

Welcome to Restorative Therapy!

Restorative coordinator: Jade Moore-Jackson COTA/L

What does restorative mean?

Restorative: having the ability to restore health, strength, or a feeling of well-being.

What does Restorative Therapy do?

Restorative therapy provides goal specific programs for each resident. These programs are completed on a daily basis. Programs are completed in the therapy gym or in the resident's room, all depending on the program of type, and the resident's needs.

Who is the restorative team?

- Specific set of CNA'S operating out of the gym
- All CNA's on the floor.

What are the different types of Restorative programs

- Dressing/Grooming
- Transfers
- Eating/Swallowing
- Ambulation
- Amputation/Prosthetic care
- PROM/AROM
- Communication
- Bed Mobility
- Splints/Braces

Who completes/runs these programs?

Programs are delegated to either a floor CNA or a gym CNA. In POC under the resident's tasks bar the restorative programs are labeled **RESTORATIVE NURSING**.

- Programs that state **RESTORATIVE NURSING: (CNA)** are charted by floor CNA's
- Programs that state **RESTORATIVE NURSING: (RES)** are charted by gym CNA's
- All programs need to be completed/ran for a minimum of 15mins.
- Time charted is located in POC under the specific resident.

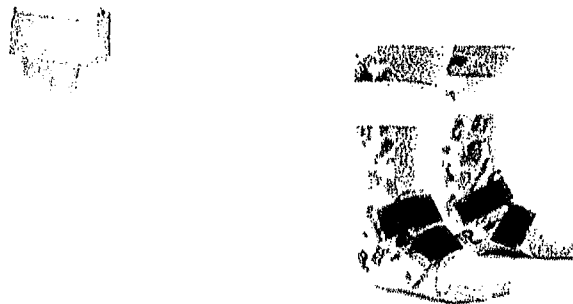
Splints/Braces

The splints and braces program consist of Wrist Hand Orthosis (WHO) and Ankle Foot Orthosis (AFO). WHO'S and AFO'S wear schedules are created by the therapy team and by the restorative team. All WHO'S are placed on by gym CNA'S, and 90% AFO'S are placed on by floor CNA'S.

A typical WHO



A typical AFO



Key Aspects to look for when completing skin checks after a splint/brace has been applied/removed

- Boney Prominences
- Thin skin areas
- Un-blanchable redness.
- Skin breakdown
- Use 1-2 finger rule when applying straps

Report all abnormal observances of skin before and after placing on and removing a splint/brace to **Nursing**, and **Restorative coordinator**.

Front Office

Hours: Monday- Friday 8am- 4pm

Phone System:

When you need to answer the phone please answer by saying the following: "Thank you for calling Winning Wheels, this is ..." How may I help you?" or "Hello this is Winning Wheels, how may I direct your call?"

To transfer the call to an extension you need, while the phone line is still open hit the Phone to Phone icon button and then hit the extension number needed and then end the call. This option will send the phone call right to the office or wing you are trying to reach.

Or you can place the phone call on park (which is a holding line that someone else can pick up from a different phone) and page. (see below)

To page overhead you dial *208. State who the phone call is for and what park they the call is on, most times you state the message twice just incase they miss the first one.

To call out of the building you have to dial 9 first.

Pop:

We sell pop in the front office for 75 cents. Staff and Residents are able to purchase when they would like.

Some of the residents are on a ticket program through the Restorative gym. After they do their programs they get a small pop ticket and bring it to me in return for a pop, they are still charged the 75 cents but that is taken from their trust acct that is also overseen by the Front office. Some residents also have their own pops located in the kitchen which the kitchen staff pass out for meals.

Friday night meals:

Each Friday night residents have the option to order meals from a local restaurant in town. The residents are able to order Monday- Thursday with the front office, at 2pm the office will call in the meals and give a copy of the order list to the kitchen so they are aware who ordered what and they can accordingly get their meals ready when they arrive since some resident have altered diets.

