identify various setting options provided to the participant?		X			Not a current requirement for SLP. This is included in the initial level of care determination completed by the CCU or DRS.
8. Does the person centered plan identify the individuals' choice to receive services at this setting?	✓				
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?	✓ Error NA			X NA	no resident's interviewed had safety concerns.

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 Error	Private apts are available.

Category 3

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
13. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint?	✓				
14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?	✓				
15. Does the setting post individuals' rights in a visible location?		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?	✓				
17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured?	✓				
18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance?	✓				
19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private?	✓				

20. Does the setting offer a secure place to store individuals' personal belongings?	✓				
21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)?	NA			X	None req. per resid. interviews
22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences?	✓				
23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence?				X	No req. for any restr.
24. Does the setting utilize restraints only in accordance with the Mental Health Code?	NA			X	Restraints are not allowed in SLP.
25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care?			✓	X	Resid. above restr. Staff entry error. & secured egress doors.

Category 4

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
26. Does the setting offer daily activities that are based on individuals' needs and preferences?	✓				
27. Can individuals choose with whom to interact?	✓				
28. Can individuals choose which activities to participate in?	✓				

29. RESIDENTIAL ONLY: Can individuals choose to dine alone or in a private area?	✓				
30. RESIDENTIAL ONLY: Can individuals participate in activities in the community alone?	✓		X		
31. NON-RESIDENTIAL ONLY: Does the setting allow individuals to have a meal/snack to meet their needs and preferences?				X	
32. NON-RESIDENTIAL ONLY: Does the setting provide individuals the option to choose both individual and group activities?				X	

Category 5

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

Check Yes, No, NA or Addressed by Person Centered Plan (Plan)	Yes	No	Plan	NA	Additional Comments
33. Does the setting inform individuals/family members that they have a choice to modify their services?	✓				
34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences?	✓				
35. Does the setting have a complaint/grievance policy?	✓				
36. Does the setting inform individuals how to file a complaint/grievance?	✓				
37. Does the setting allow individuals to voice concerns or ask questions regarding the services received?	✓				
38. RESIDENTIAL ONLY: Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available?	✓				
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?		✓			
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?	✓				
42. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)?	✓				

Category 7 (RESIDENTIAL ONLY)

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

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

Category 8 (RESIDENTIAL ONLY)

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

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

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

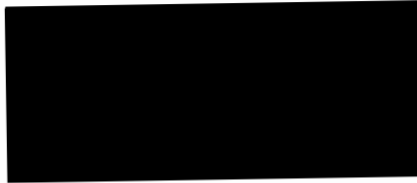
48. Do individuals have access to food as desired?	✓				
49. Do meal schedules allow for some flexibility in eating times?	✓				
50. Do individuals have the option of eating alone?	✓				

Category 10 (RESIDENTIAL ONLY)

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

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

Assessment Completed By



Date

6-27-16

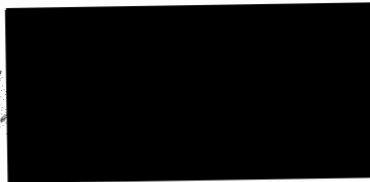
Facility/Site

The Ivy Apts now Symphony Residences

Reviewed By



Signature



Date

7/27/16

Physically connected to sister NF via hallway.
Doorway between is not locked. Separate
entrances.



