SUPPORTIVE LIVING PROGRAM
CERTIFICATION REVIEW

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SUPPORTIVE LIVING PROGRAM
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I. ENTRANCE CONFERENCE

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

Provider_____ ID #_____

Address_____ Freestanding ( ) Rehab NF ( )

City_____ Zip Code_____

Phone #_____ Fax #_____

Occupancy Information

# of Single Occupancy Apts.		Current Medicaid Census	
# of Double Occupancy Apts.		Current Private Pay Census	
Total # of Apts.		**Total** Current Census	
Maximum Potential Occupancy			

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

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

Type of Certification Review (complete only one)	**Entrance Date**	**Exit Date**
Final		
Annual		

REVIEW FINDINGS: YES ( ) NO ( )

Ombudsman was notified on _____about the date of the review.
Ombudsman participated in review: Yes ( ) No ( )

Provider Manager/Designee Signature/Date _____

Review Team's Signature/Date _____

_____

_____

Regional Supervisor Signature/Date _____

Area Manager Signature/Date _____

Bureau Chief Signature/Date _____

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

BUREAU OF LONG TERM CARE
SUPPORTIVE LIVING PROGRAM CERTIFICATION/REVIEW TOOL

1. **Required Certifications/License**
Does the SLP provider have documentation to verify compliance with the following during the past year?

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

General Policies 146.230 and 146.310	**Yes**	**No**	**Comments**
2. Is there a policy addressing potential resident inquiry and application for admission? 146.215(c)(4)(S)			N/A FY20. Reviewed by central office
3. Is there a Non-Discrimination policy? 146.215(c)(4)(T)			N/A FY20. Reviewed by central office
4. Is there a policy addressing resident rights? 146.215(c)(4)(H)	[ ]	[ ]	[ ]
5. Is there a policy(ies) that supports residents' choice of services that meet their needs and preferences? **NOTE:** Examples include residents rights, involvement in assessment and service planning.	[ ]	[ ]	[ ]
6. Does the resident discharge policy include relocation assistance? 146.215(c)(4)(I) and 146.255(i)	[ ]	[ ]	[ ]
5. If the SLP provider manages residents' funds, is there a surety bond equal to or more than the amount of funds managed? 146.310(b) **NOTE:** Mark **N/A** if SLP provider is not providing this service. [ ] NOT APPLICABLE	[ ]	[ ]	[ ]
6. If the SLP provider manages resident funds, are they kept in an account that is separate from SLP provider funds? **NOTE:** resident funds may ONLY be maintained in an account with other residents' funds. This applies to managed resident funds and direct-deposit of resident income. 146.310(a)(7) and 146.310(c) **NOTE:** Mark **N/A** if SLP provider is not providing this service. [ ] NOT APPLICABLE	[ ]	[ ]	[ ]

General Policies 146.230 and 146.310 **Yes No Comments**

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

Comments: _____

_____

_____

_____

Community Setting Validation **Yes No Comments**

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

   If "Yes", check the following that apply:

   ☐ SLP building has a separate entrance

   ☐ SLP building has separate outdoor signage

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

   ☐ SLP building has separate licensure

2. Does the SLP provider use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care? 146.250(e)(9)
   NOTE: Delayed egress is only allowed in approved dementia care settings. Notify central office immediately if delayed egress is used in a conventional SLP building. [ ] [ ] [ ]

Comments: _____

_____

_____

_____

Double Occupancy	**Yes**	**No**	**Comments**
1. Does the building have apartments certified for double occupancy? If no, mark "N/A" and skip the rest of this section. ☐ **N/A, all apartments are single occupancy.**	[ ]	[ ]	[ ]
2. Do residents have a choice/option for a private apartment?	[ ]	[ ]	[ ]
3. Do residents have a choice regarding roommates or a private apartment? **NOTE:** Current vacancies and affordability should not be taken into consideration.	[ ]	[ ]	[ ]
4. Is there a process for changing roommates or acquiring other accommodations if desired by the resident? 146.250(e)(13)	[ ]	[ ]	[ ]

Comments: _____

_____

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_____

II. TOUR

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

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

General Observations

Common Areas 146.210, 146.230 and 146.250

13. Is at least one Long Term Care Ombudsman Program poster displayed on each floor in an area that is accessible to all residents? 146.250(d)
    NOTE: Single story SLPs must display at least 2 posters [ ] [ ] [ ]

Comments: _____

_____

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_____

Baths/Restrooms 146.210 and 146.230	**Yes**	**No**	**Comments**
1. Common Bath – If applicable, does the common bath have a toilet with grab bars sufficient to meet the needs of the residents, bathtub and roll-in shower which is wheelchair accessible, non-skid surface, transfer seat with grab bars, and lockable door, that is kept clean and orderly, and has a working emergency call system? 146.210(j)(5) and 146.230(m)(2) **NOTE:** Common bathing rooms are optional in SLP buildings. [ ] NOT APPLICABLE	[ ]	[ ]	[ ]
2. Public Restrooms – Is there at least one public restroom that is handicapped accessible, clean, has soap, toilet tissue, waste receptacles, and non-reusable hand drying means and that has a working emergency call system?146.210(k)(1-3) and 146.230(m)(2)	[ ]	[ ]	[ ]

Comments: _____

_____

_____

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

Kitchen 146.210 and 146.230 **Yes No Comments**

NOTE: Responses for 7-8 should be based on kitchen and dining room observations, ie; is food in refrigerator covered, labeled and dated? Are potentially hazardous foods (ex. raw meat) thawed away from prepared foods? Are food supplies stored up off of the floor? Are there any cross contamination concerns, such as using the same cutting board for uncooked meat and vegetables. Does staff wash their hands?

7. Is food stored, prepared, distributed, and served in a manner to prevent contamination and spoilage and at safe and palatable temperatures? 146.230(e)(7) [ ] [ ] [ ]

8. Are kitchen and dining areas neat and clean with adequate supply of eating, drinking and cooking utensils? 146.230(e)(8) [ ] [ ] [ ]

9. Are food staples adequate and meet the requirements of the menu? (staples for a one week period and perishables for a 2 day period) 146.230(e)(5) [ ] [ ] [ ]

10. Are there areas to store and clean garbage cans and carts? 146.210(n)(3)(F) [ ] [ ] [ ]

Comments:

Waste Removal 146.210 **Yes No Comments**

1. Are there lids on trash cans and dumpsters? 146.210(s)(3) [ ] [ ] [ ]

2. Are garbage removal plans being followed? 146.210(s)(5) [ ] [ ] [ ]

3. 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 no residents in the building are using sharps.
[ ] NOT APPLICABLE

Comments:

General Observations

Meals/Dining 146.210 and 146.230	**Yes**	**No**	**Comments**
1. Is the dining area handicapped accessible? 146.210(o)(1)	[ ]	[ ]	[ ]
2. Does the SLP provider offer three meals or two meals plus a breakfast bar per day? 146.230(e)(l)	[ ]	[ ]	[ ]
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)	[ ]	[ ]	[ ]
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. [ ] NOT APPLICABLE	[ ]	[ ]	[ ]
5. Are beverages and snack foods available at no additional cost to the residents? 146.230(e)(2)	[ ]	[ ]	[ ]
6. Are all residents offered the same menu except for therapeutic diets? 146.230(e)(3)	[ ]	[ ]	[ ]
7. Are served menus kept on file for at least six months? 146.230(e)(4)	[ ]	[ ]	[ ]
8. Are food purchase records kept on file for at least six months? 146.230(e)(6)	[ ]	[ ]	[ ]
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)	[ ]	[ ]	[ ]

Comments: _____

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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)	[ ]	[ ]	[ ]
2. Does the resident laundry room have a sink for hand washing? 146.210(p)(1)(B)	[ ]	[ ]	[ ]

General Observations

Laundry/Laundry Rooms 146.210 and 230	**Yes**	**No**	**Comments**
3. Does the resident laundry have a working emergency call system? 146.210(p)(1)(C)	[ ]	[ ]	[ ]

For SLP laundry rooms where laundry is done onsite:

4. Is the SLP provider laundry room separate from the resident laundry room? 146.210(p)(2)(A)	[ ]	[ ]	[ ]
5. If laundry is done onsite, does the SLP laundry room have provisions for processing laundry soiled with body secretions separately? 146.210(p)(2)(B)	[ ]	[ ]	[ ]
6. Is there a hand washing sink separate from a sink used for laundry rinsing in the SLP laundry room? 146.210(p)(2)	[ ]	[ ]	[ ]
7. Are laundry services, excluding dry cleaning, provided at least weekly if requested? 146.230(f)(1-4)	[ ]	[ ]	[ ]

Comments: _____

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Housekeeping Maintenance 146.210 and 146.230	**Yes**	**No**	**Comments**
1. Is there at least one lockable janitor's closet with hot and cold running water? 146.210(q)	[ ]	[ ]	[ ]
2. Are the building and grounds clean, free of hazard, and in good working order? 146.230(h)(2)	[ ]	[ ]	[ ]

Comments: _____

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General Observations

Water Services 146.210	**Yes**	**No**	**Comments**
1. Does the SLP building have hot and cold running water with adequate water pressure? 146.210(r)(3)	[ ]	[ ]	[ ]
2. Does the SLP provider have a policy in place for checking water temperatures and is the policy followed? 146.210(r)(5)(A-C)	[ ]	[ ]	[ ]

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

Comments: _____

_____

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_____

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General Observations

Activities 146.230	**Yes**	**No**	**Comments**
1. Does the SLP provider offer residents the opportunity to participate in scheduled on-site and off-site activities at least two times per week? 146.230(i)(2) 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	[ ]	[ ]	[ ]

General Observations

Activities 146.230	**Yes**	**No**	**Comments**
3. Does the SLP provider make available information about community resources and make community integration part of recreational, socialization and vocational activities? 146.230(i)(4) **NOTE:** Review activity calendars, newsletters or other communication.	[ ]	[ ]	[ ]
4. Does the SLP provider allow both on-site and off-site services? Are residents given the opportunity to interact with the larger community without SLP staff? 146.250(e)(10) **NOTE:** Examples include physician appointments, activities and family visits not arranged by the SLP provider.	[ ]	[ ]	[ ]
5. Does the SLP provider offer daily activities that are based on individuals' needs and preferences? **NOTE:** Interview staff to learn how activities are identified and how residents are involved. Review applicable policies	[ ]	[ ]	[ ]

Comments: _____

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IV. QUALITY ASSURANCE PLAN

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

BUREAU OF LONG TERM CARE
QUALITY ASSURANCE PLAN

Review the SLP provider's Quality Assurance Plan.

146.270(a) – (h)	Yes	No	Comments
Does the quality assurance plan include the following?			
a) Results and responses to the resident satisfaction survey?	[ ]	[ ]	[ ]
b) Evaluation of care and services?	[ ]	[ ]	[ ]
c) Tracking of improvements based on care outcomes?	[ ]	[ ]	[ ]
d) A system of quality indicators measuring:			
1) Quality of services provided?	[ ]	[ ]	[ ]
2) Resident rating of services, including food service?	[ ]	[ ]	[ ]
3) Cleanliness and furnishings of the common areas?	[ ]	[ ]	[ ]
4) Service availability?	[ ]	[ ]	[ ]
5) Adequacy of service provision and coordination?	[ ]	[ ]	[ ]
6) Provision of a safe environment?	[ ]	[ ]	[ ]
7) Socialization activities?	[ ]	[ ]	[ ]
8) Resident autonomy which includes:			
A) Protection of resident rights?	[ ]	[ ]	[ ]
B) Provision of appropriate oversight for vulnerable residents?	[ ]	[ ]	[ ]
C) Resident exercise of personal autonomy and choice?	[ ]	[ ]	[ ]
e) Procedures for preventing, detecting, and reporting resident neglect and abuse?	[ ]	[ ]	[ ]
f) Development of objectives for improving service quality, including the service quality indicators and measures to determine when objectives are met?	[ ]	[ ]	[ ]

146.270(a) – (h)	**Yes**	**No**	**Comments**
g) Evidence of ongoing quality improvements as a result of the quality review data?	[ ]	[ ]	[ ]
h) A committee to complete reviews for both health care and social service providers or to serve in a contractual relationship with the SLP provider which shall include:			
1) A regular schedule for review?	[ ]	[ ]	[ ]
2) A system to evaluate the care given by specific providers following the service plan developed by the SLP provider's licensed nursing staff and approved by the resident?	[ ]	[ ]	[ ]

Comments:

V. RESIDENT REVIEW

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
SLP RESIDENT REVIEW

LAG ADMISSION REVIEW

Provider Name: _____
Resident Name: _____ **Apartment Number:** _____

RIN: _____ **Admit Date:** _____ **DOB:** _____

Date of Most Recent DON or Conversion Screen: _____ **DON Score:** ___

Previous Residence: ☐ Private home ☐ Assisted Living ☐ SLP Provider

☐ Nursing Facility ☐ Senior Indep. Living Apt. ☐ Other _____

Lag Admission Instructions

TO BE COMPLETED FOR ALL RESIDENTS ON THE SAMPLE LIST unless an exception is approved by central office.