Winning Wheels – Nutrition Services



Carol O'Brien, Certified Dietary Manager

Dining Room Experience

- Staff Responsibilities
- The Dining Experience

Facility Diets

- Transmission of Diet Orders
- Diets Available in Facility
- Texture and Consistency Modifications

Resident Weights

- Obtaining Accurate Weights
- How to Obtain Accurate Weights

Watch-Report-Take Action

- Weight Loss
- Hydration
- Pressure Injury Formation
- Residents with Feeding Tubes

It is the policy of Winning Wheels that the organization strictly prohibits the abuse, neglect, mistreatment, involuntary seclusion of residents and/or deliberate misappropriation of resident property. It is the objective of Winning Wheels to provide training and ongoing supervision for employees and individuals who provide services, whether direct caregivers or in ancillary departments. Winning Wheels is committed to maintaining a living environment that fosters reporting of concerns and problems and protects the residents.

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

“Verbal abuse” is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents, within their hearing distance, regardless of their age, ability to comprehend, or disability.

“Mental abuse” includes, but is not limited to, humiliation, harassment, threats of punishment, or deprivation.

“Sexual abuse” includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

“Physical abuse” includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

“Neglect” means the failure to provide the goods and services necessary to avoid physical harm, mental anguish or mental illness.

“Involuntary Seclusion” is defined as separation of a resident from other residents or from his/her room or confinement to her/his room (with or without roommates) against the resident’s will, or the will of the resident’s legal representative. Emergency or short term monitored separation from other Residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident’s needs.

“Misappropriation of resident property” means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident’s belongings or money without the resident’s consent.

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SUBJECT: RESIDENT ABUSE & NEGLECT				NO. 429A
<p>PROCEDURES:</p> <p>The purpose of this policy is to assure that the organization is doing all that is within its control to prevent occurrences of resident abuse or neglect, and/or to prevent misappropriation of resident property. It is the position of Winning Wheels to take an aggressive stance on preventing neglect and abuse through the development and implementation of a systemic, comprehensive abuse prevention program, including the following key components:</p> <p>1. Screening: It is the policy of Winning Wheels to screen prospective employees to determine if they have records of abuse. Prior to hire, all potential employees are screened for history of abuse, neglect or mistreatment. Reference checks are conducted routinely on all employees. Checks with licensing boards and/or agencies will occur when applicable, and criminal background checks are conducted in accordance with the Illinois Healthcare Worker Background Check Act.</p> <p>2. Training: It is the practice of Winning Wheels to provide orientation and ongoing training to all employees on abuse and related reporting requirements, including prevention, intervention and detection. Abuse prevention is an active part of Winning Wheels' daily routine. Continuous, ongoing staff training is provided to place emphasis on a "proactive" versus "reactive" approach. All staff receive in-depth training at orientation addressing the identification of risk factors (including residents at risk for abuse and staff at risk for perpetrators), recognition of signs/symptoms of abuse and neglect, reporting mechanisms and expectations/timelines for reporting suspected abuse/neglect and feedback mechanisms. Staff are informed that they are <u>mandated to report</u> their knowledge of abuse allegations and are assured that they may do so <u>without fear of reprisal</u>. Following orientation, training will occur at ongoing, routine intervals, and will encompass various elements of abuse prevention, including MANDT training, Safety/Incident Reporting and Follow-up, and random return demonstrations of direct care staff to assure that interventions with residents are appropriate. An inservice specific to preventing/identifying abuse/neglect will be held at least annually. Ongoing educational inservices will occur throughout the year, addressing topics such as behavior management techniques, crisis intervention, and other diagnostic issues. Daily Quality Assurance activities are designed to target residents at risk for abuse.</p>				
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3. Prevention: Winning Wheels is committed to preventing the occurrence of abuse whenever possible by identifying, intervening, and correcting situations which may predispose by heightening staff awareness of employee, facility, and resident risk factors for abuse and forming a feedback loop for policy changes. Staff are trained to be proactive, and interventions are taught to promote intervention before situations get out of control. Staff receive ongoing training through the MANDT program, behavior modification training and individual resident behavior management programs (developed in conjunction with the consultant neuropsychologist), empathy training exercises, role play and other mediums to help them fully understand the need to identify and intervene in risk situations to ultimately prevent abuse. The Resident Council is also inserviced annually on the prevention and reporting of abuse and/or neglect. Staff training emphasizes that low risk in one or two factors (see below) can reduce the chance of abuse even when the risk factors in a third column are high.