via W Fullerton Ave and US-41 S/N Lake Shore Dr

14 min without traffic

17 min

5.5 miles



via US-41 S/N Lake Shore Dr

16 min without traffic

19 min

5.0 miles



via I-90 E/I-94 E

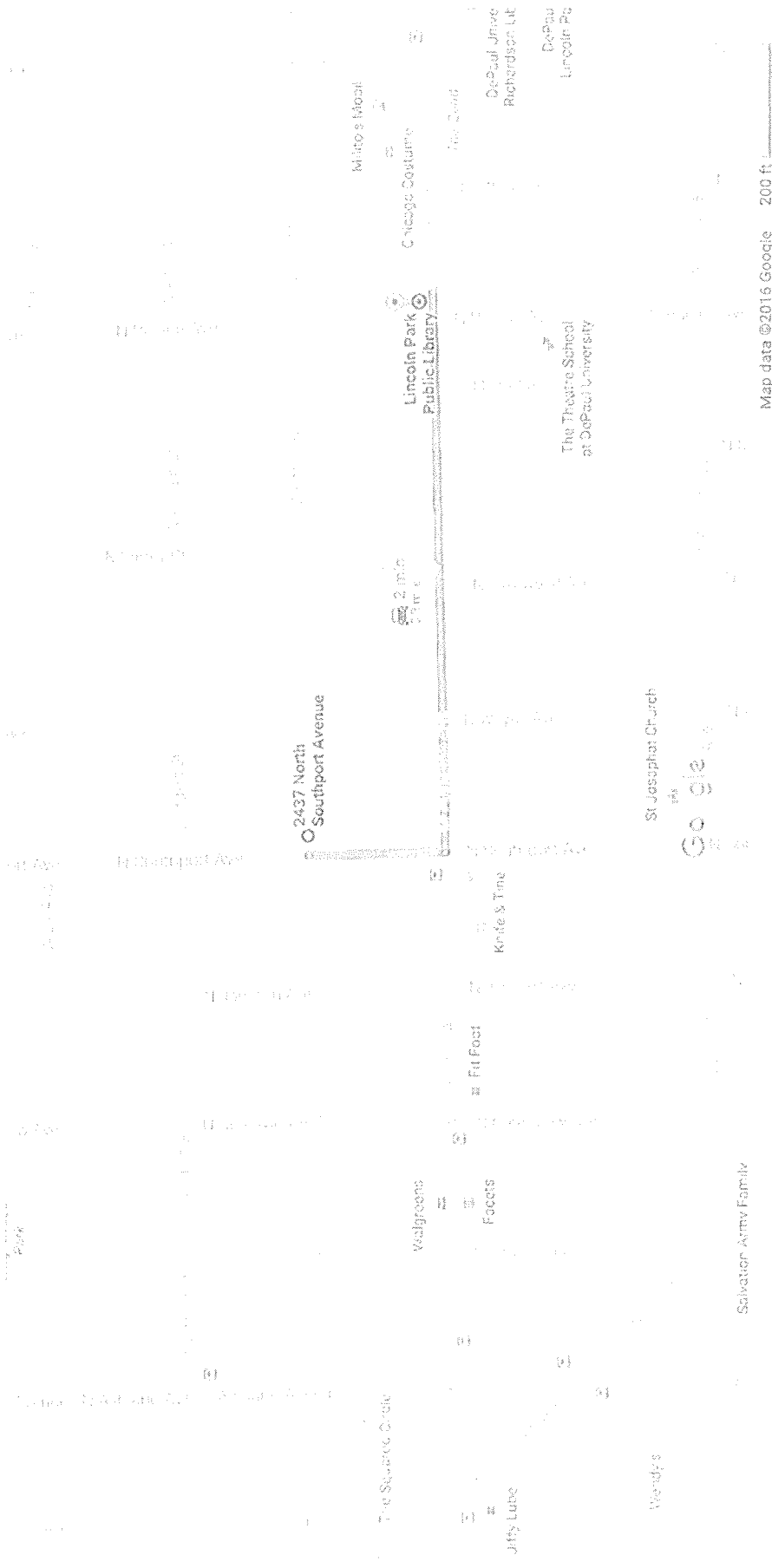
17 min without traffic

21 min

7.4 miles

Google Maps 2437 N Southport Ave, Chicago, IL to Lincoln Park Public Library

Drive 0.3 mile, 2 min



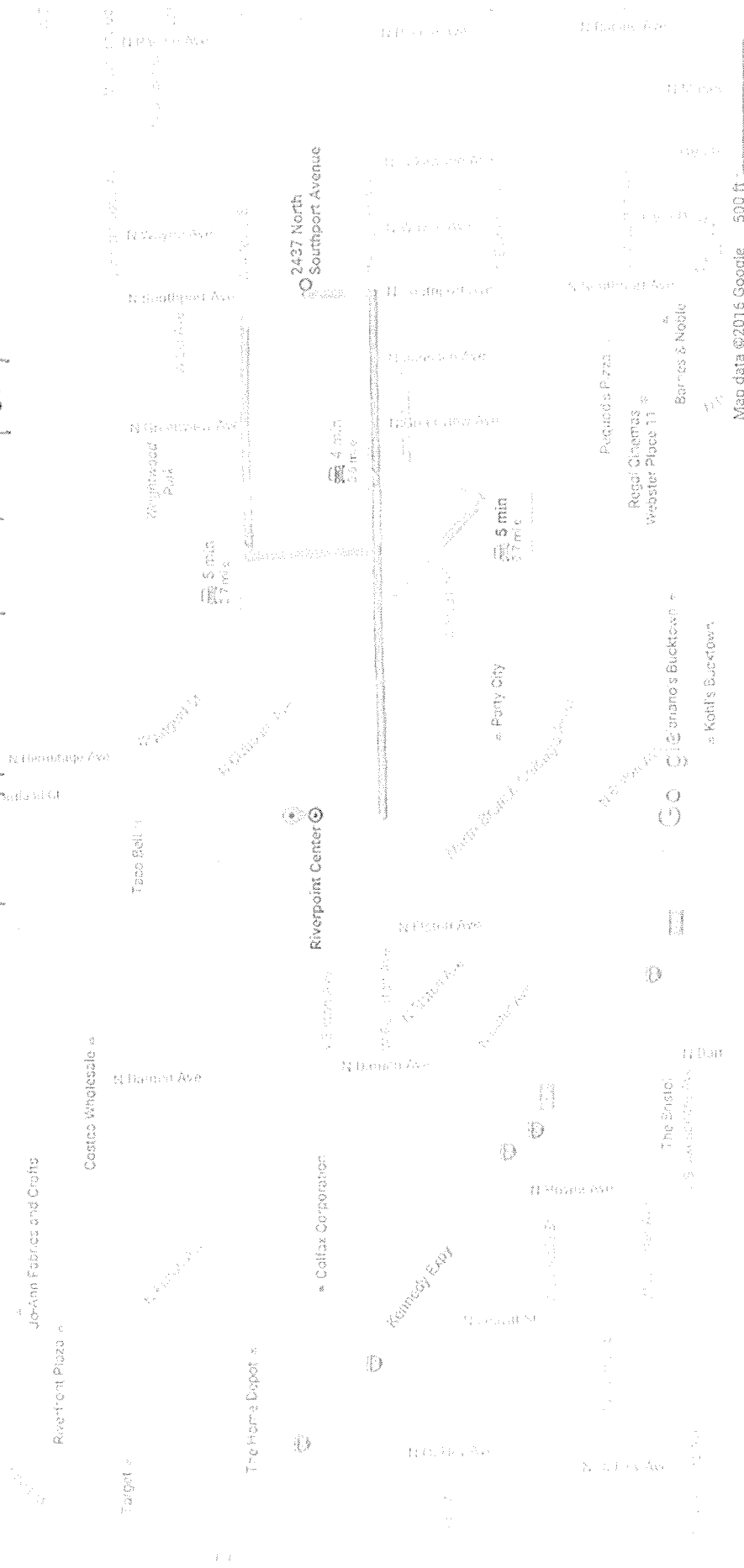
via W Fullerton Ave

2 min, without traffic

2 min

0.3 mile

Google Maps 2437 N Southport Ave, Chicago, IL to Riverpoint Center (Jewel, Marshall's, Old Navy, Drive 0.6 mile, 4 min)
TJ Maxx, Subway, Starbucks, Chase, Party City





via W Fullerton Ave

4 min without traffic

4 min

0.5 mile



via W Altgeld St and W Fullerton Ave

5 min without traffic

5 min

0.7 mile



via N Clybourn Ave and W Fullerton Ave

5 min without traffic

5 min

0.7 mile

Supportive Living Program

Staff Qualifications

The Department of Healthcare and Family Services conducted an on-site annual certification review at **Symphony Residences at Lincoln Park** 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.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>HAPPY BIRTHDAY</p> <p>JO-ANN</p> <p>JOIN FOR THE END OF THE MONTH PARTY! 8/26</p>	<p>10:00 Marshalls</p> <p>10:30 Exercise Class</p> <p>1:00 JO-ANN</p> <p>1:00 Brain Fitness</p> <p>2:30 Poker-Keno</p> <p>3:00 Treasure Island</p> <p>5:30 Movie on Ch.34 Chronicles of Narnia</p>	<p>9:00 Walgreens</p> <p>10:30 Exercise Class</p> <p>11:00 PAULINE'S</p> <p>11:30 Communion</p> <p>1:00 Brain Fitness</p> <p>2:00 ArtAlive w/Debra</p> <p>2:30 Monster-in-Law</p> <p>3:00 Lin. Park Library</p>	<p>10:00 DOLLAR TREE 3</p> <p>On Elston</p> <p>10:30 Exercise Class</p> <p>1:00 Strack & Vantil</p> <p>1:00 Brain Fitness</p> <p>2:00 Ice Cream Social</p> <p>3:00 BINGO</p> <p>5:30 Movie on Ch.34</p>	<p>9:30 Visit the banks 4</p> <p>10:30 Exercise Class</p> <p>1:00 Brain Fitness</p> <p>1:00 Stanley's Produce</p> <p>1:30 Dietician Talk!</p> <p>2:15 Cooking Class</p> <p>Banana Crescent Rolls</p> <p>4:00 Manicures</p>	<p>9:00 Jewel-Osco</p> <p>10:30 Exercise Class</p> <p>1:00 Penny Poker!</p> <p>1:00 TONY'S FOODS</p> <p>2:00 Weekly Review</p> <p>3:00 Happy Hour w/ Music & Karaoke!</p> <p>5:30 Movie on Ch.34</p>	<p>10:30 Exercise Class 6</p> <p>1:00 Brain Fitness</p> <p>1:30 SCRABBLE</p> <p>2:00 Computer Class With Neal T.</p> <p>2:30 Movie & Popcorn In the Living Room!</p> <p>3:30 Current Events</p>
<p>10:30 Exercise Class 7</p> <p>11:30 Manicures</p> <p>1:00 Brain Fitness</p> <p>1:30 Penny Poker</p> <p>3:00 BINGO</p> <p>5:00 Movie on Ch.34 "It's Complicated"</p>	<p>10:00 Unique Thrift 8</p> <p>10:30 Exercise Class</p> <p>1:00 Brain Fitness</p> <p>1:00 ALDI</p> <p>2:30 Fish Tanks!(craft)</p> <p>3:00 BED BATH & BEYOND</p> <p>5:30 Movie on Ch.34</p>	<p>9:00 Walgreens 9</p> <p>10:30 Exercise Class</p> <p>11:00 Giordano's</p> <p>1:00 Brain Fitness</p> <p>1:00 Writing Memoirs</p> <p>2:30 Virtual Vacation!</p> <p>3:00 Lin. Park Library</p>	<p>10:00 DOLLAR TREE 10</p> <p>& Post Office</p> <p>10:30 Exercise Class</p> <p>12:00 Lincoln Square</p> <p>2:00 Ice Cream Social</p> <p>3:00 BINGO</p> <p>5:30 Movie on Ch.34 "RAIN MAN"</p>	<p>9:30 Visit the banks 11</p> <p>10:30 Exercise Class</p> <p>12:30-1 Walking Club</p> <p>1:00 Brain Fitness</p> <p>2:00 Cooking Class</p> <p>"SMORES ALL WAYS"</p> <p>"National S'moves Day"</p> <p>4:00 Manicures</p>	<p>9:00 Jewel-Osco 12</p> <p>10:30 Exercise Class</p> <p>1:00 Brain Fitness</p> <p>1:00 Penny Poker!</p> <p>2:00 Weekly Review</p> <p>3:00 Happy Hour with "Michael J. Finn!"</p> <p>5:30 Movie on Ch.34</p>	<p>10:30 Exercise Class 13</p> <p>1:00 Brain Fitness</p> <p>1:00 Park Community Volunteer Group!!</p> <p>2:00 Computer Class With Neal T.</p> <p>2:30 Movie & Popcorn</p> <p>3:30 Current Events</p>
<p>10:30 Exercise Class 14</p> <p>11:30 Manicures</p> <p>1:00 Brain Fitness</p> <p>1:30 Penny Poker</p> <p>3:00 BINGO</p> <p>5:00 Movie on Ch.34 "CRIMINAL"</p>	<p>10:00 Home Depot 15</p> <p>10:30 Exercise Class</p> <p>1:00 Whole Foods</p> <p>1:00 Brain Fitness</p> <p>1:30 Farmers Market!</p> <p>2:30 High Tea w/Lisa</p> <p>3:00 DSW</p> <p>5:30 Movie on Ch.34</p>	<p>9:00 Walgreens 16</p> <p>10:30 Exercise Class</p> <p>11:00 All Day Outing In Country Club Hills!</p> <p>11:30 Communion</p> <p>1:00 Brain Fitness</p> <p>1:00 Writing Memoirs</p> <p>2:30 Movie & Popcorn</p>	<p>10:00 Trader Joes 17</p> <p>10:30 Exercise Class</p> <p>1:00 DOLLAR TREE</p> <p>On Elston</p> <p>2:00 Ice Cream Social & New Res. Pizza Party</p> <p>3:00 BINGO</p> <p>5:30 Movie on Ch.34</p>	<p>9:30 Visit the banks 18</p> <p>10:30 Exercise Class</p> <p>12:30-1 Walking Club</p> <p>1:00 Brain Fitness</p> <p>2:00 Resident's Meeting</p> <p>2:45 Cooking Class</p> <p>Summertime Punch!</p> <p>4:00 Manicures</p>	<p>9:00 Jewel-Osco 19</p> <p>10:30 Exercise Class</p> <p>1:00 Brain Fitness</p> <p>1:00 Penny Poker!</p> <p>2:00 Weekly Review</p> <p>3:00 Happy Hour with "Frank K. Duo!"</p> <p>5:30 Movie on Ch.34</p>	<p>10:30 Exercise Class 20</p> <p>1:00 Brain Fitness</p> <p>2:00 Art Alive w/Art instructor Debra Levie!</p> <p>2:30 Movie & Popcorn In the Activity Room!</p> <p>4:00 Walking Club!</p>
<p>10:30 Exercise Class 21</p> <p>11:30 Manicures</p> <p>1:00 Brain Fitness</p> <p>1:30 Penny Poker</p> <p>3:00 BINGO</p> <p>5:00 Movie on Ch.34 "THE FINEST HOUR"</p>	<p>10:00 TJ-MAXX 22</p> <p>10:30 Exercise Class</p> <p>1:00 Brain Fitness</p> <p>1:00 FRESH THYME</p> <p>2:00 Sandwich Making</p> <p>3:00 Feed the homeless Outing!</p> <p>5:30 Movie on Ch.34</p>	<p>9:00 Walgreens 23</p> <p>10:30 Exercise Class</p> <p>11:00 Lincoln Wood</p> <p>1:00 Brain Fitness</p> <p>2:30 Melissa's Garden</p> <p>3:00 Lin. Park Library</p> <p>4:00 Manicures</p>	<p>10:00 DOLLAR TREE 24</p> <p>On Addison</p> <p>10:30 Exercise Class</p> <p>1:00 Scenic Drive</p> <p>1:00 Brain Fitness</p> <p>2:00 Ice Cream Social</p> <p>3:00 BINGO</p> <p>5:30 Movie on Ch.34</p>	<p>9:30 Visit the banks 25</p> <p>10:30 Exercise Class</p> <p>12:30-1 Walking Club</p> <p>1:00 Brain Fitness</p> <p>2:15 Cooking Class</p> <p>Summer Corn Soup!</p> <p>6:00 Evening Bingo</p>	<p>9:00 Jewel-Osco 26</p> <p>10:30 Exercise Class</p> <p>1:00 Brain Fitness</p> <p>1:00 Penny Poker!</p> <p>2:00 Weekly Review!!</p> <p>3:00 BirthDay Party w/ Jamaican 1Man Band!</p> <p>5:30 Movie on Ch.34</p>	<p>10:30 Exercise Class 27</p> <p>1:00 Brain Fitness</p> <p>1:30 HIGH-LOW</p> <p>2:00 Computer Class With Neal T.</p> <p>2:30 Movie & Popcorn In the Living Room!</p> <p>3:30 Current Events</p>
<p>10:30 Exercise Class 28</p> <p>11:30 Manicures</p> <p>1:00 Brain Fitness</p> <p>1:30 Penny Poker</p> <p>3:00 BINGO</p> <p>5:00 Movie on Ch.34 "RACE"</p>	<p>10:00 ALDI 29</p> <p>10:30 Exercise Class</p> <p>11:30 Philly Cheese Steak Sale!</p> <p>KOHL'S</p> <p>1:00 Brain Fitness</p> <p>1:00 Brain Fitness</p> <p>2:30 Macaroni Salad</p> <p>3:00 MARIANO'S</p>	<p>9:00 Walgreens 30</p> <p>10:30 Exercise Class</p> <p>11:00 Olive Garden</p> <p>11:30 Communion</p> <p>1:00 Brain Fitness</p> <p>2:30 Summer Necklace's & Watermelon Break!</p> <p>3:00 Lin. Park Library</p>	<p>10:00 Visit the DMV 31</p> <p>10:30 Exercise Class</p> <p>12:00 China Town Visit</p> <p>1:00 Brain Fitness</p> <p>1:30 Food Service</p> <p>2:00 Ice Cream Social</p> <p>2:15 Town Hall Meeting</p> <p>3:00 BINGO</p>	 <p>August 2016</p> <p>Habit is a second nature so PRACTICE!!!</p>		