Hospitalized residents—Answer all questions.

Discharged residents—Answer questions 1, 2 and 5. Mark questions 3-4 N/A.

Medicaid conversion and not a new admission—Note the date of the conversion screening and the score. Answer questions 1, 2 & 5. Mark questions 3-4 N/A.

Resident Participation Requirements 146.220, 146.240	**Yes**	**No**	**N/A**	**Comments**
1. Was the DON completed **prior to admission?** **OR** was it an allowable post-screen **OR** did the resident transfer directly from another SLP provider or a NF **OR** did the resident receive a Medicaid conversion screening? 146.220(a)(2) **NOTE:** Mark "Yes" if **ANY** of the above applies.	[ ]	[ ]		[ ]

2. Was the most recent HFS 2536 Interagency Screening Results form completed as required?
   ☐ N/A Resident was admitted directly from a NF or another SLP provider and the 2536 form was not available.

OR Check all that apply:
☐ Resident name ☐ Date of screening
☐ Screening score noted (> or < 29 is acceptable) ☐ Screener's signature & date
If any boxes above are NOT checked, fax or scan to central office and include a copy with this record review.
NOTE: This question should not to be used for determining findings of non-compliance.

SLP Lag Resident Review (2 of 2) Resident Name: _____

Resident Participation Requirements 146.220, 146.240	**Yes**	**No**	**N/A**	**Comments**
3. Was the resident evaluated by a DHS DDD ISC or DHS DMH PASRR screening agent and determined to be able to have their needs met in the SLP setting? 146.220(a)(3)	[ ]	[ ]	[ ]	[ ]
4. Did the resident have his/her name checked against the three required sex offender websites (Illinois State Police, Department of Corrections and U.S. Department of Justice Dru Sjodin National Offender Public Website) prior to admission? 146.220(a)(4) **NOTE:** Date of admit acceptable.	*[ ]	[ ]	[ ]	[ ]

***NOTE:** If the SLP provider admitted a resident who is a registered sex offender, go to page 96 of the tool for additional review questions specific to the resident's admission.

5. 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.	[ ]	[ ]		[ ]

Comments: _____

Reviewer Signature: _____

Date of Review: _____

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
SLP RESIDENT REVIEW

NEW ADMISSION REVIEW

Provider Name: _____

Resident Name: _____ **Apartment Number:** _____

RIN: _____ **Admit Date:** _____ **DOB:** _____

Payment Status: ☐ Private Pay ☐ Medicaid
Date of Most Recent DON or Conversion Screen: _____ **DON Score:** _____

Previous Residence: ☐ Private home ☐ Assisted Living ☐ SLP Provider

☐ Nursing Facility ☐ Senior Indep. Living Apt. ☐ Other _____

New Admission Instructions

TO BE COMPLETED FOR ALL RESIDENTS ON THE SAMPLE LIST unless an exception is approved by central office.
Hospitalized residents-- Answer all questions.
Discharged residents—Answer questions 1, 2, & 10. Mark the remaining questions N/A.
Medicaid conversion and not a new admission—Note the date of the conversion screening and the score. questions 1, 2, 10 and 12-32. Mark the remaining questions N/A.

Resident Participation Requirements 146215, 146.220, 146.240 Yes No N/A Comments

1. Was the DON completed **prior to admission?**
   OR was it an allowable post-screen
   OR did the resident transfer directly from another SLP provider or a NF
   OR did the resident receive a Medicaid conversion screening?
   146.220(a)(2)
   NOTE: Mark "Yes" if **ANY** of the above applies. [ ] [ ] [ ]

2. Was the most recent HFS 2536 Interagency Screening Results form completed as required?
   ☐ N/A Resident was admitted directly from a NF or another SLP provider and the 2536 form was not available.

OR Check all that apply:
☐ Resident name ☐ Date of screening
☐ Screening score noted (> or < 29 is acceptable) ☐ Screener's signature & date

If any boxes above are NOT checked, fax or scan to central office and include a copy with this record review.
NOTE: This question should not to be used for determining findings of non-compliance.

SLP New Resident Review (2 of 6) Resident Name: _____

Resident Participation Requirements 146.215, 146.220, 146.240	**Yes**	**No**	**N/A**	**Comments**
3. Was the resident evaluated by a DHS DDD ISC or DHS DMH PASRR screening agent and determined to be able to have their needs met in the SLP setting? 146.220(a)(3)	[ ]	[ ]	[ ]	[ ]
4. TB screening test performed or documentation provided in accordance with the Control of Tuberculosis Code and no active TB noted? 146.220(c) **NOTE:** Refer to TB Testing Resource Guide for testing requirements. If applicable: 1st Step Mantoux Date given: _____ Date read: _____ 2nd Step Mantoux Date given: _____ Date read: _____ **OR** Date blood drawn: _____ Result: _____	[ ]	[ ]	[ ]	[ ]
5. Checklist of Signs & Symptoms of TB Disease completed within 7 days **after** admission? 146.220(c) Date: _____	[ ]	[ ]	[ ]	[ ]
6. Informed of Advanced Directives including, the Durable Power of Attorney for Health Care, Statement of Illinois Law on Advance Directives, Living Will, Declaration for Mental Health Treatment and Do Not Resuscitate? 146.215(o)	[ ]	[ ]		[ ]
7. Did the resident have his/her name checked against the three required sex offender websites (Illinois State Police, Department of Corrections and U.S. Department of Justice Dru Sjodin National Offender Public Website) prior to admission? 146.220(a)(4) **NOTE:** Date of admit acceptable.	*[ ]	[ ]	[ ]	[ ]

***NOTE:** If the SLP provider has admitted a resident who is a registered sex offender, go to page 96 of the tool for additional review questions specific to the resident's admission.

8. Standardized interview geared toward the resident's service needs at or before the time of occupancy? 146.245(a) Date: _____	[ ]	[ ]	[ ]	[ ]
9. Initial assessment and service plan completed by or co-signed by an LPN or RN within 24 hours **after** admission? 146.245(b) Date: _____	[ ]	[ ]	[ ]	[ ]

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

Resident Participation Requirements 146.215, 146.220, 146.240	**Yes**	**No**	**N/A**	**Comments**
10. Resident contract signed by the SLP provider and resident or their designated representative? 146.240 (a) **NOTE:** Date of signature does not apply to this question. **NOTE:** If the signature is missing, answer the question "No" and remediate while on-site.	[ ]	[ ]	[ ]	
11. Was the resident oriented to the emergency plans within ten days after admission? 146.295(e) **NOTE:** Orientation includes assisting the resident in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.	[ ]	[ ]	[ ]	

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

Assessment/Service Plan/Quarterly Evaluation 146.245	**Yes**	**No**	**N/A**	**Comments**
12. Comprehensive assessment: ☐ Completed by or co-signed by an RN? ☐ 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.	[ ]	[ ]	[ ]	[ ]

SLP New Resident Review (4 of 6) **Resident Name:** _____

Assessment/Service Plan/Quarterly Evaluation 146.245	**Yes**	**No**	**N/A**	**Comments**
16. 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.	[ ]	[ ]	[ ]	[ ]
17. Did the resident initial the ISP to indicate he/she chose to receive services from the SLP provider?	[ ]	[ ]	[ ]	[ ]
18. If the resident did not choose to receive services from the SLP provider, did the resident initial that he/she received referral information?	[ ]	[ ]	[ ]	[ ]
19. 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.	[ ]	[ ]	[ ]	[ ]
20. Does the ISP include areas important to the resident, such such as goals, interests, preferences or choices? 146.245(d)	[ ]	[ ]	[ ]	[ ]
21. 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.	[ ]	[ ]	[ ]	[ ]
22. Is the ISP individualized for 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.	[ ]	[ ]	[ ]	[ ]
23. 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.	[ ]	[ ]	[ ]	[ ]
24. If the resident declined services, are they noted on the ISP? 146.245(d)	[ ]	[ ]	[ ]	[ ]

SLP New Resident Review (5 of 6) **Resident Name:** _____

Services 146.215 and 230	**Yes**	**No**	**N/A**	**Comments**
25. Quarterly evaluations: ☐ Completed by or co-signed by an RN? ☐ Completed every 92 days? 146.245(e) Date(s) of last 3: _____ **NOTE:** The length of time between the 3rd quarterly assessment and the annual can be greater than 92 days.	[ ]	[ ]	[ ]	[ ]
26. Was a significant change of condition addressed in a comprehensive assessment update? 146.245(c) If yes, date:_____ **NOTE:** The completion of a new assessment is acceptable.	[ ]	[ ]	[ ]	[ ]
27. Was a significant change of condition addressed in an ISP update? 146.245(d)	[ ]	[ ]	[ ]	[ ]
28. Was the significant change of condition included in the quarterly assessment? 146.245(e)	[ ]	[ ]	[ ]	[ ]
29. Was a serious or life-threatening situation reported to the physician and the resident's designated representative immediately? 146.245(h) **NOTE:** Resident can refuse notification. Mark N/A with a comment.	[ ]	[ ]	[ ]	[ ]
30. Does the SLP provider perform a well-being check on the resident at least once daily? 146.230 (n) **NOTE:** Review documentation from 3 random months since the last annual review. If resident was admitted less than three months ago, check since the time of admission.	[ ]	[ ]		[ ]
31. Is there **any** documentation of services provided to the resident? **NOTE:** This is data for a SLP waiver performance measure. This question should not be used to determine findings of non-compliance. Examples of documentation could include well-being checks, medication management services or housekeeping, maintenance and/or bathing logs. As long as at least one provision of service is documented, answer "yes".	[ ]	[ ]		[ ]
32. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n) **NOTE:** If resident speaks English, mark "N/A" **NOTE:** This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print, picture boards, etc.)	[ ]	[ ]	[ ]	[ ]

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

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

Comments: _____

_____

_____

_____

_____

_____

Reviewer Signature: _____

Date of Review: _____

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

BUREAU OF LONG TERM CARE
SLP RESIDENT REVIEW

Provider Name: _____

Resident Name: _____ **Apartment Number:** _____

RIN: _____ **Admit Date:** _____ **DOB:** _____

Payment Status: ☐ Private Pay ☐ Medicaid

RESIDENT REVIEW

Resident Review Instructions
To be completed for **ALL** residents in the 20% Medicaid and Private Pay samples.
If a resident is in the hospital or has been discharged, an alternate must be selected.