<u>Employee Risk Factors</u>	<u>Facility Risk Factors</u>	<u>Resident Risk Factors</u>
Mental illness	Crowding/concentration of vulnerable adults	Non-verbal/Mute
Alcohol/drug abuse	Inadequate staffing levels	Incontinent
Multi-disciplinary actions	Staff shortages	History of multiple incidents
Poor training	Inadequate managerial response to abuse	History of substance abuse
Insubordination/power conflicts/rivalry	Poorly paid staff	Assaultive (i.e. spitters and hitters)
Chronic physical illness	Poor role definition; obscure organizational chain	Verbally abusive, racist
Financial problems	Use of facility for detention of anti-social persons	Intrusive (resident has figured out what "buttons" to push)
Role reversal (i.e., looking to residents to fulfill their own needs)	High employee absenteeism	Hostile, passive-aggressive
Family problems or history of family violence	High staff turnover	Argumentative
Pattern of excessive absenteeism	Poor building maintenance (ventilation, noise, lighting)	Demanding
Tardiness or disappearance from job site	Inconsistently applied standards	Passive
Social isolation	Lack of staff training	

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<p>4. Identification: It is the policy of Winning Wheels to distinguish occurrences that may trigger, constitute or contribute to abuse. Staff, residents and/or their representatives are mandated to identify possible signs of abuse and/or neglect that must be reported immediately to administration for further investigation. Staff are instructed to report the following signs of possible physical abuse:</p> <ul style="list-style-type: none"> • Marks and/or welts • Bumps • Cuts, punctures, scratches • Broken bones • Human bite marks • Internal injuries/bruises • Suspicious scars <p>Possible signs of sexual abuse:</p> <ul style="list-style-type: none"> • Injury to resident's genitals, anus, breast or mouth • Observation of sexual remarks or sexual activity • Exposure of genitalia to residents • Taking nude photographs of residents • Gestures of affection that are too lingering/seductive and/or involve inappropriate parts of the body <p>Neglect occurs when resident needs are ignored; when they are left with staff who fail to care for them with good judgment, or place them in dangerous circumstances. Staff and residents are trained to report such circumstances to their supervisor or administration immediately.</p> <p>5. Protecting Individuals During Investigation: It is the policy of Winning Wheels to shield individuals from abuse or other retaliation during investigations of any allegations of abuse. All information received as a result of a report of abuse, neglect or exploitation involving a reporter's identity is maintained as confidential to the full extent allowed by law (including regulatory agency guidelines). Any person participating in good faith in the making of a report, or in the investigation of such a report or in the taking of photographs or x-rays shall have immunity from liability.</p> <p>6. Investigate: Winning Wheels is committed to ensuring timely and thorough investigation of all allegations of abuse, neglect or mistreatment. The administrator is designated as the staff member ultimately responsible for making the determination as to whether or not there is reasonable cause and/or credible evidence to file a report, and is responsible for reporting the information as required to the proper authorities, including the Illinois Department of Public Health, and for conducting a full investigation.</p>				
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SUBJECT: RESIDENT ABUSE & NEGLECT

NO. 429A

Employees suspected of abuse will be immediately suspended pending the outcome of the administrative investigation. Employees suspended for such a reason will be denied access to facility premises and barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.

Residents as perpetrator of abuse: When an investigation of a report of suspected abuse of a resident indicates, based upon evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident, as well as the safety of other residents and employees of the facility. Employees witnessing such conduct/treatment are required to IMMEDIATELY notify their supervisor and the Administrator, to ensure prompt handling of the situation.

7. Reporting / Response: It is the policy of Winning Wheels that any employee, agent or resident who becomes aware of an allegation of mistreatment, neglect, abuse, including injuries of unknown source to a resident, or misappropriation of a resident's property must report the matter immediately to their supervisor or the facility administration. Employees or agents failing to do so are subject to disciplinary action. Should the facility administrator and/or agent become aware of an allegation of mistreatment, neglect, abuse, including injuries of unknown source, of a resident, or have reasonable cause to believe there has been misappropriation of a resident's property, he/she must report the allegation of abuse or neglect immediately, but no later than 24 hours after the allegation, to the resident's representative and to the Illinois Department of Public Health.

The nature and scope of each incident/infraction will be investigated thoroughly by facility administration. If circumstances warrant, an incident/infraction may be grounds for immediate termination.