Be sure to check the daily signs for updates and changes in programs. Activities are subject to changes.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday



SEPTEMBER 2016

Autumn's Best of Cheer!



<p>10:30 Exercise Class 4 1:00 Brain Fitness 1:30 <i>Who wants to be A Millionaire?</i> 3:00 BINGO 5:00 Movie on Ch.34 "RACE"</p>	<p style="text-align: center;">HAPPY LABOR DAY!</p> <p>10:30 <i>Coffee & Trivia</i> 1:00 <i>Labor Day Puzzles</i> 2:30 <i>Movie & Snacks "The Finest Hour"</i> Enjoy this Lazy Day!! <small>Labor Day</small></p>	<p>9:00 <i>Walgreens</i> 6 10:30 Exercise Class 11:00 <i>Red Lobster</i> 1:00 Brain Fitness 2:00 <i>Art Alive w/Debra</i> 2:30 <i>Music & Sewing Class!</i> 4:00 Manicures</p>	<p>10:00 <i>Dollar Elston</i> 7 10:30 Exercise Class 12:00 <i>Barbs Boutique</i> 1:00 <i>Strack & Vantil</i> 1:00 Brain Fitness 2:00 <i>Ice Cream Social</i> 3:00 <i>Poker-Keno</i> 5:30 Movie on Ch. 34</p>	<p>9:30 <i>Visit The Banks</i> 8 10:30 Exercise Class 12:30-1 <i>Walking Club</i> 1:00 Brain Fitness 2:15 <i>Apple Mug Cake</i> 3:30 <i>Coffee Break & Reminiscing w/Lisa!</i> 4:00 Manicures</p>	<p>9:00 <i>Jewel-Osco</i> 2 10:30 Exercise Class 11:00 <i>I-HOP</i> 1:00 <i>Penny Poker</i> 2:00 <i>Calendar Review</i> 3:00 <i>Happy Hour w/ "Peter Oprisko"</i> 5:30 <i>Movie on Ch.34</i></p>	<p>10:30 Exercise Class 3 1:00 Brain Fitness 1:30 <i>Connect 4</i> 2:00 <i>Computer Class With Neal!</i> 2:30 <i>Movie & Popcorn "RACE"</i> 3:30 <i>Current Events</i></p>
<p><i>Assisted living wk.</i> 11 10:30 Exercise Class 1:00 Brain Fitness 1:30 <i>Lets Play Deal or No Deal!</i> 3:00 BINGO 5:00 Movie on Ch.34 "45 Years" <small>Sept 19-21 Day</small></p>	<p>10:00 <i>Village Thrift</i> 12 10:30 Exercise Class 12:00 <i>Rummage Sale</i> 1:00 Brain Fitness 1:00 ALDI 2:30 <i>The Three Tenors</i> 3:00 <i>LU Farmers Market</i> 5:30 <i>Movie on Ch.34</i></p>	<p>9:00 <i>Walgreens</i> 13 10:30 Exercise Class 11:00 <i>Panda Express</i> 11:30 <i>Communion</i> 1:30 <i>Dietician Talk</i> 2:30 BOWLING 3:00 <i>Lin. Park Library.</i> 4:00 Manicures</p>	<p>9:00 <i>Dollar & PO</i> 14 10:30 Exercise Class 11:30 <i>Cultural Center</i> 1:00 Brain Fitness 2:00 <i>Ice Cream Social</i> 3:00 BINGO 5:30 <i>Movie on Ch. 34 "ED SULLIVAN SHOW"</i></p>	<p>9:30 <i>Visit The Banks</i> 15 10:30 Exercise Class 12:30-1 <i>Walking Club</i> 1:00 Brain Fitness 2:00 <i>Resident Meeting w/Source Tech</i> 2:45 <i>Milk Shake Day</i> 4:00 Manicures</p>	<p>9:00 <i>Jewel-Osco</i> 16 10:30 Exercise Class 1:00 Brain Fitness 1:00 <i>Penny Poker</i> 2:00 <i>Calendar Review</i> 3:00 <i>Happy Hour w/ "Michael J. Finn"</i> 5:30 <i>Movie on Ch.34</i></p>	<p>10:30 Exercise Class 17 1:00 Brain Fitness 1:30 <i>Scrabble</i> 2:00 <i>Art Alive Program With Debra Levie!</i> 2:30 <i>Movie & Popcorn "My Name is Doris"</i> 3:30 <i>Current Events</i></p>
<p>10:30 Exercise Class 18 1:00 Brain Fitness 1:30 <i>Lets Play Wheel Of Fortune!</i> 3:00 BINGO 5:00 Movie on Ch.34 "Hello, My Name is Doris!"</p>	<p>10:00 WAL-MART 19 10:30 Exercise Class 1:00 <i>Trader Joe's</i> 1:00 Brain Fitness 2:30 <i>Movie & Popcorn "The Little Rascals"</i> 3:00 <i>Salvation Army</i> 5:30 <i>Movie on Ch.34</i></p>	<p>9:00 <i>Walgreens</i> 20 10:30 Exercise Class 11:00 <i>The Horseshoe Casino</i> 1:00 Brain Fitness 2:30 <i>Paint by Numbers</i> 3:00 <i>L.P. Library</i> 4:00 Manicures</p>	<p>10:00 <i>Dollar Elston</i> 21 10:30 Exercise Class 1:00 <i>Alamo Shoes</i> 1:00 Brain Fitness 2:00 <i>Ice Cream Social</i> 3:00 BINGO 5:30 <i>Movie on Ch. 34 "ED SULLIVAN SHOW"</i></p>	<p>9:30 <i>Visit The Banks</i> 22 10:30 Exercise Class 11:30 AVON JULIE 1:00 Brain Fitness 2:15 <i>Cooking Class "Apple Pie Turnovers"</i> 3:30 <i>Word Games</i> 4:00 Manicures</p>	<p>9:00 <i>Jewel-Osco</i> 23 10:30 Exercise Class 1:00 Brain Fitness 1:00 <i>Penny Poker</i> 2:00 <i>Calendar Review</i> 3:00 <i>Happy Hour w/ "The Activity Staff"</i> 5:30 <i>Movie on Ch.34</i></p>	<p>10:30 Exercise Class 24 1:00 Brain Fitness 1:30 <i>High-Low</i> 2:00 <i>Computer Class With Neal!</i> 2:30 <i>Movie & Popcorn "WEINER"</i> 3:30 <i>Current Events</i></p>
<p>10:30 Exercise Class 25 1:00 Brain Fitness 1:30 <i>Lets Play a Game Of Rummikub!</i> 3:00 BINGO 5:00 Movie on Ch.34 "WEINER"</p>	<p>10:00 TARGET 26 10:30 Exercise Class 1:00 <i>Stanley's Produce</i> 1:00 Brain Fitness 2:30 <i>Movie & Popcorn "The Best Of Me"</i> 3:00 Marshalls 5:30 <i>Movie on Ch.34</i></p>	<p>9:00 <i>Walgreens</i> 27 10:30 Exercise Class 11:00 <i>Shed Aquarium</i> 11:30 <i>Communion</i> 1:00 Brain Fitness 1:00 <i>Writing Memoirs</i> 2:30 <i>Melissa's Garden</i> 4:00 Manicures</p>	<p>10:00 <i>Visit the DMV</i> 28 10:30 Exercise Class 1:00 <i>Dollar Tree Add.</i> 1:00 Brain Fitness 2:00 <i>Ice Cream Social</i> 2:15 <i>Town Hall Meeting</i> 3:00 BINGO 5:30 <i>Movie on Ch. 34</i></p>	<p>9:30 <i>Visit The Banks</i> 29 10:30 Exercise Class 12:30-1 <i>Walking Club</i> 1:00 Brain Fitness 2:30 <i>Roberta Randall "1 Woman Broadway"</i> 4:00 Manicures 6:00 Evening Bingo</p>	<p>9:00 <i>Jewel-Osco</i> 30 10:30 Exercise Class 1:00 Brain Fitness 1:00 <i>Penny Poker</i> 2:00 <i>Calendar Review</i> 3:00 <i>Happy Hour w/ Jamaican 1Man Band</i> 5:30 <i>Movie on Ch.34</i></p>	<p style="text-align: center;"><i>Special Memo's:</i></p> <p>9/12 <i>Rummage Sale</i> 9/15 <i>Resident Meeting With a Guest Speaker from Source Tech!</i> 9/20 <i>Casino Trip</i> 9/28 <i>Town Hall</i> 9/29 <i>Bingo 6pm</i></p>