Assessment/Service Plan/Quarterly Evaluation 146.245	Yes	No	N/A	Comments
1. Comprehensive assessment: ☐ Completed by or co-signed by an RN? ☐ Signed/co-signed by RN **within 366 days** of the previous assessment? 146.245(c) Dates of last two comprehensive assessments: _____ **NOTE:** Include the date of the assessment completed within 7-14 days of admission if there has only been one annual completed.	[ ]	[ ]		[ ]
2. Comprehensive assessment is thoroughly completed (no areas left blank)? 146.245(c)	[ ]	[ ]		[ ]
3. Comprehensive assessment is accurate? 146.245(c) **NOTE:** Staff should compare the assessment with the ISP. If there is a conflict, review 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.	[ ]	[ ]		[ ]
4. Individual Support Plan (ISP) Development: 146.245(d) ☐ Developed by or co-signed by an RN? ☐ Signed/co-signed by RN w/in 7 days of completing the comprehensive assessment? Date: _____ **NOTE:** The timeliness of the assessment is not relevant for this question.	[ ]	[ ]		[ ]

SLP Resident Review (2 of 10) **Resident Name:** _____

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 (3 of 10) **Resident Name:** _____

Assessment/Service Plan/Quarterly Evaluation 146.245	**Yes**	**No**	**N/A**	**Comments**
14. Quarterly evaluations: ☐ Completed by or co-signed by an RN? ☐ Completed every 92 days? 146.245(e) Dates of last 3: _____ **NOTE:** The length of time between the 3rd quarterly assessment and the annual can be greater than 92 days.	[ ]	[ ]		[ ]
15. Was a significant change of condition addressed in a comprehensive assessment update? 146.245(c) If yes, date:_____ **NOTE:** The completion of a new assessment is acceptable.	[ ]	[ ]	[ ]	[ ]
16. Was a significant change of condition addressed in an ISP update? 146.245(d)	[ ]	[ ]	[ ]	[ ]
17. Was the significant change of condition included in the quarterly assessment? 146.245(e)	[ ]	[ ]	[ ]	[ ]
18. Was a serious or life-threatening situation reported to the physician and the resident's designated representative immediately? 146.245(h) **NOTE:** Resident can refuse notification. Mark N/A with a comment.	[ ]	[ ]	[ ]	[ ]

Services 146.215 and 230	**Yes**	**No**	**N/A**	**Comments**
19. Does the SLP provider perform a well-being check on the resident at least once daily? 146.230 (n) **NOTE:** Review documentation from 3 random months since the last annual review. If resident was admitted less than three months ago, check since the time of admission.	[ ]	[ ]		[ ]
20. Is there **any** documentation of services provided to the resident? **NOTE:** This is data for a SLP waiver performance measure. This question should not be used to determine findings of non-compliance. Examples of documentation could include well-being checks, medication management services or housekeeping, maintenance and/or bathing logs. As long as at least one provision of service is documented, answer "yes".	[ ]	[ ]		[ ]

SLP Resident Review (4 of 10) **Resident Name:** _____

Services 146.215 and 230	**Yes**	**No**	**N/A**	**Comments**
21. If the resident speaks limited English, does the SLP provider ensure that the resident has meaningful and equal access to benefits and services? 146.215(n) **NOTE:** If resident speaks English, mark "N/A" **NOTE:** This includes bilingual staff, interpreters and alternative methods of communication such as Braille, large print and picture boards.	[ ]	[ ]	[ ]	[ ]

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

Comments: _____

_____

_____

_____

_____

_____

Reviewer Signature: _____

Date of Review: _____

MANAGEMENT OF RESIDENT FUNDS REVIEW

Management of Resident Funds 146.310	Yes	No	N/A	Comments
1. Does the SLP provider manage the resident's funds? **NOTE:** This includes managing a resident's personal needs Allowance and/or any available assets.				
☐ **N/A SLP provider is NOT managing the resident's funds. SKIP THE REST OF THIS SECTION.**	[ ]	[ ]		[ ]
2. Did the resident, resident's guardian, representative or immediate family give written authorization to the SLP provider to manage resident's funds? 146.310(a)	[ ]	[ ]		[ ]
3. Was this authorization witnessed by someone who has no pecuniary interest in the SLP provider or its operations and who is not connected in any way to personnel or the manager 146.310(a)	[ ]	[ ]		[ ]
4. If resident's funds are in excess of $50.00, are the funds held in an interest bearing account? 146.310 (a)(1)	[ ]	[ ]	[ ]	[ ]
5. Is there a separate, written record of the resident's account? 146.310(a) (2)	[ ]	[ ]		[ ]
6. Does the SLP provider provide a written record of the account at least quarterly to the resident or authorized representative included on the account? 146.310(a)(3)	[ ]	[ ]	[ ]	[ ]
7. Did the SLP provider notify DHS of any changes in resident's circumstance or lump sum payments received? 146.310(a)(5) and (6)	[ ]	[ ]	[ ]	[ ]
8. Did the SLP provider notify the resident when the amount in the resident's account reached $200 less than the asset limit ($2,000 for one person or $3,000 for a couple)? **NOTE:** Only applies to Medicaid eligible residents. 146.310(a)(8)	[ ]	[ ]	[ ]	[ ]
9. Does the SLP provider maintain signed receipts of deposits and withdrawals to the resident's account? 146.310 (a)(2)	[ ]	[ ]		[ ]
10. Has the SLP provider maintained records of the resident's managed funds for the last 12 months on-site, or since this service began if less than 12 months? 146.310(a)(4)	[ ]	[ ]	[ ]	[ ]

SLP Resident Review (6 of 10) Resident Name: _____

Management of Resident Funds 146.310	**Yes**	**No**	**N/A**	**Comments**

Comments: _____

_____

_____

_____

_____

Reviewer Signature: _____

Date of Review: _____

MEDICATION MANAGEMENT REVIEW

Medication Management Services 146.230

1. Level of medication management service received (check box of **highest** level received).

☐ **NONE**. Resident does **NOT** receive any of the medication management services **listed below** from **SLP provider staff**. **(SKIP THE REST OF THIS SECTION)**

☐ Ordering and/or setting up medication **ONLY**

☐ Reminders **ONLY** (staff only provide verbal reminder to resident)

OR

☐ Reminders **AND** any of the below medication management services
Check ALL that apply:

- ☐ Handing medication from where it is stored
- ☐ Opening or uncapping medication container
- ☐ Removal of medication from container and assisting resident in consuming or applying it (BLTC staff: confirm this is done by licensed nursing staff)

Review medication management documentation from the past 90 days for residents receiving medication management.

	Yes	No	N/A	Comments
2. Does the SLP provider maintain a correct list of the resident's medication, including resident's name, name of medication, dosage, directions and route of administration? 146.230(d)(3)(B-C) and 146.230(d)(4)(B-C) **NOTE:** Examples may include: physician order sheet, medication management record, medication administration record.	[ ]	[ ]		[ ]
3. Do SLP provider staff initial and document date and time medication management services were provided in the form of verbal reminders, assistance with medication container(s) and/or medication administration? 146.230(d)(3)(D-E) and 146.230(d)(4)(E-F)	[ ]	[ ]	[ ]	[ ]
4. Do SLP provider staff document medications refused by the resident? 146.230 (d)(4)(E) **NOTE:** Mark N/A if no medications refused.	[ ]	[ ]	[ ]	[ ]
5. Was/were a medication error report(s) completed? 146.265(c) **NOTE:** Mark N/A if no errors occurred.	[ ]	[ ]	[ ]	[ ]

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: _____

Apartment Observations 146.210 and 230	**Yes**	**No**	**Comments**
8. A working emergency call device in each bathroom and each bedroom OR a portable emergency home response system is provided to residents in place of one located in the bedroom? 146.210(d)(3)(C) or 146.210(e)(4)(C) and 146.230(m)(1). **NOTE:** An emergency call device must ALWAYS be located in each bathroom.	[ ]	[ ]	[ ]
9. Wiring for private phone, cable TV, satellite, or master antenna with access to at least 10 channels? 146.210(d)(3)(F) or 146.210(e)(4)(F)	[ ]	[ ]	[ ]
10. A sink, microwave or stove, and refrigerator with separate freezer? 146.210(d)(3)(G) or 146.210(e)(4)(G)	[ ]	[ ]	[ ]
11. Closet for each resident of the apartment? 146.210(g)(1) **NOTE:** For SLPs with applications was approved after 1/1/05	[ ]	[ ]	[ ]
12. Closet(s) with a door? 146.210(g)(2)	[ ]	[ ]	[ ]
13. Double occupancy apartments have a door on each bedroom? 146.210(h)(5) **NOTE:** Applies to all SLP applications approved after 8/1/09. [ ] NOT APPLICABLE	[ ]	[ ]	[ ]
14. Each apartment has windows with transparent glass (except bathroom) that are large enough to permit viewing to the outside of the building and at least one window permits viewing from a seated position. 146.210(i)	[ ]	[ ]	[ ]
15. Apartment in good maintenance and repair? 146.230(h)(1)	[ ]	[ ]	[ ]
16. Apartment appears to be receiving regular housekeeping services? 146.230(g)(1) **NOTE:** Take into consideration individual preferences. Note if resident refuses housekeeping services.	[ ]	[ ]	[ ]
17. If applicable, are sharps placed in containers that are rigid and leak-resistant and disposed of properly? 146.210(s)(6)(A-C) **NOTE:** Mark N/A if resident does not require. [ ] NOT APPLICABLE	[ ]	[ ]	[ ]

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

Apartment Observations 146.210 and 230

Comments:

_____

_____

_____

_____

_____

Reviewer Signature: _____

Date of Review: _____

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

Resident Name: _____

NOTES FOR COMPLETION:

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

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

Resident Name: _____

146.200, 210, 225, 230, 245, 250 and 260 cont'd	**Yes**	**No**	**N/A**	**Comments**
9. If you are interested, does staff provide you access to indoor and outdoor activities which include community opportunities? 146.230(i)(1) – (4) **NOTE:** Mark N/A if the resident is NOT interested.	[ ]	[ ]	[ ]	[ ]
10. If requested, does staff assist you with making appointments and/or arranging transportation? 146.230(j)(1) – (3)	[ ]	[ ]	[ ]	[ ]
11. If you require services related to your personal care, such as bathing, dressing, grooming or assistance using the bathroom, do you receive these services when you need them from staff? Are these services provided in private? 146.230(c) and 146.250(e)(5)	[ ]	[ ]	[ ]	[ ]
12. If requested, does staff assist you with your medication? 146.230(b) & (d) **NOTE:** This includes ordering and set up. Make sure response matches RSP. Mark N/A if resident does not require medication assistance.	[ ]	[ ]	[ ]	[ ]
13. If you wish, are you able to change the services you receive? 146.250(e)	[ ]	[ ]	[ ]	[ ]
14. If you choose to be employed, does staff prevent you from seeking employment? 146.250(e)(10) **NOTE:** Mark "N/A" of 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 activates 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.	[ ]	[ ]	[ ]	[ ]

Resident Name: _____

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

HFS Staff Observations:

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

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

Resident Name: _____

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

COMMENTS:

COMMUNICATION DIFFICULTIES:
If a resident is unable to complete the interview due to communication problems (ie, he/she is extremely hard of hearing or is aphasiac), note how SLP provider staff effectively communicates with the resident.

Reviewer Name: _____ **Date of Interview:** _____

VI. STAFF REQUIREMENTS

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

BUREAU OF LONG TERM CARE
SUPPORTIVE LIVING PROGRAM
STAFF REQUIREMENTS

Staffing 146.235 and 265	**Yes**	**No**	**N/A**	**Comments**

NOTE: Complete the staff worksheets to assist with answering questions in this section. Worksheets must be completed and submitted with the annual review packet.