The administrator is responsible for analyzing each occurrence to determine if changes to policies/procedures are needed and will implement same as indicated.

ATTACHMENTS:

Notification Checklist

Resident Interview

Employee/Witness Investigation Statement

Injury of Unknown Origins Investigation Report

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SUBJECT: RESIDENT ABUSE OF STAFF

NO. 430

In the event a resident is physically or verbally abusive to any staff member during the process of provision of care, as defined as verbal abuse: the use of vulgarity or profanity, derogatory name calling or comment; physical abuse: striking, ramming with wheelchair, biting and/or any behavior which causes physical harm to staff, staff may proceed as follows:

1. Verbally inform resident that his/her actions are inappropriate and abusive, and warn them that should the behavior not cease immediately, care will be delayed until this occurs, as continuation of the behavior will constitute a refusal of care.
2. If the abusive behavior persists beyond the first verbal warning, staff may prematurely terminate the procedure at hand (after ensuring the resident's safety), and leave the area.
3. If the nature of the procedure terminated indicates a need for further staff attempts, such will be made at regular, reasonable intervals. If patient behavior persists, follow physician notification policy for resident refusal of care.
4. Staff must take into consideration the resident's diagnosis, and follow any other behavior modification plan and/or protocols (e.g. care plan) that exist.
5. All incidents must be documented in the resident's medical records and reported to Social Services so they may determine if further action is necessary.

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SUBJECT: EMERGENCY PLAN FOR MISSING RESIDENTS			NO. 492b	
<ol style="list-style-type: none"> 1. Conduct thorough search of room including closet, bathroom, under bed, etc. 2. Search in immediate area such as other Residents' rooms, linen closets and bathrooms. 3. Appoint one employee to check non-resident areas such as laundry room, kitchen and employee bathrooms. 4. Calmly alert other clients of search so that they can give any information they may have and report to you if they have seen the missing person recently. 5. Call the Administrator and Director of Nursing. Give all pertinent details of the incident. 6. If possible, family of missing person should be notified, by the Administrator. If applicable, the responsible party should be called. 7. Local police authorities should be called by the Administrator (if necessary), and the systematic search of the area beyond facility grounds will be handled by them. 				
POINTS TO REMEMBER				
<ol style="list-style-type: none"> 1. Write down description of person, being as accurate as possible. Try to recall what the Resident was wearing when last seen. 2. If possible, provide authorities with one or more photographs of the missing person. 3. All available staff shall go look for the client in areas where it is expected that the client might go. 4. Recheck areas periodically to make sure a place was not overlooked or that the person has not returned unnoticed while the search was going on. 5. Record events accurately on client's charts including who was notified and what time. 6. Remain calm and encourage other clients to continue with their routines but to be alert for the missing person and report to you if they have any information that will be helpful. 7. Incident should be reported to client's physician when person is found and possible ill-effects are noted. The administrator shall report the matter to the appropriate regulatory agency(ies), if actual elopement from the premises has occurred. 				
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Dignity

Respect



The Mandt System®

Putting People First

A Powerful & Comprehensive System for Support
(for everyone)

A core Philosophy, with

- Models (tools for understanding), and
- Technical skills

embedded within a complete way of seeing things.

3 Areas for enhancing skills for caring

1. Relational Skills
2. Conceptual Skills
3. Technical Skills

10 Chapters: some are optional. Recommended time for full training: 28 hours

Relational Skills are the absolute Foundation.

- Prerequisite to everything else.

Conceptual Skills are the things you really want to know before actively supporting anyone.

- Topics include such things as medical risks of restraint & legal issues
- Some are absolute prerequisites before attempting hands-on support.
- Some chapters are optional

Technical Skills are hands-on applications

- If you don't need these skills, these chapters are optional.

Advanced Technical Skills are hands-on applications

- This is additional training to assist you to connect the dots of the Technical training along with additional technical skills to address the needs of violent behavior.

Mandt Training is competency based.

You can be certified for individual chapters & skills, provided that you have been certified in any prerequisite skills.