Be sure to check all daily signs for updates and changes in programs!



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<h1 style="text-align: center;">OCTOBER 2016 Monthly Activities</h1>						
10:30 Exercise Class 1:00 Brain Fitness 1:00 Manicures 3:00 BINGO 5:00 Movie on Ch.34 My Big Fat Greek Wedding Part 2	10:00 Mariano's 10:30 Exercise Class 1:00 Brain Fitness 1:00 Party City 2:00 Phantom of the Opera 2:30 X-Mas Bazaar Craft 3:00 Barnes & Noble 5:30 Movie on Ch.34	9:00 Walgreens 10:30 Exercise Class 11:00 I-Hop 1:00 Brain Fitness 2:00 Art Alive w/Debra Love 2:30 Spanish Class Cristina 3:00 Lincoln Park Library 4:00 Manicures	10:00 Dollar Tree Elston 10:30 Exercise Class 1:00 Riverfront Plaza 1:00 Brain Fitness 2:00 Ice Cream Social 3:00 BINGO 5:30 Movie on Ch.34	9:30 Visit the Banks 10:30 Exercise Class 11:30 General Store 1:00 Brain Fitness 2:15 Cooking Class Boston Cream Pie Parfaits 4:00 Manicures	9:00 Jewel-Osco 10:30 Exercise Class 1:00 Brain Fitness 1:00 Penny Poker 2:00 Calendar Review 3:00 Happy Hour with the Activity Department 5:30 Movie on Ch.34	10:30 Exercise Class 1:00 Brain Fitness 1:00 Hamilton Broadway Recording! 2:30 Movie & Popcorn "My Big Fat Greek Wedding" 3:30 Current Events
10:30 Exercise Class 1:00 Brain Fitness 1:00 Deal or No Deal 3:00 BINGO 5:00 Movie on Ch. 34 "Eye In The Sky"	10:00 Trader Joe's/ALDI 10:30 Exercise Class 1:00 Brain Fitness 1:00 The Broken Elephant 2:30 X-Mas Bazaar Craft 3:00 TJ-max 5:30 Movie on Ch.34	9:00 Walgreens 10:30 Exercise Class 11:00 County Line Orchard Buy or bring a lunch! 11:30 Catholic Communion 2:30 Alfred Hitchcock 3:00 Lincoln Park Library 4:00 Manicures	10:00 Dollar Tree & PO. 10:30 Exercise Class 1:00 Writing Memoirs 1:30 National Museum of Mexican Art! 2:00 Ice Cream Social 3:00 BINGO	9:30 Visit the Banks 10:30 Exercise Class 11:30 General Store 1:00 Brain Fitness 2:15 Cooking Class Easy Tortellini Soup! 4:00 Manicures	9:00 Jewel-Osco 10:30 Exercise Class 1:00 Brain Fitness 1:00 Penny Poker 2:00 Calendar Review 3:00 Happy Hour & NICKO 5:30 Movie on Ch.34	10:30 Exercise Class 1:00 Brain Fitness 1:00 Connect 4 2:00 Art Alive w/ Debra L. 2:30 Movie & Popcorn "MARGUERITE" 3:30 Current Events
10:30 Exercise Class 1:00 Brain Fitness 1:00 Manicures 3:00 BINGO 5:00 Movie on Ch.34 "Marguerite"	10:00 TONY'S 10:30 Exercise Class 1:00 Brain Fitness 1:00 TARGET 2:00 Swan Lake 2:30 Candy Apples 3:00 Fresh Thyme 5:30 Movie on Ch.34	9:00 Walgreens 10:30 Exercise Class 11:30 CHEDDARS: Lunch 1:00 Brain Fitness 2:30 Roberta Randall One Woman Show 3:00 Lincoln Park Library 4:00 Manicures	10:00 VISIT THE DMV 10:30 Exercise Class 11:00 Sukkot Program(AR) 1:00 Dollar Tree Addison 2:00 Ice Cream Social & New Resident Pizza Party! 3:00 BINGO 5:30 Movie on Ch.34	9:30 Visit the Banks 10:30 Exercise Class 1:00 Brain Fitness 1:30 Farmers Market 2:00 Resident Meeting In the Activity Room! 4:00 Manicures	9:00 Jewel-Osco 10:30 Exercise Class 1:00 Brain Fitness 1:00 Penny Poker 2:00 Calendar Review 3:00 Happy Hour w/ Michael J. Finn 5:30 Movie on Ch.34	10:30 Exercise Class 1:00 Brain Fitness 1:00 WHEEL OF FORTUNE 2:00 Computer Class With Neal T. 2:30 Movie & Popcorn "THE BOSS" 3:30 Current Events
10:30 Exercise Class 1:00 Brain Fitness 1:00 Chocolate Covered "Ghost Strawberries" 3:00 BINGO 5:00 Movie on Ch.34 "THE BOSS"	Dress to Impress Day 10:00 Whole Foods 10:30 Exercise Class 1:00 ROSS 2:00 The Sleeping Beauty 2:30 Don't Lose all your Coins 3:00 Home Depot 5:30 Movie on Ch.34	Sports Day! 9:00 Walgreens 10:30 Exercise Class 11:00 Bakers Square 11:30 Catholic Communion 1:00 Spin: Week Contest 2:30 Melissa's Garden 4:00 Manicures	Twin Day! 10:00 KOHL'S 10:30 Exercise Class 1:00 Dollar Tree Elston 1:30 Food Service Meeting 2:00 Ice Cream Social 2:15 Town Hall Meeting 3:00 BINGO	Pajama Day! 9:30 Visit The Banks! 10:30 Exercise Class 1:00 Brain Fitness 1:00 Spirit Week Contest 2:15 Worm Dirt Pies! 6:00 Taco's & Movie	80's Day! 9:00 Jewel-Osco 10:30 Exercise Class 1:00 Penny Poker 1:00 Spirit Week Contest 2:00 Calendar Review 3:00 Happy Hour/8-day w/ Jamaican 1 Man Band	10:30 Exercise Class 1:00 Brain Fitness 1:00 Making Popcorn Balls 2:00 Computer Class With Neal T. 2:30 Movie & Popcorn "THE PURGE" 3:30 Current Events
10:30 Exercise Class 1:00 Brain Fitness 1:00 Manicures 3:00 BINGO 5:00 Movie on Ch.34 "THE PURGE"	Costume 10:00 JEWEL-OSCO 10:30 Wicked Moves 1:00 FIVE FIVE 1:00 Brain Eaters 2:30 Monster Mash Party 5:30 Hocus-pocus	SPIRIT WEEK IS October 24 th -31 st		October Monthly Reminders 10/8: Park Community Volunteer Group will be here for fun and games 10/11: Visit the County Line Apple Orchard 10/12: Mexican Art Museum at 1:30pm 10/18: Cheddars for Lunch at 1:30 & Roberta Randall's One Woman Show! 10/19: New Resident Pizza Party 10/20: Farmers Market		Halloween Party is on Monday, October 31st