1.	Is there documented training of staff which takes place no later than 30 days after beginning employment? (Review documentation and/or discuss with employee.) 146.235(e)(1)(A) and 146.305(c)	[ ]	[ ] [ ]	[ ]
2.	Is training completed by qualified individuals? 146.235(e)(1)(C)	[ ]	[ ]	[ ]
3.	Is there evidence of semi-annual training in areas related to employment? 146.235(e)(1)(A)	[ ]	[ ]	[ ]
4.	Does staff orientation, and at least annual training cover, resident rights, infection control, crisis intervention, prevention and notification of abuse, neglect and financial exploitation, behavior intervention, encouraging indepencence, potential resident inquiry and admission application policy, non-discrimination policy, tuberculosis identification, prevention, control and reporting? 146.235(e)(1)(B) and 146.305 (c) **NOTE:** Annual training required 1x/calendar year.	[ ]	[ ]	[ ]
5.	For SLP providers serving persons with disabilities, does staff orientation, prior to certification, and at least annual training, include disability specific sensitivity training? 146.235(e)(1)(F) **NOTE:** Mark N/A if not certified to serve persons 22-64 with physical disabilities. Required 1x/calendar year.	[ ]	[ ] [ ]	[ ]
6.	Did the SLP provider arrange required training for employees? **NOTE:** This is data for a SLP waiver performance measure. This question should not be used to determine findings of non-compliance. Timeliness is not considered when answering this question. Mark "No" if the SLP provider did not provide training for all required topics.	[ ]	[ ]	[ ]
7.	Does a dietician come on-site at least twice per quarter for a period of not less than a cumulative total of eight hours? 146.235(g)(3) **NOTE:** Calendar year quarters should be used to calculate.	[ ]	[ ] [ ]	[ ]

Staffing 146.235 and 265 cont'd	Yes	No	N/A	Comments
8. Is the dietician licensed under the Dietetic and Nutrition Services Practice Act? 146.235(g)(1)	[ ]	[ ]	[ ]	
9. Does the 24 hour response staff possess current certification in emergency resuscitation? 146.235(i) **NOTE:** Training must include in-person demonstration.	[ ]	[ ]	[ ]	
10. Does the SLP provider meet minimum requirements for 24 hour response staff based on occupancy? 146.230(k)(1) **NOTE**: At least one CNA must be on site 24 hours/day	[ ]	[ ]	[ ]	
11. Are all nurses licensed by the State of Illinois? 146.235(j)	[ ]	[ ]	[ ]	
12. Have all nursing assistants been certified by completing a nursing assistant training course or a Department of Public Health approved equivalent training and competency evaluation no later than 120 days after employment? 146.235(f)(1)	[ ]	[ ]	[ ]	

NOTE: All questions related to the Health Care Worker Background Check Act (146.235 (l)) do NOT apply to licensed staff.

13. Have all staff been checked against the Health Care Worker Registry for record of previous background checks and disqualifying convictions prior to beginning work? 146.235(l) **NOTE:** Only new hires since the last review need to be checked. The SLP provider must have copies of employee Registry profiles OR "No Worker Found" screens. **NOTE:** Not required for hires directly from a related SLP building, assisted living building or nursing facility.	[ ]	[ ][ ]		[ ]
14. Were employees checked on the website registries required by IDPH prior to beginning work? 146.235(l) **NOTE:** The SLP provider must print the IDPH verification screen which includes the date this was done. This is required for all new hires, even people who have had a fingerprint check completed previously. **NOTE:** Not required for hires directly from a related SLP building, assisted living building or nursing facility.	[ ]	[ ][ ]		[ ]

QUESTIONS 15-23 TO BE USED FOR FINGERPRINT BACKGROUND CHECKS

15. If a new employee was included on the Registry, but only had a UCIA background check listed, was a fingerprint check initiated? 146.235(l)
NOTE: Only applies to new employees already listed on the Registry who have not undergone a fingerprint check.
NOTE: Not required for hires directly from a related SLP building, assisted living building or nursing facility. [ ] [ ][ ] [ ]

16. Were Disclosure and Authorization forms completed and signed by all employees prior to beginning work? 146.235(l)
NOTE: Not required for hires directly from a related SLP building, assisted living building or nursing facility. [ ] [ ][ ] [ ]

17. If employees were conditionally hired, were finger prints collected by a Livescan vendor within 10 working days of the authorization? 146.235(l)
NOTE: Does not apply to SLP providers that do not hire employees until fingerprint check results are received.
NOTE: Not required for hires directly from a related SLP building, assisted living building or nursing facility. [ ] [ ][ ] [ ]

18. If hired conditionally AND fingerprints were NOT collected within 10 days, was the employee suspended? 146.235(l)
NOTE: Not required for hires directly from a related SLP building, assisted living building or nursing facility. [ ] [ ][ ] [ ]

19. If hired conditionally AND fingerprints were NOT collected within 30 days, was the employee terminated? 146.235(l)
NOTE: Not required for hires directly from a related SLP building, assisted living building or nursing facility. [ ] [ ][ ] [ ]

20. If hired conditionally and the fingerprints were not collected within 30 days, did the SLP provider withdraw the application for fingerprint check from the Registry? 146.235(l)
NOTE: SLP provider should print this screen.
NOTE: Not required for hires directly from a related SLP building, assisted living building or nursing facility. [ ] [ ][ ] [ ]

Staffing 146.235 and 265 cont'd	Yes	No	N/A	Comments
21. Was the Registry updated within 30 days of employees beginning employment? 146.235(l) **NOTE:** The SLP provider must have copies of the employee Registry profile screens. Can be completed on start date.	[ ]	[ ]	[ ]	[ ]
22. Did the SLP provider update the employee profiles on the Registry annually? 146.235(l) **NOTE:** Not required until the SLP provider has been performing fingerprint checks for at least one year. Checks are only required once every calendar year; they can be >366 days.	[ ]	[ ]	[ ]	[ ]
23. Did any staff who had fingerprints collected have a disqualifying conviction identified? 146.235(l) **NOTE**: Mark N/A if no disqualifying convictions.	[ ]	[ ]	[ ]	[ ]
24. If staff had a disqualifying conviction and did not already have a waiver from IDPH, was he/she immediately terminated or suspended pending a waiver? **NOTE**: Mark N/A if no disqualifying convictions OR if there was already a waiver granted by IDPH.	[ ]	[ ]	[ ]	[ ]
25. Did any staff receive a waiver from IDPH for a disqualifying conviction? If yes, list the key identifier number of the staff table below. 146.235(l) **NOTE**: Mark N/A if no waivers required.	[ ]	[ ]	[ ]	[ ]
26. TB screening test performed or documentation provided in accordance with the Control of Tuberculosis Code? 146.235(m) **NOTE:** Not required for hires directly from a related SLP provider building, assisted living building or nursing facility unless the annual TB Risk Assessment for the SLP provider indicated more frequent testing is required.	[ ]	[ ]	[ ]	[ ]
27. Checklist of Signs & Symptoms of TB Disease completed for new employees with a documented positive TB skin test. 146.235(m) **NOTE:** Not required for hires directly from a related SLP provider building, assisted living building or nursing facility unless the annual TB Risk Assessment for the SLP provider indicated more frequent testing is required.	[ ]	[ ]	[ ]	[ ]

Comments:

STAFF WORKSHEET—NEW HIRES

(Make additional copies of form as needed)

PROVIDER:_____

NOTE: TB = Dates of 2-Step Mantoux & S&S

Name & Title	**Start Date**	**Lic #**	**Completion of CNA course & competencies** (Y or N)	**TB** Dates given & read OR doc of + reactor & S/S date. S&S only required if a documented positive reactor.	**HCW Registry** Checked prior to start date (can be same day as long as before shift) for all UNLICENSED hires. Note any waivers.	**Registry Websites** Six required Registries checked for ALL UNLICENSED hires prior to starting first shift. (Y or N)	**Fingerprint Check** Authorization signed prior to first shift and prints taken w/in 10 working days of signature. **UNLICENSED staff** (Y or N)	**Registry Employment Verification w/in 30 days** Completion on the day of hire acceptable **UNLICENSED staff**
Example: Fred Jones, CNA	7/1/10		Y	7/2/10-7/4 N 7/21/10-7/23 N S/S 7/5/10	7/7/11—LATE	Y	Y	7/25/10

--New unlicensed employees must have documentation of a HCW Registry check prior to the time they start their first shift.
--New unlicensed employees must have a fingerprint check.
--If an employee was already listed on the HCW Registry with a UCIA background check, a fingerprint check MUST be completed.
-- If an employee was already listed on the HCW Registry with a fingerprint check, a new one does NOT have to be completed.
--The six required Registries must be checked for new hires, even if they have had a fingerprint check completed.
NOTE: The above clarifications do not apply to staff hired directly from a related SLP building, assisted living building or nursing facility. Mark N/A.

STAFF WORKSHEET—NEW HIRES

PROVIDER:_____

COMMENTS:

Signature of HFS staff completing: _____ **Date:** _____

STAFF TRAINING WORKSHEET

Complete for ALL employees

(Make additional copies of form as needed)

PROVIDER: _____

NOTE: Training in 146.235 (e)(1)(B) must be completed within 30 days of beginning employment and annually thereafter. The training must take place sometime during the calendar year. Additionally, semi-annual training must be provided in areas related to employment.

*At least one staff person on each shift must have current CPR certification.

Mark with and "X" if was completed training timely. If not timely, note dates. See example below. Make additional copes if necessary.

	*CPR Certif.	Behav. Interv.	Crisis Interv	Infect. Cont.	TB	Encour. Indep.	Resid. Rights	Abuse & Neglect	Non-Discrim	Resid Inquiry & App	Emerg Plan	Fire Exting.	Employ-ment	Disab Sensitiv.
Staff Name			Orientation & annually										Orient & semi-annual	22-64 SLPs only
EXAMPLE Fred Jones	N/A	X	X	X	X	X	7/1/10 None for 2011	X					Start Date 7/1/10 T= 7/2/10 & 2/17/11	N/A
									N/A FY20 CO rev.	N/A FY20 CO rev.				
									N/A FY20 CO rev.	N/A FY20 CO rev.				
									N/A FY20 CO rev.	N/A FY20 CO rev.				
									N/A FY20 CO rev.	N/A FY20 CO rev.				
									N/A FY20 CO rev.	N/A FY20 CO rev.				
									N/A FY20 CO rev.	N/A FY20 CO rev.				

STAFF TRAINING WORKSHEET

PROVIDER: _____

COMMENTS:

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Signature of HFS staff completing: _____ **Date:** _____

ANNUAL HCW REGISTRY VERIFICATION WORKSHEET

(Must be completed for ALL unlicensed staff employed by the SLP provider for >1 year)
Make additional copies of form as needed

PROVIDER : _____

NOTE: Verification is required once each calendar year; it can be >366 days. The SLP provider can choose to complete the verifications for all employees on the same date instead of individually for each employee based on their hire date. If the SLP completes the task in this manner, make a copy of the Registry print out and note any verifications that were not completed timely. The table below does not need to be completed if the Registry print out is attached.

