

Ill Department of Human Services - Division of Developmental Disabilities - Bureau of Quality Management

FY 21 Environmental Check

Provider Name:

Address:

Date:

Time:

Reviewer(s):

Program: CILA CDS CRW

Agency Controlled

Individually Controlled

Item/Issue	Yes	No	Not Apply	Remediated on or required by:
Settings Rule – Applies to Adult Waiver				
1. The site is not located in the same building or grounds as a facility that provides institutional care. The residence site is in a location that is fully integrated in the greater community. The site appears and operates the same as the surrounding community members. (No POC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. All areas in and outside the site are accessible to the individual (except areas such as storage areas for medication and harmful chemicals). If applicable there are modifications or assistive devices available to increase accessibility. The site policies allow the individual to move about the inside and outside of the setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The site offers privacy in the sleeping/living unit. The individual has their own room, or the shared area is arranged to allow privacy if desired. If the individual has a roommate, it is someone of their choosing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. The individual has the ability to lock their bedroom/private living area. The site requires staff and others to knock or announce before entering bedrooms or other private living areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the individual have a key or access tool (such as card or code) for entry into the residence? If not, is there a barrier identified and outcome addressing the reason in the personal plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Fire Safety				
6. Is the means of exit suitable to the individual(s) served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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7. Are sufficient smoke detectors present and working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are there appropriate outside areas designated for smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is there properly inspected and charged fire extinguisher(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Physical/Environmental/Maintenance				
10. Are the stairs and halls free of obstacles and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are all interior and exterior areas in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is the building clean and free of foul odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are cleaning compounds, pesticides and other chemicals stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Do the individuals have ready access to a phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Is the temperature comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. CILA Only – Are there no more than 8 individuals residing in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. CILA Only – Are the no more than 2 individuals per bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. CILA Only – Do the traffic patterns avoid going through other individuals' bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Water Supply/Sewage Disposal				

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19. Does the water drain freely from sinks, tubs, showers, and stools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there adequate supplies of toilet paper and towels in the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Is the water at a safe temperature? CILA and CRW Only -Tub/Shower temp is _____ F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. CILA and CRW Only – Is there at least one working bathroom for every 4 individuals in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Is the bathroom accessible to all individuals requiring access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Food Service/Sanitation Hazards				
24. Are food items stored at safe temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Are food items closed and properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are food items proper labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Are food items within their expiration or use by dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Are there appropriate food items in enough quantities for the individuals? Diabetic Pureed Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Is there sufficient cooking equipment, utensils, and clean dishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Emergency/Precautions				

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30. Is the Abuse/Neglect reporting number posted in an accessible area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Is the Poison Control Number posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Is there a disaster plan with an evacuation route posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Does the site have a properly functioning carbon monoxide detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Health/Safety				
34. Is there a supplied and unexpired first aid kit available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Are all medications secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Is access to medication limited to authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Is the building free from observable mold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Is the building free from evidence of roaches, rodents, flies, fleas, bedbugs and etc..?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Is the building, exits, and emergency areas accessible to all individuals requiring access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Does the individual have the appropriate assistive devices in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Assistive Technology & Adaptive Equipment				
41. All prescribed assistive technology and/or adaptive equipment is available, clean, in good repair, and available to the individuals at appropriate times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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42. Staff demonstrates competency in the proper use of all assistive technology and/or adaptive equipment techniques and devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Individual Rights/Quality of Life				
Are there observation cameras in the site? If so, are there individual approvals, an agency policy and HRC approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there alarms on the doors or windows? If so, are there individual approvals, an agency policy and HRC approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Is the site free from any unapproved and undocumented right's restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Are meaningful recreational/training activities available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Is there a current activity calendar posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Is there sufficient privacy provided during personal care activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Observations				
47. Did staff talk to and treat the individuals, co-workers, and others with dignity and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Were staffing numbers appropriate for the individuals present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Did staff perform duties in a way to support the individuals' right to choose and support the individuals' personal choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Did staff demonstrate competency in person-specific training needed to support the individuals served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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51. Were staff knowledgeable of individuals' goals and program or interventions to assist in progression towards goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Employee Name	Title (QIDP, Manager, DSP or other)	Does the employee report being an ADSP?	Did the employee have access to the medication?

Notes:

Include below all residents of the CILA or all current waiver sample participants for a CDS or CRW.

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Person served in the home	Present during the visit?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

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BALC Contact numbers for reporting Significant / Major Environmental Concerns: In case of voice message, please be sure to leave a detailed message and a number you can be reached at.

Angela Johnson – Up North and Chicago Areas – (312) 814 -5310 or Charlene Brown – Rest of the State – (217) 557 9285

BALC call made? Yes ____ No ____ Date/Time of call: _____ Caller Name: _____

Reason for call: _____

BALC Licensing Issues (reasons to call BALC)

- • OIG findings of abuse and abusive staff are still present
- • Evidence of serious individual to individual violence
- • Evidence of two or more recent failures to report allegations of abuse/neglect
- • Observation of abuse/neglect
- • Use of restraint without proper oversight or training
- • Extreme heat at site or Extreme cold at site
- • Water over 110 Degrees
- • No utilities or telephone (landline)
- • Spoiled food in refrigerator/home

- • Lack of food
- • Insufficient DSP trained staff
- • Smoke detectors not working, no fire extinguisher, no evacuation plan
- • Evidence of infestation by rodents or insects
- • Urine/feces on bed linens, floors, or walls
- • Too many individuals being served in any site
- • More than 2 individuals sharing a bedroom
- • An individual who is mobility impaired living in an inaccessible site
- • CILA home in serious disrepair
- • Mold like/dark substance on floors, walls, or ceiling