SYMPHONY RESIDENCES
of Lincoln Park

GUIDELINE	Social & Recreational Programming
MANUAL	Services
DATE	11/26/02
REFERENCES	Section 146.230

POLICY:

The Symphony Residences of Lincoln Park provides social and recreational programs and opportunities through the Activity Department in accordance with Section 146.230 of 89 Illinois Admin. Code.

PROCEDURE:

Social & Recreational opportunities include, but are not limited to the following:

1. Individual and community volunteer services with and for Residents
2. Daily programs which include on-site programs in addition to outside trips, allowing for social and recreational opportunities. Transportation for outside trips is provided by Facility bus.
3. The Facility shall provide for access to opportunities for scheduled and unscheduled group and individual socialization within the Facility and the larger community.
4. The Facility shall make information available to each Resident about community resources and integrate community opportunities as part of the Facility's recreational, socialization and vocational programming.

Supportive Living Program
Participant Choice of Providers

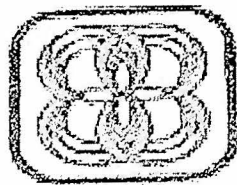
The Department of Healthcare and Family Services verifies participant choice of providers from among setting options, including non-disability-specific settings, by verifying participants have a signed resident contract with the Supportive Living Provider (SLP) provider. One hundred percent (100%) of 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 **Symphony Residences at Lincoln Park** in **January 2016**. **Symphony Residences at Lincoln Park** was found to be compliant with documentation of participant choice of provider.

Available Public Transportation:

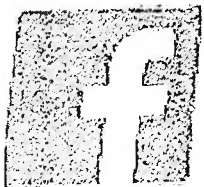
1. Symphony Residences Bus
2. CTA (Chicago Transit Authority)
 - a. 74 Bus (Southport & Fullerton)
 - b. Fullerton Red Line (0.6 miles)
3. Pace Bus
4. Flash Cab

THE IVY APARTMENTS IS NOW



SYMPHONY RESIDENCES

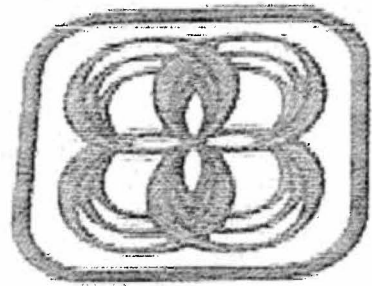
of Lincoln Park



facebook.com/SymphonyResidencesLincolnPark

WWW.SYMPHONYRESIDENCESLP.COM

THE IMPERIAL OF
LINCOLN PARK IS NOW



SYMPHONY OF LINCOLN PARK

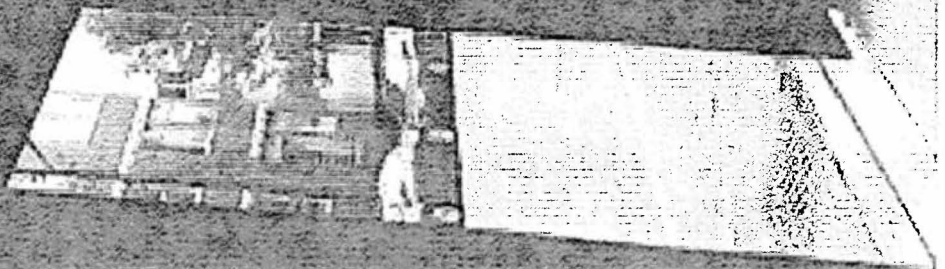
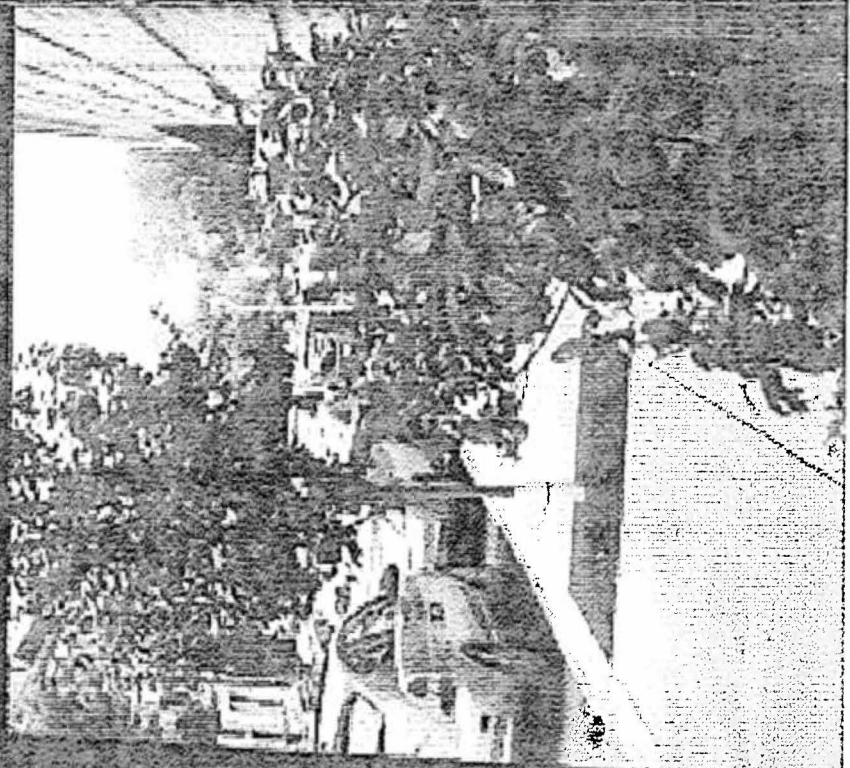
Our guests, residents and families can expect the
same great care, quality, service & hospitality
with a *newly* branded look & feel! Exciting
renovations are coming, too! Stay tuned!