Name	Start Date or Date of previous update	Annual HCW Registry Verification Date	Name	Start Date or Date of Previous update	Annual HCW Registry Verification Date

ANNUAL HCW REGISTRY VERIFICATION WORKSHEET

PROVIDER: _____

Comments:

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Signature of HFS staff completing: _____ **Date:** _____

VII. GRIEVANCE PROCEDURES

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

BUREAU OF LONG TERM CARE
GRIEVANCE PROCEDURES

Grievance Procedure 146.260	**Yes**	**No**	**Comments**
1. Is there a grievance procedure in place? 146.260(a)	[ ]	[ ]	[ ]
2. Are residents made aware of grievance procedures? 146.260(a)	[ ]	[ ]	[ ]
3. Does the SLP maintain records on written grievances and responses? 146.260(b)	[ ]	[ ]	[ ]

Comments: _____

VIII. EMERGENCY CONTINGENCY PLAN

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

BUREAU OF LONG TERM CARE
EMERGENCY CONTINGENCY PLAN

Emergency Contingency Plan 146.295 and 146.305	**Yes**	**No**	**N/A**	**Comments**
1. Is there a written plan included in the SLP provider's Quality Assurance Plan that protects all persons in the event of an emergency, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building whenever necessary? 146.295(a)	[ ]	[ ]	[ ]	[ ]
2. Does the plan address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident? 146.295(a)(1)	[ ]	[ ]	[ ]	[ ]
3. Is the plan amended or revised whenever any resident with unusual needs is admitted? 146.295(a)(1)	[ ]	[ ]	[ ]	[ ]
4. Does the plan provide for the temporary relocation of residents for any emergency requiring relocation? 146.295(a)(2)	[ ]	[ ]	[ ]	[ ]
5. Does the plan provide for the movement of residents to safe locations within the SLP building in the event of a tornado warning or severe thunder storm warning issued by the National Weather Service? 146.295(a)(3)	[ ]	[ ]	[ ]	[ ]
6. Does the plan provide for the health, safety, welfare and comfort of all residents when the heat index-apparent temperature, as established by the National Oceanic and Atmospheric Administration, inside the residents' living, dining, activities, or sleeping areas of the SLP building exceeds a heat index/apparent temperature of 80°F, or falls below 55°F for 12 hours or more? 146.295(a)(4)	[ ]	[ ]	[ ]	[ ]
7. Does the plan address power outages, including how residents call for help, how resident safety is monitored and how food spoilage is checked? 146.295(a)(5)	[ ]	[ ]	[ ]	[ ]
8. Does the plan include contingencies in the event of flooding, if located on a flood plain? 146.295(a)(6)	[ ]	[ ]	[ ]	[ ]

Emergency Contingency Plan 146.295 cont'd	Yes	No	N/A	Comments
9. Are all personnel employed on the premises instructed in the emergency contingency plan and the use of fire extinguishers? 146.295(b)	[ ]	[ ]	[ ]	[ ]
10. Is a diagram of emergency evacuation route(s) posted in at least all corridors and common areas? 146.295(c)	[ ]	[ ]	[ ]	[ ]
11. Are all personnel employed on the premises aware of the route? 146.295(c)	[ ]	[ ]	[ ]	[ ]
12. Does the SLP provider have a means of notification when the National Weather Service issues a tornado warning covering the area in which the SLP building is located other than commercial radio or television? 146.295(d) **NOTE**: Notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the building, or arrangements with local public safety agencies (police, fire, ESDA) to be notified if a warning is issued.	[ ]	[ ]	[ ]	[ ]
13. Does the SLP provider conduct at least two drills per year that include residents, staff and other persons in the SLP? 146.295(f) & (h) **NOTE:** One drill each for fire and tornado.	[ ]	[ ]	[ ]	[ ]
14. Does the SLP provider have a process in place to evaluate the effectiveness of emergency plans, procedures and training? 146.295(g)	[ ]	[ ]	[ ]	[ ]
15. Do drills include making a general announcement throughout the building that a drill is being conducted or sounding an emergency alarm? 146.295(i)	[ ]	[ ]	[ ]	[ ]
16. Do the drills involve the actual evacuation of residents to an assembly point as specified in the emergency plan and provide residents with experience using various means of escape? 146.295(j)	[ ]	[ ]	[ ]	[ ]
17. Is a written evaluation of each drill submitted to the SLP manager and the Quality Assurance Committee and maintained for one year from the date of the drill? 146.295(k) **NOTE:** The evaluation must include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.	[ ]	[ ]	[ ]	[ ]

Emergency Contingency Plan 146.295 cont'd	Yes	No	N/A	Comments
18. If the SLP had an incident of physical, sexual or financial abuse, exploitation or neglect by a staff member, family member, visitor, another resident or individual, did the SLP provider contact local law enforcement authorities immediately? 146.305(b)	[ ]	[ ]	[ ]	[ ]
19. If an incident of a crime or death other than by disease processes occurred to a resident as the result of actions by a staff member, family member, visitor, another resident or individual, did the SLP provider contact local law enforcement authorities immediately? 146.305(b)	[ ]	[ ]	[ ]	[ ]
21. If the SLP provider had an occurrence of any emergency requiring hospital service, police, fire department or coroner, and/or loss of electrical power in excess of an hour, did the SLP provider submit an Incident Report to the Department within 24 hours after the occurrence? 146.265(d), 146.295(l) &146.305(e)	[ ]	[ ]	[ ]	[ ]

NOTE: For question 21, an emergency means an event as a result of a mechanical failure or natural force such as water, wind, fire or loss of electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the SLP.

Comments: _____

IX. TB PLAN

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE

REVIEW OF SLP PROVIDER TB PLAN

Control of TB 146.215 (c)(4)(R), 146.220(c), 146.235(m)	Yes	No	Comments
1. Does the SLP provider have a written plan for the screening and management of tuberculosis infection and disease?	[ ]	[ ]	[ ]
2. Does the plan specify who is responsible for seeing that the TB Code and the SLP provider's written plan is followed? (Which staff is going to keep track of TB information and by using what methods?)	[ ]	[ ]	[ ]
3. Has the plan been updated within the last 12 months including an annual risk assessment (TB screening risk classification) with evidence of collaboration with the local TB authority?	[ ]	[ ]	[ ]
4. Does the plan include protocols for screening, diagnosis and reporting suspected or confirmed TB disease? (This would include: baseline 2-step Mantoux, frequency of retesting (if any), who and how often signs & symptoms checklist are completed, what are the indications for chest x-ray, and medical evaluation.)	[ ]	[ ]	[ ]
5. Does documentation include data collection and evaluation? (Screening results, signs and symptoms checklist results, results of any diagnostic testing, information gathered from local TB authority regarding TB occurrences in the area etc.)	[ ]	[ ]	[ ]
6. Does the plan address how the SLP provider will respond if a resident, healthcare worker, or volunteer develops active TB disease? (Where will residents be discharged to, what will be done to decrease the risk of transmission to other residents or staff until the resident with suspected or confirmed TB disease is discharged?)	[ ]	[ ]	[ ]
7. Does the plan include and is there documentation of education programs (initially and annually) for employees that includes tuberculosis identification, prevention, and control as well as reporting requirements?	[ ]	[ ]	[ ]
8. Is the plan followed?	[ ]	[ ]	[ ]

Control of TB 146.215 (c)(4)(R), 146.220(c), 146.235(m)

Comments:

X. EXIT CONFERENCE

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
BUREAU OF LONG TERM CARE
EXIT CONFERENCE

1. Review team will discuss outcome of review with SLP manager or designee. If no findings, manager or designee and review team signs page 4 of the review packet.

2. If there are findings of non-compliance that require correction, the review team will send the "Supportive Living Program Response to On-Site Review Findings" (See page 84) to the SLP provider describing the finding(s). The signature of the SLP manager should be obtained at the time findings are presented. The signature page may be faxed to the SLP. All members of the review team must sign and date page 4 (this may be done prior to the exit).

3. A copy of the completed Tool **CANNOT** be left with the SLP provider. The review team may leave a copy of the signature page (page 4).

4. A copy of the LOCD Tool can be printed and mailed to the SLP provider or e-mailed with the password provided in a separate e-mail.

XI. REVIEW PROCEDURES

SUPPORTIVE LIVING PROGRAM
REVIEW PROCEDURES

ON-SITE REVIEW PREPARATION

The BLTC regional supervisor, working with the area manager, will plan dates and team composition. For final and annual certification reviews, regional staff should notify central office at least 3 weeks prior to the review date and request a resident sample.

NOTE: The interim and final certification processes outlined below may be conducted simultaneously for existing buildings that already have residents.

INTERIM CERTIFICATION PROCESS

1. Approved SLP providers contact BLTC regional or central office staff to request an interim certification review.

2. The BLTC regional supervisor will schedule and conduct an onsite review as soon as operating needs allow.

3. An interim certification review includes review of the building, documents and staffing to confirm that the SLP provider is ready to do business. This review will include completion of the Supportive Living Program Interim Certification Review Tool. This includes: General Observations of the building, staff requirements, staff worksheet-new hire, staff training worksheet, emergency contingency plan, TB Plan, and an apartment review worksheet.

4. The regional supervisor should be updated on the progress throughout the review and notified immediately of any concerns regarding health and safety issues. This includes, but is not limited to: malfunctioning emergency call lights, malfunctioning fire alarm or sprinkler systems, elevators not operating, water temperatures in excess of 120 degrees, nursing staff and dieticians without current Illinois licensure or certification and staff without a fingerprint check completed within the required time period.

5. Refer to the Presentation of Review Results and Follow-up Review sections for the procedures related to findings of non-compliance, exit procedures and follow-up reviews.

6. Once the SLP provider passes the onsite interim or interim/final review, an interim (or final, if done simultaneously) certificate will be issued by BLTC central office. An SLP provider cannot begin admitting residents until it receives the certificate from BLTC central office. In some cases, BLTC central office may request verbal confirmation of "No Findings" and request the BLTC regional supervisor and area manager sign Page 4 of the certification tool and fax it to central office so the certificate can be issued.

7. When the certification review is complete, the SLP provider may proceed with submitting Medicaid provider enrollment information to HFS.

8. BLTC central office notifies the BLTC area manager, BLTC regional office and DHS local office that the SLP provider has been enrolled and is now authorized to receive Medicaid payments from HFS. The effective date listed on the notification reflects the date the SLP provider was certified.

FINAL CERTIFICATION PROCESS

1. Prior to the issuance of a final certificate, an onsite review, including resident reviews, must be conducted. Determination of when the onsite resident review is conducted is based upon the following:
   - At least 90 days has passed from the effective date of the interim certification;
   - For SLP providers with a maximum occupancy of 75 persons or less, the final review shall be conducted when two-thirds of the maximum occupancy has been reached;
   - For SLP providers with a maximum occupancy of 76 persons or more, the final review shall be conducted when one-half of the maximum occupancy has been reached;
   - No final review shall be conducted later than 180 days, regardless of census, after the effective date of the interim certification.
   - The onsite final review can be scheduled at any point between 90 and 180 days that the applicable census is reached.
   - The regional supervisor must track the census during this period to determine when to schedule the onsite final review.

2. Central office will generate a sample list of residents for review. This will include a random 20% of the residents in the Medicaid population (a minimum of 10 residents) and at least 5 private pay residents. A record review, medication management review, management of resident funds and apartment observation must be completed for all residents identified in the Medicaid and private pay samples. Residents in the 20% Medicaid sample (may be less than the minimum of 10 required) and a sample of private pay residents will also be interviewed. If a resident has been discharged, expired or is temporarily in the hospital, then the first resident from the alternate sample list should be reviewed to replace the individual from the original sample. The reviewer should make a note on the front page of the record review form and the Medicaid sample list indicating the reason for selecting an alternate resident.

   Additionally, since all of the residents are new admissions, a New Admission review will need to be completed for all Medicaid residents. If a resident is no longer in the SLP building, an abbreviated New Admit record review will be completed. The reviewer should make a note on the front page of the record review form and the New Admit sample list indicating the resident is no longer at the SLP building.

3. The final certification review requires completion of the Supportive Living Program Certification Review Tool. This includes: General Observations of the building, Quality Assurance Plan, Resident Review for each resident identified in the samples, Resident Funds Review, Medication Management Review, Apartment Observation, Individual Resident Interview, Staff Requirements, Staff Worksheet, Staff Training Worksheet, Grievance Procedures, Emergency Contingency Plan and TB plan.

4. The regional supervisor should be updated on the progress throughout the review and notified immediately of any concerns regarding health and safety issues. This includes, but is not limited to: malfunctioning emergency call lights, malfunctioning fire alarm or sprinkler systems, elevators not operating, water temperatures in excess of 120 degrees, nursing staff and dieticians without current Illinois licensure or certification, staff without a fingerprint check completed within the required time period, inadequate food supplies, possible life threatening situations involving residents and suspected resident abuse or neglect.

5. Refer to the Presentation of Review Results and Follow-up Review sections for the procedures related to findings of non-compliance, exit procedures and follow-up reviews.

6. Once the SLP provider passes the onsite final review and the review packet is received by BLTC central office, a final certificate will be issued.

ANNUAL CERTIFICATION PROCESS

1. An annual certification review must be initiated within 60 days **after** the certification date for each SLP. The interim certification date is used to determine when the annual certification is due. BLTC central office must approve an annual review outside of this time period.

