



Alexander Brown &lt;alexander@friedmanplace.org&gt;

**Friedman Place FY22 AR 11-8-21 No findings**

1 message

**Bermudez, Gina** <Gina.Bermudez2@illinois.gov>  
To: Alexander Brown <alexander@friedmanplace.org>

Fri, May 20, 2022 at 9:44 AM

Mr. Brown,

See Attached.

Friedman Place is cleared and in compliance from FY22 Annual Review conducted on 11/8/21 to 11/15/21. Here is the Signature page for you to sign and to send back to me.

Thank you!

**Gina Bermudez RN MSN****Regional Supervisor****Dept of Healthcare and Family Services****Bureau of Long Term Care****2650 W. Fulton St. Chicago, IL 60612****Office (773) 265 7819 | Cell (708) 351 1390****Gina.Bermudez2@Illinois.gov****Web [www.illinois.gov/hfs](http://www.illinois.gov/hfs)**

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Illinois Department of Healthcare and Family Services

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ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
SUPPORTIVE LIVING PROGRAM

RESPONSE TO ON-SITE REVIEW FINDINGS Page 1 of 2

SLP NAME: Friedman Place

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: 11/8/2021 EXIT DATE: 5/20/2022

CHANGE OF OWNERSHIP REVIEW FINDINGS: YES  NO

ENTRANCE DATE: \_\_\_\_\_ EXIT DATE: \_\_\_\_\_

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

BEGIN DATE: \_\_\_\_\_ EXIT DATE: \_\_\_\_\_

COMPLAINT REVIEW DATE OF COMPLAINT: \_\_\_\_\_

REFERRAL DATE: \_\_\_\_\_ REVIEW FINDINGS: YES  NO

BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

FIRST FOLLOW-UP REVIEW  SECOND FOLLOW-UP REVIEW

(1<sup>st</sup>) BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

FINDINGS CORRECTED: YES  NO

(2<sup>nd</sup>) BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

FINDINGS CORRECTED: YES  NO

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

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

**For non-compliance involving immediate jeopardy-**

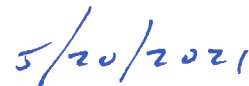
The Response to On-Site Review Findings form must be provided to the SLP provider within five working days after the conclusion of the on-site review. The SLP provider should complete and return the form to the BLTC regional supervisor within five calendar days from the date it was received from the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

**For non-compliance involving non-immediate jeopardy-**

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



Signature of SLP Provider Representative



Date

Tokunbo Shonde HFSN (2/17/22) / Bonnie Carter HFSN

Signature of Bureau of Long-Term Care HFSN

5/20/2022

Date

Gina Bermudez PSA

Signature of Bureau of Long-Term Care Regional Supervisor

5/20/2022

Date

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