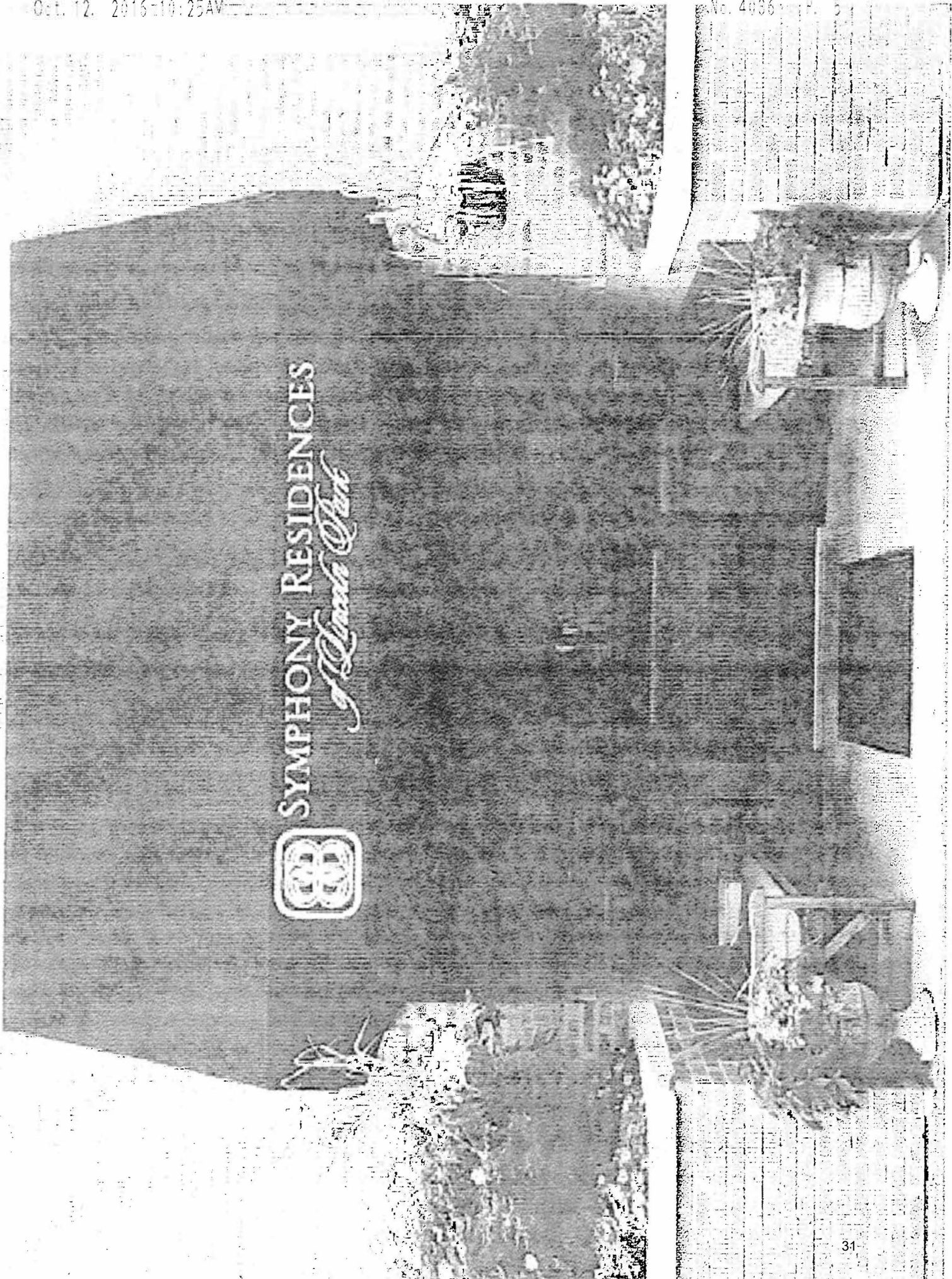
facebook.com/SymphonyofLincolnPark

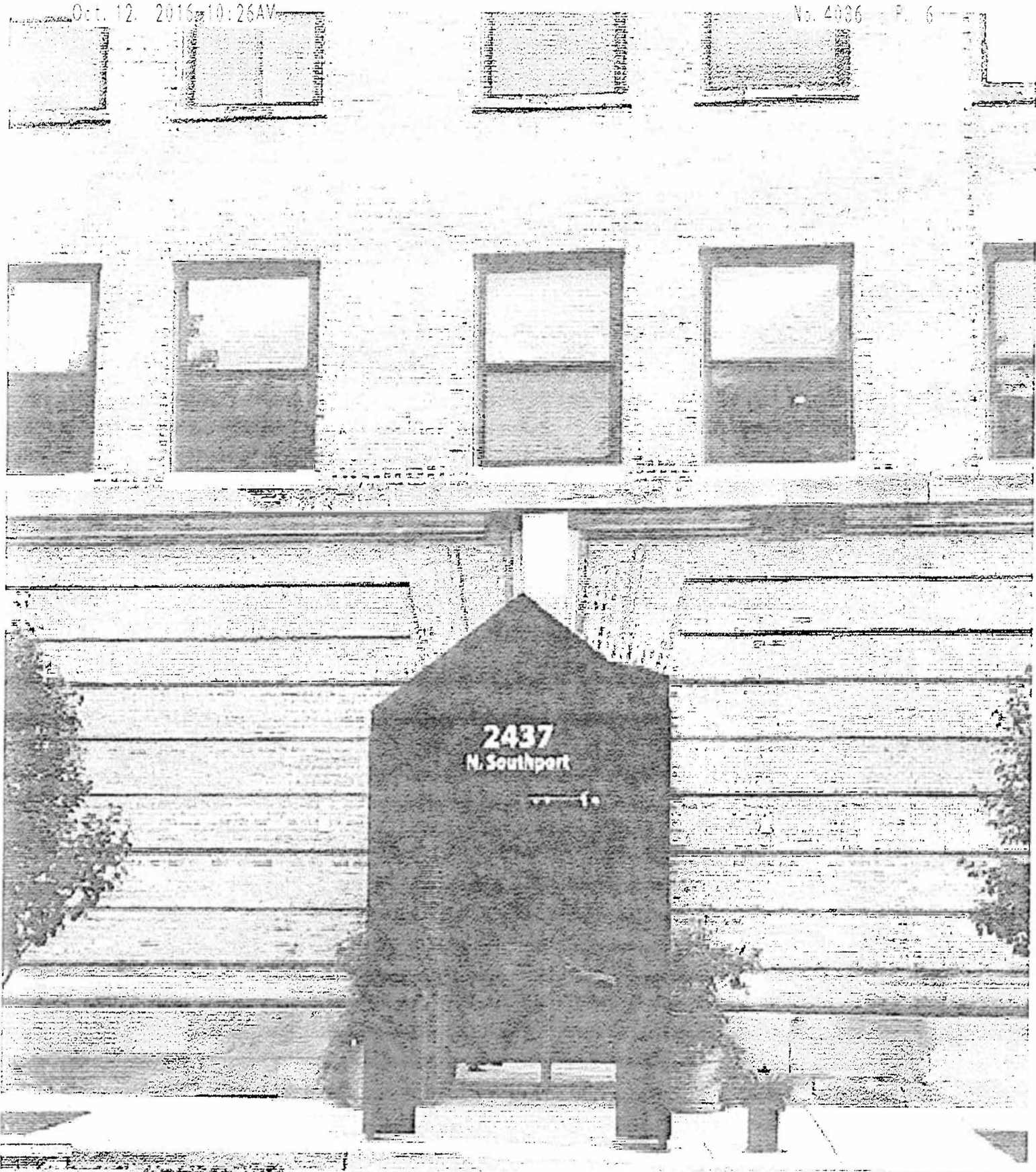
WWW.SYMPHONYOFLINCOLNPARK.COM

SYMPHONY RESIDENCES
A Lincoln Park



SYMPHONY RESIDENCES
of Lincoln Park

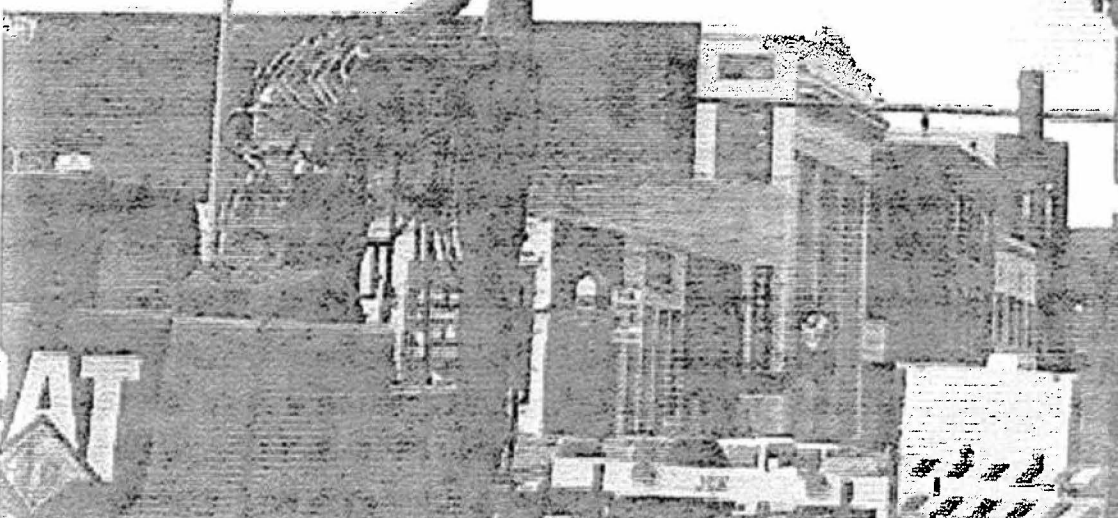






SYMPHONY OF LINCOLN PARK

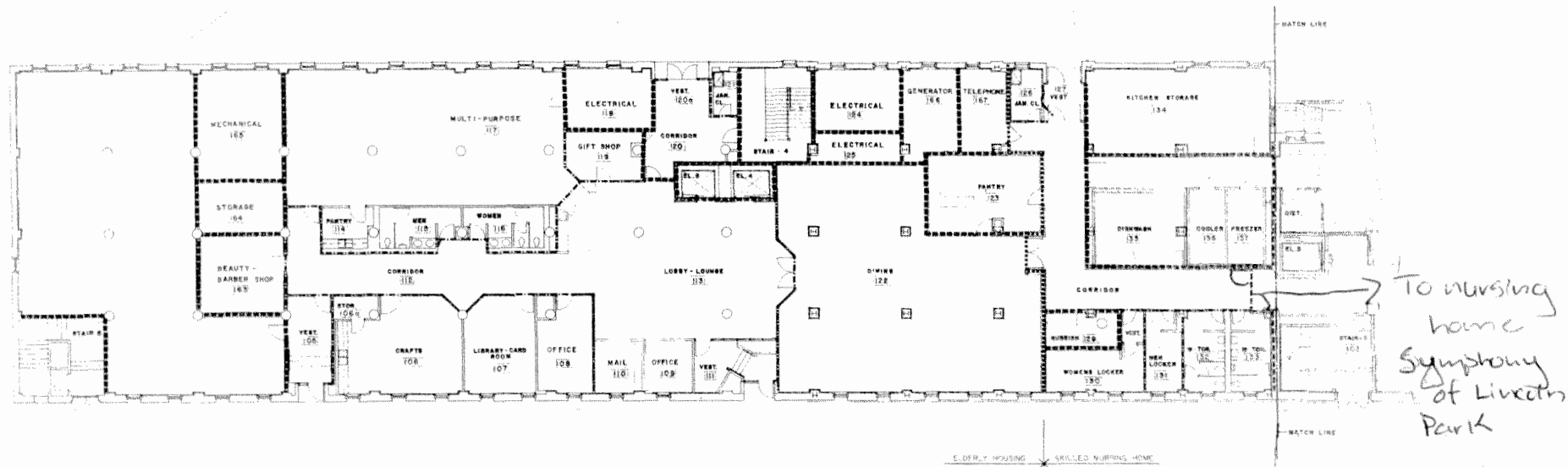
*A Member of the
Symphony Post Acute Network*



AT

Symphony Residences at Lincoln Park

10/24/04
 10/25/04
 10/26/04
 10/27/04
 10/28/04

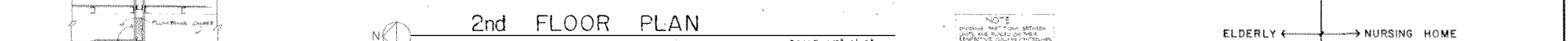
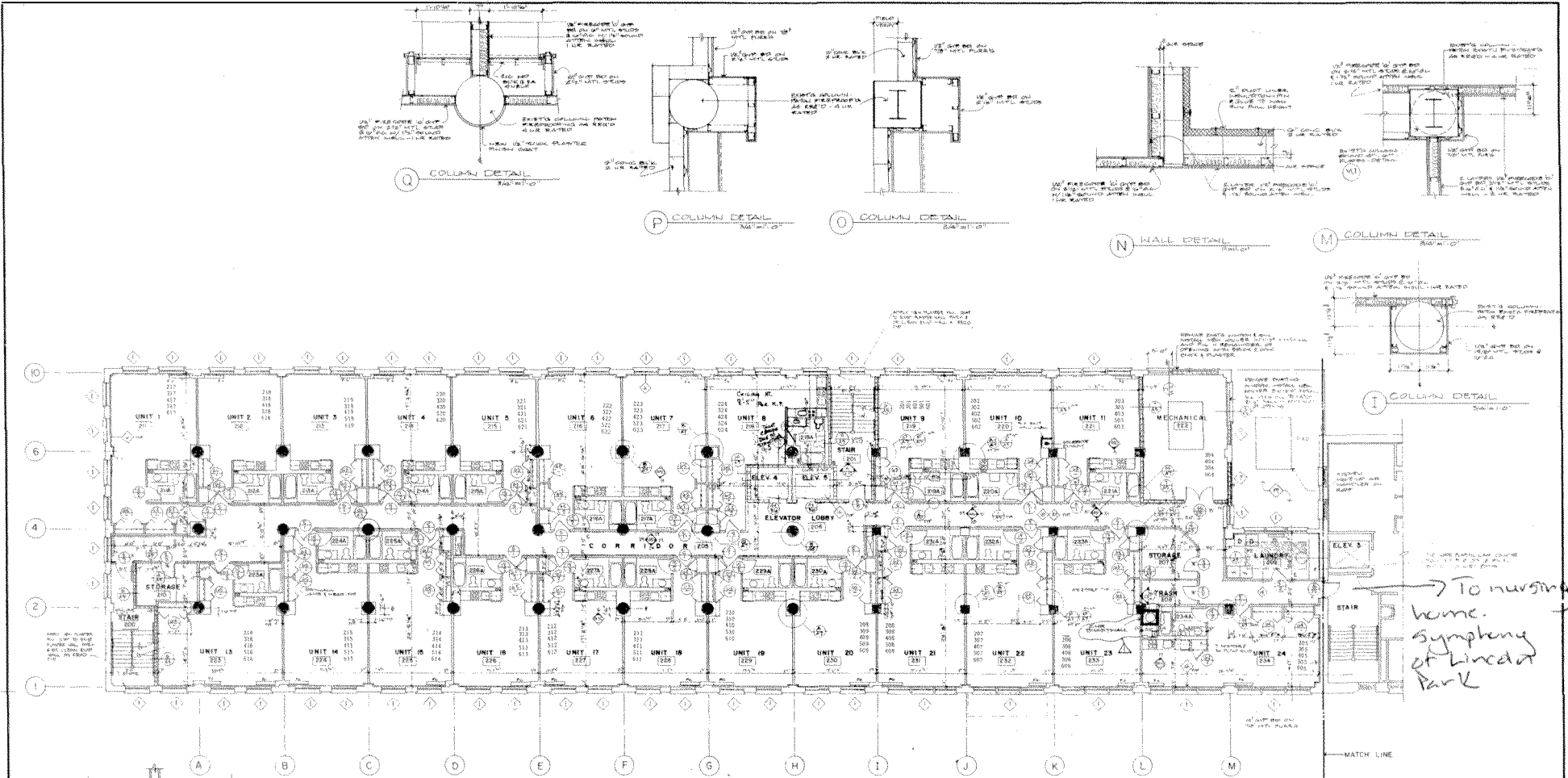


To nursing
 home
 Symphony
 of Lincoln
 Park

LIFE SAFETY PLAN
 FIRST FLOOR PLAN - NORTH WING



SCALE 1/8" = 1'-0"



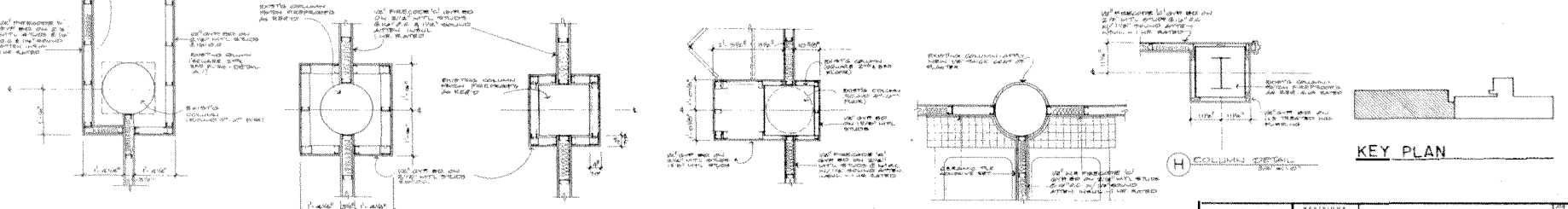
2nd FLOOR PLAN
ELDERLY APARTMENTS

SCALE: 1/8"=1'-0"

ELDERLY ← → NURSING HOME

*To nursing home.
Symphony of Lincoln Park*

NOTE: PROVIDE REINFORCING STEEL AND FLOOR OR WALL REINFORCING COLUMN CONNECTIONS.