2. BLTC central office will generate a sample list of residents for review. This will include all new admissions since the last annual review. New admissions require a record review and management of resident's funds review. Lag admissions will also be identified, which are residents who were new at the time of the previous final/annual review, but were not identified in the Medicaid sample. In addition, a random 20% of the residents in the Medicaid population (a minimum of 10 residents) and at least 5 private pay residents will be compiled. Review of these residents will include: a record review, medication management, management of resident funds and apartment observations. Additionally, a sample of Medicaid and private pay residents in the sample will receive an interview.
    - Discharged residents—Lag and New Admit reviews will have an abbreviated record review completed. Staff should follow the instructions on the record review document. If a resident in the Medicaid sample has been discharged, an alternate must be selected from the sample list.
    - Hospitalized residents—Lag and New Admit reviews will have the entire record review completed. If a resident in the Medicaid sample is hospitalized, an alternate must be selected from the sample list.

    In the case of a discharged or hospitalized residents, staff should make a note on the front of the record review form and also on the sample. When choosing an alternate for the Medicaid sample, the reviewer should make a note on the front page of the record review form indicating the resident has been discharged. The first resident from the appropriate alternate sample list should be reviewed to replace the individual from the original sample.

3. All Medicaid residents require a Level of Care Determination (LOCD) within 365 of the last LOCD. All Medicaid residents admitted since the last review will also have an LOCD completed. Central office will prepare an automated LOCD Tool for each review. Residents in the 20% Medicaid sample will have modified LOCDs completed that include information regarding services provided by the SLP. A copy of the completed LOCD tool must be printed and mailed to the SLP OR it can be e-mailed if the password protection feature is left in place.

4. The supervisor should be updated on the progress throughout the review and notified immediately of any concerns regarding health and safety issues. This includes, but is not limited to: malfunctioning emergency call lights, fire alarm or sprinkler systems, elevators not operating, water temperatures in excess of 120 degrees, nursing staff and dieticians without current Illinois licensure or certification, staff without a fingerprint check completed within the required time period, inadequate food supplies, possible life threatening situations involving residents and suspected resident abuse or neglect.

5. Refer to the Presentation of Review Results and Follow-up Review sections for the procedures related to findings of non-compliance, exit procedures and follow-up reviews.

CHANGE OF OWNERSHIP (CHOW) REVIEW

1. When an SLP provider changes ownership, an on-site review must be completed no later than at the date of the next annual certification review or within three months after the effective date of the CHOW, whichever is earlier. Unless it is unavoidable due to staffing assignments, it is suggested that a CHOW review not occur until at least 30 days after the CHOW effective date. This will allow time for staff and residents to respond to questions asked during the review about changes that may have been made as a result of the new ownership.

2. Unless done in conjunction with an annual review, record reviews do not have to be completed during a CHOW review. The CHOW review requires completion of the Supportive Loving Program CHOW Review Tool: This includes general questions posed to staff and a sample of residents to ensure that negative changes have not occurred since the CHOW. Central office will provide a sample of residents that includes 10% of the Medicaid population (at least 5 residents) and one private pay resident. Only the manager the manager or designee needs to be interviewed to complete the general questions.

DEMENTIA CARE SETTING REVIEW

The Dementia Care Unit shall be reviewed for compliance of the SLP rules as they pertain to these areas on an annual basis.

GENERAL FINDINGS

If rule non-compliance that impacts health and safety of residents and/or staff is found during an informal visit to an SLP provider or during the course of a follow-up review for other findings of non-compliance, general findings may be written. Refer to the Presentation of Review Results and Follow-up Review sections for the procedures related to findings of non-compliance, exit procedures and follow-up reviews.

PRESENTATION OF REVIEW RESULTS

1. The SLP manager or designee and the BLTC review team must sign Page 4 of the review tool on the day the onsite portion of the review is completed. A copy of page 4 can be provided to the SLP manager.

2. The team leader for the review must submit a summary report of issues of non-compliance identified during the review and also any areas of concern to the BLTC regional supervisor in accordance with the supervisor's instructions. The report must include any issues that were remediated while BLTC staff was onsite. A copy of the summary report should NOT be given to the SLP provider.

3. The BLTC regional supervisor will review the summary and provide recommendations to the BLTC area manager and SLP coordinator. Staff will collaborate to determine the final outcome of the review.

4. **If there are NOT any findings of non-compliance**, BLTC review staff will conduct an exit within **10 working days** of the completion of the review (the date the BLTC regional supervisor notifies the reviewer of the final decision regarding the results). The exit may be done onsite or by phone at the discretion of the BLTC regional supervisor. A copy of page 4 of the review tool can be left with the SLP provider, but not any other portions of the tool.

5. **If there are findings of non-compliance**, the BLTC reviewer will complete the Response to Onsite Review Findings (RORF) form (see Writing Findings section). The BLTC area manager or central office will inform the regional supervisor if the ID key cannot be released to the SLP. The RORF must be provided to the SLP within **10 working days** after the completion of the review (the date the BLTC regional supervisor notifies the reviewer of the final decision regarding the results). The signature of the SLP manager should be obtained at the time the findings are presented to the SLP. Written findings should identify the rule cite found to be out of compliance and a detailed description of the findings that includes employee/resident ID numbers. The exit may take place in person or via phone as determined by the regional supervisor. If the exit is done via phone, the RORF can be faxed to the SLP. The SLP manager will need to sign the second page and fax to review staff. Information with resident identifiers (RORF, resident keys) cannot be e-mailed.

6. The SLP provider must complete and return the RORF form with a plan of correction (POC) to the BLTC regional supervisor within **14 calendar days** of the exit. The SLP provider's response must include dates of correction for each finding. The POC cannot simply state compliance with rule site (example, "All ISPs will be completed within 7 days of the comprehensive assessment"). It must address how the SLP provider will ensure future compliance and also who is responsible for the POC. Returning an inadequate plan of correct does not stop the time clock.

7. Extensions of the 14 day response or 30 day compliance can only be granted through Central Office. The Department shall provide a written decision to the SLP provider within **10 working days** after receipt of the request for extension.

8. When it is determined the SLP has passed the review and is in compliance, the completed review packet is forwarded by the BLTC reviewer for signature to the regional supervisor within 5 working days of exit. The regional supervisor will forward the packet to the area manager for signature, who will send it to central office for Bureau Chief sign-off.

WRITING FINDINGS

- The rule cites out of compliance should be listed.
- There should be a general statement identifying how the SLP provider was out of compliance. For example, The ISP was not individualized for 3 out of 7 residents reviewed.
- The R key should be used to identify specific residents. For example: The ISP was not individualized for 3 out of the 7 residents reviewed. R2, R4, R6,
- Specific examples should be cited when possible. For example: The ISP was not individualized for 3 out of the 7 residents reviewed. R2, R4, R6,
  As evidence by the following:
  R2-ISP dated 1/1/13 did not address the resident's need for monitoring of side effects related to the Coumadin.
  R4-ISP dated 1/2/13 did not address the resident's need for assistance applying TED hose as identified in the nursing notes.
  R6-OSP dated 1/3/13 did not address the resident's need for assistance arranging transportation to dialysis and monitoring of the shunt as identified in the POS.

FOLLOW-UP REVIEWS

1. Staff will initiate an onsite follow-up review within **10 working days** after the 30 calendar day correction period. A follow-up visit may occur earlier only if the SLP requests and it is approved by the BLTC regional supervisor. At the follow-up visit, review staff will determine if the SLP provider is in compliance with the previously cited areas.

2. The information/documentation reviewed during the follow-up should be related to the specific areas of non compliance noted in the findings. The process should include a general review to determine if the interventions identified in the SLP provider's written POC have been implemented. In addition, the residents and/or staff identified in the initial findings should be reviewed to determine if the areas cited were corrected where applicable. Examples include an ISP that was not individualized or a staff person who did not have required training. In addition, a sampling of resident and/or staff documentation should be reviewed related to the issues noted. Interviews and observation should be done as needed. If an in-service was part of the POC, review staff should look at the training materials and sign-in sheet to verify the training took place and that all applicable staff were included.

3. The look back timeframe for review of documentation will vary based on the type of finding. In most instances, the review will focus on information/documentation after the 30 calendar days allowed for implementation of the POC. Some areas of non-compliance may require review of documentation prior to the implementation of the POC. Examples include an ISP not being individualized or no current quarterly completed. Another area that would allow for review of information within the 30 day timeframe is documentation of medication delivery. BLTC central office, area manager and regional supervisor will make this determination and instruct review staff.

4. If the BLTC reviewer finds the SLP provider is in compliance, this can be indicated by writing "ok", signature/initials and the date, in the Correction Date column on the RORF form for each finding. If the SLP is not in compliance with one or more areas, the areas of non-compliance can be indicated with a "no", signature/initials and the date, in the Correction Date column on the RORF form.

5. The BLTC reviewer must submit a summary report to the BLTC regional supervisor in accordance with the supervisor's instructions. The write up should address each issue originally cited, including issues with specific employees/residents and the information/documentation reviewed to determine compliance. It should also include the SLP provider's response to interventions identified in the POC. A copy of the summary report should NOT be given to the SLP provider.

6. The BLTC regional supervisor will review the summary and provide recommendations to the BLTC area manager and central office. Staff will collaborate to determine the final outcome of the follow-up review.

7. If the SLP provider continues to be out of compliance after the **first follow-up**, a second RORF Form must be completed and left with the SLP provider (refer to Presentation of Review Results section). The SLP provider **does not** have to complete a new POC.

8. A **second onsite** follow-up review is performed by BLTC staff within **10 working days** after the second 30 calendar day correction period. Refer to procedures listed in #1-5 above.

9. If the second follow-up continues to show non-compliance, the BLTC regional supervisor should notify the area manager and central office as soon as possible. A written summary report and RORF should be completed and sent to the regional supervisor. A formal exit by BLTC reviewers will not occur. Central office will notify the SLP provider that non-compliance still remains after the second onsite follow-up review and that the Department is imposing one or more sanctions in accordance with 89 Ill. Adm. Code 146.280, Termination or Suspension of SLP Provider Agreement. The RORF Form from the second follow-up visit will be included with the notification letter sent by central office.

10. The SLP provider does not need to submit a POC for a sanction. If the sanction in a mandatory in-service or directed plan of correction, the SLP provider will have 30 calendar days from the date of the sanction letter to complete. Documentation must be submitted to BLTC central office by the 31st day after date of the sanction letter.

11. BLTC review staff will complete a follow-up review within **10 working days** after the 30 calendar day correction period. A written summary of the review must be provided to the BLTC regional supervisor as soon as possible. If the SLP provider is still not in compliance, a stronger sanction may be issued by central office. Refer to #8-9 for the sanction process.

REFUTE OF FINDINGS

1. An SLP provider may refute findings of non-compliance within **14 calendar days** of exit (5 calendar days in the case of an immediate jeopardy). Refutations must be submitted in writing to central office and should include supporting documentation.

2. Once a refutation is received, the timeline for the POC is placed on hold until the Department issues a written response. The timeline for the POC begins again once the written response from the Department is sent. Central Office will notify the regional supervisor and area manager when a refutation is received and when the written response is sent to the SLP provider.

IMMEDIATE JEOPARDY

1. Immediate Jeopardy means a situation in which a provider's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death and should be reported **immediately** to the BLTC regional supervisor. Examples include but are not limited to: malfunctioning emergency call lights, malfunctioning fire alarm or sprinkler systems, elevators not operating, water temperatures in excess of 120 degrees, nursing staff and dieticians without current Illinois licensure or certification, staff without a fingerprint check completed within the required time period, inadequate food supplies, possible life threatening situations involving residents and suspected resident abuse or neglect.

2. The BLTC reviewer must submit a written summary report of the suspected immediate jeopardy issue(s) identified during the review (e-mail is acceptable) while still onsite at the building. A copy of the summary report should NOT be given to the SLP provider.