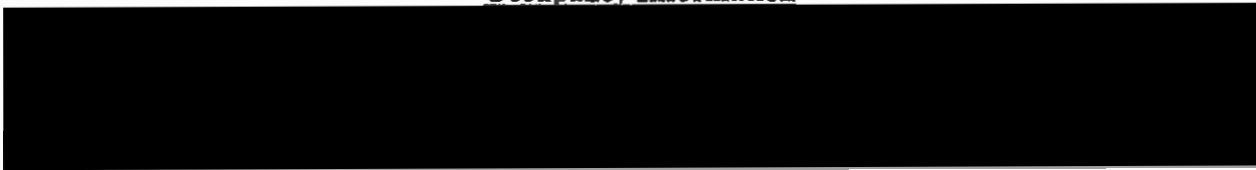
KEY PLAN

PROJECT NO.	244
DATE	6.07.83
DESIGNED BY	SHAYMAN & SALK CO. ARCHITECTS
PROJECT NAME	LINCOLN PARK HEALTH CENTER 2437 NORTH SOUTHPORT CHICAGO, ILLINOIS
DATE	6.07.83
SCALE	1/8"=1'-0"
PROJECT NO.	244
DATE	6.07.83
DESIGNED BY	SHAYMAN & SALK CO. ARCHITECTS
PROJECT NAME	LINCOLN PARK HEALTH CENTER 2437 NORTH SOUTHPORT CHICAGO, ILLINOIS
DATE	6.07.83

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

Provider Symphony Residences ID # [REDACTED]
 Address 2437 N. Southport Freestanding () Rehab NF ()
 City Chicago IL 60614 Zip Code 60614
 Phone # (773) 472-8400 Fax # 773-248-3651

Occupancy Information



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

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

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

REVIEW FINDINGS: YES () NO ()

Ombudsman was notified on [REDACTED] about the date of the review.