3. In the event it is determined that findings of non-compliance result in an immediate jeopardy that poses a current risk to the health and safety of the residents, BLTC central office shall notify the SLP provider by phone immediately. Central office shall provide a written notice and RORF form to the SLP provider. BLTC reviewers may be required to stay onsite until the area(s) of non-compliance have been abated.

4. For non-compliance involving immediate jeopardy where health and safety of resident is **not** currently at risk, BLTC central office shall provide a written notice and the RORF form to the SLP provider within **5 working days** after the conclusion of the onsite review.

5. The SLP provider shall have **5 calendar days** from receipt of the written notice to refute the findings (refer to Refute of Findings section) or submit a POC. All POCs involving immediate jeopardy must be reviewed with the BLTC area manager, regional supervisor and central office.

6. If no refutation is submitted, the SLP shall have **10 calendar days** from receipt of the written notice to correct the non-compliance issue(s). No extension of the 10 day period shall be granted. If a refutation is submitted, the 10 day correction period is stayed until a Department decision is made.

7. BLTC staff shall conduct a follow-up review within **10 working days** after the conclusion of the 10 calendar day correction period to verify compliance.

8. The information/documentation reviewed during the follow-up should be related to the area(s) specific to the immediate jeopardy. The reviewer must submit a summary report to the regional supervisor in accordance with the supervisor's instructions. A copy of the summary report should NOT be given to the SLP provider. BLTC central office will notify the SLP provider in writing of the results of the follow-up review. If the immediate jeopardy remains, central office will take action to suspend or terminate the provider agreement.

9. The documentation and report summary(ies) for the immediate jeopardy should be included in the review packet.

ON-SITE REVIEW COMPLETION GUIDE

INITIAL REVIEW				
	Review	Exit	Plan of Correction	Follow-up Review
Summary of Review	Discuss review with regional supervisor and/or area manager and/or central office to determine if there are findings of non-compliance.			
Review Outcome	**NO FINDINGS:** Complete cover sheet and signature page of Response to On-Site Review Findings (RORF) form.	Exit with SLP provider within 10 working days of completion of the on-site review by completing the RORF (can be done via phone and fax). Obtain signatures of team leader and SLP representative on RORF. Forward completed review packet to regional supervisor within 5 working days of exit.		
	FINDINGS: Complete Response to On-Site Review Findings (RORF) form. **NOTE:** all examples of non-compliance must be listed.	Exit with SLP provider within 10 working days of completion of the on-site review by completing the RORF (can be done via phone and fax). Obtain signatures of team leader and SLP representative on RORF.	Written plan of correction (POC) due within 14 calendar days of exit. Implementation date of any correction not to be any later than 30 calendar days after exit.	Due within 10 working days of implementation of the POC. **NOTE:** This can occur sooner than 30 calendar days after exit if the SLP provider's POC states the correction period is sooner.

1st FOLLOW UP REVIEW				
	Review	Exit	Plan of Correction	Follow-up Review
Summary of Review	Discuss review with regional supervisor and/or area manager and/or central office.			
Review Outcome	**NO FINDINGS:** Update RORF form cover sheet with date(s) of 1st follow up. Indicate findings were corrected by writing "OK", initialing and dating in the 3rd column (Correction Date) of the RORF. Include a written summary separate from the RORF regarding the f/u review. Resident and staff names should be included, along with a description of what was reviewed.	Exit with SLP provider within 10 working days of completion of the on-site review by completing the RORF (can be done via phone and fax). Do NOT obtain a new signature page or complete a new coversheet for the RORF. Add follow-up review date (s) and mark "yes" box on the RORF to indicate findings were corrected. Forward completed review packet to regional supervisor within 5 working days of exit.		
	FINDINGS: Complete RORF form for all areas that remain out of compliance. **NOTE:** All examples of non-compliance must be listed. For any area(s) cleared, include a written summary separate from the RORF.	Exit with SLP provider within 10 working days of completion of the on-site review by completing the RORF (can be done via phone and fax). Complete a new coversheet and obtain signatures for the RORF. Add follow-up review dates and outcome	Another written POC is **not** required. SLP provider has another 30 calendar days from the date of exit to come into compliance.	Due within 10 working days after the 30 day correction period.

2ND FOLLOW UP REVIEW				
	Review	Exit	Plan of Correction	Follow-up Review
Summary of Review	Discuss review with regional supervisor and/or area manager and/or central office.			
	NO FINDINGS: Update RORF form cover sheet with date(s) of 2nd follow up. Indicate findings were corrected by writing "OK", initialing and dating in the 3rd column (Correction Date) of the RORF. Include a written summary separate from the RORF regarding the f/u review. Resident and staff names should be included, along with a description of what was reviewed.	Exit with SLP provider within 10 working days of completion of the on-site review by completing the RORF (can be done via phone and fax). Do NOT obtain a new signature page or complete a new coversheet for the RORF. Add follow-up review date (s) and mark "yes" box on the RORF to indicate findings were corrected.		
	FINDINGS: Regional supervisor/Area manager to contact central office immediately. Submit a summary of the review, including all examples of non-compliance to central office.	No formal exit by regional staff occurs.		

SANCTION

	Review	Exit	Plan of Correction	Follow-up Review
		Central office sends a sanction letter and RORF form to the SLP provider.		Determined by central office.
Follow-up Review	Provide a written summary to regional supervisor and central office.	Central office will send a written letter to the SLP provider.		Determined by central office. Another 30 day correction period can be given and/or a new sanction issued.

REFUTE OF FINDINGS

An SLP provider may refute findings of non-compliance within 14 calendar days of the exit (5 days in the case of an immediate jeopardy). Refutations must be submitted in writing to central office and should include supporting documentation.

Once a refutation is received, the timeline for the plan of correction is placed on hold until the Department issues a written response to the refutation. The timeline for the plan of correction begins again once the written response from the Department is sent. Central office will notify the regional supervisor and area manager when a refutation is received. Staff will be asked to review the refutation and offer input for the Department's response. Central office will notify the regional supervisor and area manager when the written response is sent to the SLP provider.

IMMEDIATE JEOPARDY (Non-compliance that poses a current risk to the health and safety of residents)

	Review	Exit	Plan of Correction	Follow-up Review
Summary of Review	IMMEDIATELY discuss with regional supervisor and/or area manager. Central office should be notified by the regional supervisor or area manager. If it is determined an immediate jeopardy exits, submit a written summary, including all examples of the IJ to central office.	Central office may require regional staff to stay on-site until the immediate jeopardy is corrected. Central office sends a letter identifying the immediate jeopardy and RORF form to the SLP provider within 5 working days.	Written plan of correction (POC) due within 5 calendar days of receipt the Department's letter. Implementation date of any correction not to be any later than 10 calendar days of receipt of the Department's letter. NOTE: in cases of immediate jeopardy, the SLP provider has five calendar days to refute the findings.	Due within 10 working days after the 10 day correction period.

Guidance for Resident Record Review

Resident Participation Requirements (Lag and New Admissions):

- DON assessment
- TB screening & signs and symptoms
- Advance directive information
- Sex offender checks
- Standardized interview
- Initial assessment and service plan
- Signed resident contract

Comprehensive Resident Assessment (New Admissions & 20% Resident Review)

- Dates of the last two assessments must be noted OR initial assessment and last assessment if fewer than 2 annual assessments have been completed.
- Annual assessments must be completed within 366 days.
- ALL sections of the assessment must be completed and identified needs must correspond with the ISP.
- When significant changes in condition are updated on the assessment, the changes should include staff initials and date(s).
- If a resident returns from a nursing home stay that was >30 days, a new assessment should be completed. IF the stay was <30 days, the assessment should be updated to include any changes in condition. The updates must be signed and dated within 24 hours of return to SLP building.

Individual Support Plan-ISP (New Admissions & 20% Resident Review)

- ISP should include ALL services being provided to the resident, including outside providers such as: home health care, family, legal guardian, Veterans' Administration, hospice, etc.
- Make sure all needs/preferences identified on the assessment are addressed in the ISP, along with resident's goals and interests.
- *Significant changes in condition were updated on the ISP. Changes to the ISP should include staff initials and date(s).
- If a resident returns from a nursing home stay that was >30 days, a new ISP should be completed. IF the stay was <30 days, the ISP should be updated to include any changes in condition. The update is to be within 24 hours of return to the SLP building and must be signed and dated.
- A new ISP form does NOT need to be completed each year. Staff can indicate it was reviewed on a specific date and no changes were required. New staff and resident signatures must still be obtained.
- Home health care services (HHC)—private pay residents can receive any service. Medicaid eligible residents CANNOT receive any service that is already required to be provided by the SLP provider in section 146.230. Examples of the most common allowable HHC services include: PT, OT, speech therapy, wound care. IV's and lab draws.

Quarterly Evaluation (New Admissions & 20% Resident Review)

- Quarterly assessments are due every 92 days. Due dates are determined by the comprehensive assessment date or the previous quarterly, whichever is later. A quarterly may be completed <92 days.
- Significant changes in condition should be noted on the quarterly.
- Make sure any incidents such as falls and hospitalizations were included on quarterly if it impacts current services being received by the resident.

*"Significant Change" means that there has been a decline or improvement in a resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, and the decline or improvement impacts more than one area of the resident's health status and requires revision of the ISP.

Medication Management Services Review

Review timeframe

- Medication management documentation from the past 90 days should be reviewed. It may be necessary to review documentation prior to this time if a problem is identified.

Medication listing

- The resident's list of medication(s) is not required to be included on the medication management services form used by the SLP provider. A separate list such as, a physician order sheet, medication administration record, or other similar documents are acceptable, as long as it includes: resident's name, name of medication, dosage, directions & route of administration.

Medication Management Services Documentation

- Medication management services documentation must include at a minimum:
  - resident's name
  - date and time of service
  - notation if medication(s) was refused or missed
  - staff signature/initials
- When a resident's medication is set-up in a pill caddy or other pre-packaged format by a licensed nurse or pharmacy, it is acceptable for the CNA to document the above for a specific date and time (ex. a.m., Noon are acceptable) and NOT note each individual medication. For example, the documentation should indicate the resident was given their bubble pack containing their 8:00 a.m. medications. The resident's list of medications should identify which medications are given at 8:00 a.m. If a licensed nurse is administering medication, a specific time must be documented.
- If a resident's medications are NOT set-up, meaning the medication is maintained in a resident's apartment in individual bottles/containers, the resident can ONLY receive verbal reminders from a CNA. The resident must be assessed by the SLP provider and found to be able to identify their medication and know the correct dosage

Medication Error Reporting

- These questions should be marked N/A if a medication error was not discovered during medication management services review.

Management of Resident Funds (20% Resident Review)

- Must be completed for residents who have their funds managed by the SLP provider. This does NOT include residents who have their monthly income deposited into the SLP provider's account for payment of room & board and Medicaid services.
- If a resident's funds are not being managed by the SLP provider, mark N/A and skip the rest of this section.
- Review records to verify:
  - Signed authorization that is witnessed by someone with no pecuniary witness.
  - Funds >$50.00 are held in an interest bearing account.
  - There is a separate written record of each resident's account.
- Documentation should include:
  - Quarterly account information provided to the resident/representative.
  - Notification of resident/representative when account reached $200 less than the allowable asset amount (for Medicaid eligible residents ONLY).
  - Signed receipts of deposits and withdrawals.
- SLP provider s are required to maintain records of the resident's account for 3 years. If the SLP provider has been managing the resident's funds for <3 years, mark "Yes" with a comment.

Guidance for Review of Management of Resident Funds

1. Does the SLP provider manage the resident's funds? NOTE: This includes managing a resident's personal needs allowance and/or any available assets.
Questions 5 & 6 on page 5 of the SLP Tool will help determine if the SLP provider is managing resident funds. BLTC staff may also ask the manager. If the SLP provider is managing resident funds, a listing of residents who receive this service should be requested.

2. Did the resident, resident's guardian, representative or immediate family give written authorization to the SLP provider to manage a resident's funds?
Look for signed documentation in the resident's file, or request the documentation from the SLP provider if it is maintained in another location. **NOTE:** if this was confirmed during a previous on-site review, BLTC staff may check N/A with a comment.

3. Was this authorization witnessed by someone who has no pecuniary interest in the SLP provider or its operations and who is not connected in any way to personnel or the manager?
This question is asking if the witness is related to the SLP provider or staff in any capacity. BLTC staff should review the signature of the witness to make sure it is not that of an employee, or someone affiliated with the SLP provider. **NOTE:** if this was confirmed during a previous on-site review, BLTC staff may check N/A with a comment.

4. If resident's funds are in excess of $50.00, are the funds held in an interest bearing account?
Review SLP provider bank statements for the residents' fund account to confirm that interest is being earned.

5. Is there a separate, written record of the resident's account?
Request to see the SLP provider's individual record keeping for each resident's funds.

6. Does the SLP provider provide a written record of the account at least quarterly to the resident or authorized representative included on the account? What is the most recent statement amount?
Review the last 4 quarterly records, or those distributed since the last on-site review. Electronic versions are acceptable.

7. Did the SLP provider notify DHS of any changes in the resident's circumstance or lump sum payments received?
If a quarterly record reflects a deposit that is out of the ordinary (for example, a deposit of $1,000 is shown one month, when the resident's usual pension check is $600), request to see the HFS 1156 Long Term Care Facility Notification form that the SLP provider should have forwarded to the DHS caseworker.

8. Did the SLP provider notify the resident when the amount in the resident's account reached $200 less than the asset limit ($2,000 for one person, $3,000 for a couple)? NOTE: Only applies to Medicaid eligible residents.
If a quarterly record indicates a resident's funds, were $1,800+ or a couple's was $2,800+, ask to see documentation that the resident(s) or their designated representative were informed.

9. Does the SLP provider maintain signed receipts of deposits and withdrawals to the resident's accounts?
Review SLP provider documentation of transactions.

10. Has the SLP provider maintained records of the resident's managed funds for the last 12 months on-site?
Make sure at least 12 months of documentation is maintained on-site.

XII. DOCUMENTATION/COMMENTS

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUPPORTIVE LIVING PROGRAM
RESPONSE TO ON-SITE REVIEW FINDINGS **Page 1 of ____**

SLP NAME: _____

CHECK ONE:

( ) INTERIM CERTIFICATION REVIEW FINDINGS: YES ☐ NO ☐

ENTRANCE DATE: _____ EXIT DATE: _____

( ) FINAL CERTIFICATION REVIEW FINDINGS: YES ☐ NO ☐

ENTRANCE DATE: _____ EXIT DATE: _____

( ) ANNUAL CERTIFICATION REVIEW FINDINGS: YES ☐ NO ☐

ENTRANCE DATE: _____ EXIT DATE: _____

( ) CHANGE OF OWNERSHIP REVIEW FINDINGS: YES ☐ NO ☐

ENTRANCE DATE: _____ EXIT DATE: _____

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

BEGIN DATE: _____ EXIT DATE: _____

( ) COMPLAINT REVIEW **DATE OF COMPLAINT:** _____

REFERRAL DATE: _____ **REVIEW FINDINGS:** YES ☐ NO ☐

BEGIN DATE: _____ END DATE: _____

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

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

FINDINGS CORRECTED: YES ☐ NO ☐

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

FINDINGS CORRECTED: YES ☐ NO ☐

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

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

For non-compliance involving immediate jeopardy-

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

For non-compliance involving non-immediate jeopardy-

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

Signature of SLP Provider Representative	Date
Signature of Bureau of Long Term Care HFSN	Date
Signature of Bureau of Long Term Care Regional Supervisor	Date
Signature of Bureau of Long Term Care Area Manager	Date

RESPONSE TO ON-SITE REVIEW FINDINGS **PAGE ____ OF _____**

PROVIDER NAME: _____ REFERRAL DATE: _____

First Follow-up ( ) Second Follow-up ( )

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

COMPLAINT/FINDING DESCRIPTION (Must include rule cite)	**SLP RESPONSE**	**CORRECTION DATE**

Signature of SLP Provider Representative_____Date_____

RESIDENT/STAFF IDENTIFIER

R-1 Name:
RIN/PP ID #:
Apartment #:

R-2 Name:
RIN/PP ID #:
Apartment #:

R-3 Name:
RIN/PP ID #:
Apartment #:

R-4 Name:
RIN/PP ID #:
Apartment #:

E-1 Name:
Staff Position:

E-2 Name:
Staff Position:

E-3 Name:
Staff Position:

E-4 Name:
Staff Position:

TEAM LEADER'S ON-SITE REVIEW SUMMARY AND RECOMMENDATION

1. Are residents' age appropriate for the SLP (65+ or 22-64)?

   If no, list names(s)_____

2. Do all residents have a DON screening date prior to admission, or were an allowable post-screen?

   If no, list name(s)_____

3. Do any residents have a primary or secondary diagnosis of DD or serious and persistent MI and were NOT determined to be appropriate for an SLP according to the screening completed by a DHS DDD ISC or DHS DMH PAS screening agent?

   If yes, list name(s) _____

4. Did all residents have a TB test or documentation of a TB test in accordance with the Control of Tuberculosis Code?

   If no, list name(s)_____

5. Was a Checklist of Signs & Symptoms of TB Disease completed within 7 days after admission?

   If no, list name(s)_____

6. Were all residents informed of advanced directives, including the Durable Power of Attorney for Health Care, Statement of Illinois Law on Advance Directives, Living Will, Declaration for Mental Health Treatment and Do Not Resuscitate?

   If no, list names(s) _____

7. Were all residents checked against all three of the identified sex offender websites prior to admission (Illinois State Police, Department of Corrections and U.S. Department of Justice Dru Sjodin National Offender Public Website)?

   If no, list names(s)_____

8. Were all residents given a standardized interview at or prior to admission?

   If no, list names(s) _____

9. Do all residents have an initial assessment completed or co-signed by an LPN or RN within 24 hours after admission ?
   If no, list name(s) _____

10. Do all residents have a contract signed by the SLP provider and resident or their designated representative?
    If no, list name(s) _____

11. Do all residents have a comprehensive assessment(s) completed or co-signed by an RN in place within 14 days of admission and/or completed within 366 days of previous CRA?

    If no, list name(s) _____

12. Do all residents have a comprehensive assessment that is completed thoroughly?

    If no, list name(s) _____

13. Do all residents a comprehensive assessment that is completed accurately?

    If no, list name(s) _____

14. Do all residents have an Individual Support Plan (ISP) developed or co-signed by an RN in place within 7 days of completing the comprehensive assessment?

    If no, list name(s)_____

15. Are all ISPs reviewed/signed by the resident or his/her designated representative and anyone else the resident chooses to have involved?
    If no, list name(s)_____

16. Are all ISPs individualized to each resident's needs?

    If no, list name(s)_____

17. Do ISPs include coordination and inclusion of services for residents who receive services delivered by an outside entity?

    If no, list name(s)_____

18. Are resident declined services noted on the ISP?

If no, list name(s)_____

19. Did residents have a significant change in condition that was not addressed in the ISP?

If yes, name(s) _____

20. Do all residents have quarterly evaluations completed co-signed by a RN at least every 92 days?

If no, list name(s) _____

21. Did residents have a significant change of condition that was not addressed in the quarterly assessment?

If yes, name(s) _____

22. Was the resident, designated family representatives and physician notified when change in the resident's mental or physical status was noted by SLP provider staff? This includes the requirement to report serious or life-threatening situations within 24 hours.

If no, list name(s) _____

23. Did residents receive a daily check?

If no, list name(s) _____

24. Was there a correct list of the resident's medication, including resident's name, name of medication, dosage, directions, and route of administration?

If no, name(s) _____

25. Was there documentation of date and time medication management services were provided in the form of verbal reminders, assistance with medication container(s) and /or medication administration that was initialed by staff?

If no, name(s) _____

26. Are resident medication refusals documented by the staff?

If no, name(s) _____

27. Were Medication Error Reports completed for identified medication errors?

If no, name(s) _____

28. Were identified medication errors resulting in hospitalization reported to the Department within 24 hours?

If no, list names(s) _____

29. Were any minor areas of non-compliance remediated while still on-site? Includes rule cite(s) and specific examples(s) and also the remediation (how SLP corrected).

_____
_____
_____
_____
_____

NOTE: Before exiting the building, leave a supply of the Department's SLP brochure on how to file a complaint with the Department to report suspected abuse, neglect and exploitation.

List any other issues and concerns found during the review and the team leader's recommendation.

_____
_____
_____
_____
_____
_____

_____ _____

Team Leader Signature Date

SUMMARY/COMMENT/RECOMMENDATION SHEET

Submit completed packet to regional supervisor. Supervisor should review for accuracy and document comments/recommendations where appropriate. Supervisor submits packet to Area Manager for review and determination of compliance.

1. # of Record Reviews completed: Medicaid_____Private Pay_____

N/A ( )=Empty building review

2. # of Residents Interviewed: Medicaid_____Private Pay_____

N/A ( )=Empty building review ( ) =Unit expansion review

3. Occupied building review converting to the SLP with only private pay residents: Yes ( ) No ( ) (If Yes, a minimum of 10 record reviews and resident interviews are to be completed.)

4. The record review_____and/or resident interview_____was expanded (N/A_____) by 10% ____or more_____ due to the following:

_____

_____

_____

5. The justification to expand the sample was approved by the Area Manager or representative.

Name, and title of representative and date:_____

6. Was this review initiated in proper timeframes? Yes ( ) No ( )

If no, document why:_____

_____

7. Have any waivers been granted to this SLP? Yes ( ) No ( )

If yes, document date and reason for waiver(s)_____

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8. This review resulted in _____finding(s) and all follow-up reviews have been completed and are included in this packet. **NOTE:** Findings=# of administrative rule cites, NOT the number of specific individual examples of non-compliance.

For Annual Reviews Only:

Level of Care Determinations (LOCD) are to be completed on ALL Medicaid residents.

9. _____of_____LOCD required additional documentation to justify SLP LOC.
Note: Do NOT perform LOCD reviews on private pay residents.

10. _____LOCD could not justify SLP LOC and was discussed with Area Manager or representative.

Name and title of representative and date:_____

11. Identify resident(s) by key who did not qualify for SLP

LOC:_____,_____,_____.

The assessment and/or additional documentation justifying reason(s) for not qualifying for SLP LOC is attached to the individual record review.

12. Additional issues/concerns: Yes ( ) See attached page. No ( )

13. Based on the results of this review, including all follow-up reviews, it is recommended that SLP certification be approved_____not approved_____. If not, see attached page for justification.

_____ _____

Regional Supervisor Signature Date

XIII. IDENTIFIED SEX OFFENDER

Resident Name: _____

Identified Sex Offender	**146.215, 146.245**	**Yes**	**No**	**N/A**	**Comments**
1. Did the SLP provider notify the Department and appropriate county and local law enforcement offices of the identity of the identified offender admitted to the building? 146.215(n)(1)		[ ]	[ ]	[ ]	[ ]
2. Did the SLP provider notify every resident and resident guardian or family in writing that such offender is a resident? 146.215(p)(2)		[ ]	[ ]	[ ]	[ ]
3. Did the SLP provider develop an ISP (developed by or co-signed by an RN) within 7 days of completing the assessment that addresses the amount of supervision required to ensure the safety of all residents, staff and visitors, and determines approaches appropriate and effective in dealing with any behaviors specific to the identified offender? 146.215(p)(3) and 146.245(f)(1)(2)		[ ]	[ ]	[ ]	[ ]
4 Are there qualified staff to meet the needs of the identified offender and required level of supervision at all time of the identified offender? 146.215(p)(4)		[ ]	[ ]	[ ]	[ ]

Comments: _____

_____

_____

_____

_____