Ombudsman participated in review: Yes () No ()

Provider Manager/Designee Signature/Date [REDACTED]

Review Team's Signature/Date [REDACTED] RN/HFSN

[REDACTED] RN/HFSN

[REDACTED] HFSN 3/18/19

Regional Supervisor Signature/Date [REDACTED]

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)				
Conditional Elevator license	✓			
Expires 2/14/18 see Attached				

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:

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

<u>Common Areas 146.210, 146.230 and 146.250</u>	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1. Are there at least two common areas for socialization? NOTE: Dining room can be one. 146.210(j)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are areas accessible for wheelchair use and furnished to meet residents' needs? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all common areas physically accessible to residents? 146.210(j)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are residents observed in the common areas, both inside and outside of the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is each common area equipped with a working emergency call system? 146.230(m)(2) NOTE: ALL common area call buttons must be checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency call system provides direct notification to staff OR is manned by staff 24 hours/day for transmission to available staff for assistance? 146.230(m)(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a handicapped accessible phone that allows residents to have private conversations? 146.210(l) NOTE: Does not have to be located in a common area, but must be made available to residents at their request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there ice for resident use in at least one common area? 146.210(j)(4) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there accessible drinking water in at least one common area? 146.210(r)(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Individual locked mailboxes inside the building? 146.210(d)(4) or 146.210(e)(5) NOTE: For SLP providers approved after 1/1/05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there night lighting for corridors? 146.210(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is at least one Department complaint hotline poster displayed on each floor in an area that is accessible to all residents? 146.250(c) NOTE: Single story SLPs must display at least 2 posters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Observations

Common Areas 146.210, 146.230 and 146.250

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

NOTE: Single story SLPs must display at least 2 posters

[] []

Comments:

Baths/Restrooms 146.210 and 146.230

Yes No Comments

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

NOTE: Common bathing rooms are optional in SLP buildings.

[] NOT APPLICABLE

[] []

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

[] []

Comments:

Kitchen 146.210 and 146.230

Yes No Comments

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

[] []

[] []

[] []

[] []

[] []

[] []

General Observations

Meals/Dining 146.210 and 146.230

Yes No Comments

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

Comments:

Laundry/Laundry Rooms 146.210 and 146.230

Yes No Comments

For resident use:

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

General Observations

Water Services 146.210

Yes No Comments

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

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

Comments:

General Observations

Activities 146.230

Yes No Comments

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

NEW ADMISSIONS

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

Resident K

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.

[X] [] []

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

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

[X] [] []

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

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

12. Comprehensive assessment:

Completed by or co-signed by an RN?

Signed/co-signed by RN within 7-14 days after admission?

146.245(c)

Date of comprehensive assessment: [REDACTED]

[X] [] [] []

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

[X] [] [] []

14. Comprehensive assessment is accurate? 146.245(c)

NOTE: Staff should compare the assessment with the ISP.

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

[X] [] [] []

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

Developed by or co-signed by an RN?

Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment?

Date: [REDACTED]

[X] [] [] []

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

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 comprehensive assessment?
 Date: [] [] [] []
NOTE: The timeliness of the assessment is not relevant for this question.

Resident I

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

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

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

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: ~~12/12/17~~ [] [] [] []

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: ~~12/12/17~~ [] [] []
 NOTE: The timeliness of the assessment is not relevant for this question.

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: [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**

- | | |
|---|--|
| <p>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.</p> | <p><input checked="" type="checkbox"/> [] [] []</p> |
| <p>6. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?</p> | <p><input checked="" type="checkbox"/> [] [] [] []</p> |
| <p>7. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?</p> | <p>[] [] [] <input checked="" type="checkbox"/> []</p> |
| <p>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.</p> | <p><input checked="" type="checkbox"/> [] [] [] []</p> |
| <p>9. Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)</p> | <p><input checked="" type="checkbox"/> [] [] [] []</p> |
| <p>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.</p> | <p>[] [] [] <input checked="" type="checkbox"/> []</p> |
| <p>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.</p> | <p><input checked="" type="checkbox"/> [] [] [] []</p> |
| <p>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.</p> | <p>[] [] [] <input checked="" type="checkbox"/> []</p> |
| <p>13. If the resident declined any services, are they noted on the ISP? 146.245(d)</p> | <p>[] [] [] <input checked="" type="checkbox"/> []</p> |

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

Yes No Comments

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

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

Apartment Observations 146.210 and 230

Yes No Comments

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

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

Resident Name: Resident F

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: _____ Resident F. _____

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

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

Individual Resident Review

Resident Name: _____ Resident F _____

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

HFS Staff Observations:

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

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

6/4/18

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

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

Apartment Observations 146.210 and 230

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

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

Apartment Observations 146.210 and 230

Y No Comments

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

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

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

Resident Name: Resident E [REDACTED]

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: _____ Resident E S

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?
146.230(k)(1) & (m) [✓] [] [] []

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

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

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

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

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

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

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

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

HFS Staff Observations:

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

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

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

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. All doors, including entrance doors, are wheelchair accessible? 146.210(h)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Entrance doors open onto a public corridor? 146.210(h)(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Entrance doors have locking devices that are accessible to the outside? 146.210(h)(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All entrance doors lock from the inside? 146.210(d)(3)(A) or 146.210(e)(4)(A) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Each apartment entrance door equipped with an "eye view"? 146.210(h)(4)
NOTE: ONLY Mark N/A for Mary Bryant Home for the Blind or Friedman Place for the Visually Impaired residents.
<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 D

Apartment Observations 146.210 and 230

Yes ~~No~~ Comments

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

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

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
GUIDE FOR INDIVIDUAL RESIDENT INTERVIEW
Resident 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review Resident D

Resident Name: _____

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

Resident Name: _____

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

HFS Staff Observations:

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

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

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) [] [] [] [] []

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)	[/]	[]	[]
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 C

Apartment Observations 146.210 and 230

Yes No Comments

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

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

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

Resident C

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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. If requested, will staff bring your meals to your apartment when you are ill? 146.230(e)(11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Resident Review

Resident Name: _____

Resident C

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

Yes No N/A Comments

- | | |
|---|---|
| <p>9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities?
146.230(i)(1) – (4)
NOTE: Mark N/A if the resident is NOT interested.</p> | <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) & (d)
NOTE: 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)
NOTE: Mark "N/A" if the resident does not wish to be employed.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input 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?
NOTE: If the answer is "No" and alternative staff is not available, please include a comment. Example, no male CNAs or only 1 CNA assigned to a floor.</p> | <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

Individual Resident Review

Resident Name: Resident C

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

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

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

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

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

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

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

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

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

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

HFS Staff Observations:

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

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

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

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

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

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

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

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

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

Resident Name: Resident B

NOTES FOR COMPLETION:

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

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

Individual Resident Review

Resident Name: Resident B

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

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

Individual Resident Review

Resident Name:

Resident B

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

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

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

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

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

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

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

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

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

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

HFS Staff Observations:

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

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

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

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

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

Medication Management Services 146.230

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

146.265(c)

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

Comments:

APARTMENT OBSERVATIONS

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

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

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



Yes No Comments

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

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

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

Resident Name:
NOTES FOR COMF



Resident A

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

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

Individual Resident Review

Resident Name: Resident A

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

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

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

- | | | | | | |
|---|------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <p>19. Are your emergency calls answered promptly?
146.230(k)(1) & (m)</p> | Yes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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)</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>21. Do you feel safe in the SLP building?</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>22. Do you feel that your property is safe?</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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)</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>24. Is at least \$90.00 per month available to you? (Medicaid only) 146.225(c) and (d)
NOTE: Mark N/A for private pay residents.</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>25. Do you feel your rights are respected?
146.250
NOTE: If resident has a "no" response, obtain specific details/examples.</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>26. Do you feel your choices and preferences are respected?
146.200(b) 146.230(g)(2), 146.245(d)
NOTE: If resident has a "no" response, obtain specific details/examples.</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>27. Does staff respect your privacy and confidentiality as it relates to services, medical conditions and finances? 146.250(e)(5)</p> | | <input checked="" type="checkbox"/> | <input 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.

- | | | | | | |
|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <p>28. Is the resident free from restraints? 146.250(e)(9)
NOTE: If no, contact Regional Supervisor immediately.</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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.</p> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6/4/18

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