TIPS FOR WORKING W/ AGGITATED INDIVIDUALS

The majority of resident initiated incidents ARE PREVENTABLE

Early detection of behaviors, coupled with an appropriate response may help in ceasing and/or reducing the intensity of the behavior. Talking to the resident while still rational (assuming that ability was present at baseline), being supportive, giving compliments, engaging resident in an activity etc).

Staff mood and attitude can have an impact on resident's moods & attitude and vice versa.

The words and approaches we use with resident before, during and after an incident matter because they can help to:

- Prevent or trigger an incident
- Calm or escalate a situation
- Promote positive change or ensure more problems in the future

If a resident becomes physically aggressive, assess and address risk to the following:

- **You** – Are you in a position of safety (distance, room to move, escape route etc)?
- **Resident** – is the resident in a position to harm them?
- **Others** – Are others in a position to be harmed?

As soon as possible, try to remove the audience. This can be accomplished by either relocating the agitated individual or relocating other who are nearby. The idea here is to reduce the amount of attention received, prevent others from joining in, protect others from trauma & to allow for the person who may be in crisis the opportunity to focus.

INTERVENE WITH AS FEW STAFF MEMBERS AS POSSIBLE Ideally, only one staff member per agitated resident would be actively involved. Responding with more people than necessary provided a bigger audience draws staff attention from other necessary events and may give resident the impression that they are being ganged up on. Anything action that increases fear, anxiety, confusion and/or attention will likely lead to an escalation of the undesired behavior.

If you lack experience or rapport with the agitated individual, yield when possible to someone who does.

When an individual is in crisis they likely will not respond in the same manner as if they were at baseline.

DO & DON'T	
Do.....	Don't.....
Respect person space of other	Assume Anything
Remain calm	Use a parental tone of voice
Remove the audience	Threaten
Try to gain consent before acting	Place yourself in danger
Respect reasonable requests	Allow others to be placed in danger
Set enforceable limits	Become impatient
Keep routes of egress open	Lose control of your temper & emotions
Avoid use of physical intervention	Think you can always reply on logic



State of Illinois
Illinois Department on Aging

Residents' Rights for People in Long-term Care Facilities

As a long-term care facility resident in Illinois,
you are guaranteed certain privileges
according to rights, protections and
State and Federal law.

Illinois Long-Term Care Ombudsman Program

Ombudsman... Resident Advocate
Call 1-800-252-8966 to learn more

**Protecting, Advocating and Promoting the Rights
of Residents in Long-term Care Facilities**

Illinois Department on Aging, One Natural Resources Way, #100, Springfield, Illinois 62702-1271
Senior HelpLine: 1-800-252-8966, 1-888-206-1327 (TTY) • www.state.il.us/aging

download this brochure at www.state.il.us/aging in the "News and Publications" section.

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment
compliance with appropriate State and Federal statutes. If you feel you have been discriminated against,
call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

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Illinois Department
on Aging



If the rights presented in this booklet are not applied within your facility, the following actions are suggested:

1 Define the problem. Writing it down may help make clear exactly what has happened and why it is wrong. When did it happen? (Give times and dates, if possible.) Who was involved or saw the incident? Ask questions of others who may be involved or know about the problem.

2 Talk to the staff. If it seems appropriate, talk about the problem with the staff responsible for taking care of you. Find out the facility procedures for resolving problems or concerns. If this does not seem like a good idea, or if you are not satisfied after you do so, consider talking to the facility administrator, the administrator's designee, your physician, the director of nursing, the social worker or the floor nurse.

3 Participate in the Resident Council. The Resident Council may raise concerns on behalf of a resident.

4 Ask for assistance. If you or the Resident Council need help solving a problem, you may ask the Illinois Long-Term Care Ombudsman Program for assistance. The program offers confidential help to older adults who have questions, concerns or complaints regarding the care they are receiving in their long-term care facility.

Call:

Illinois Department on Aging
1-800-252-8966
1-888-206-1327 (TTY)

If the problem relates to a person with a developmental disability or mental illness, you may ask for help from Equip for Equality, a non-profit organization named by the Governor to provide protection and advocacy for

- ▶ You have the right to private visits, unless your doctor has ordered limited visits for medical reasons.
- ▶ You have a right to make and receive phone calls in private.
- ▶ If you are married, you and your spouse have the right to share a room, if available.
- ▶ **money management**
 - ▶ You have the right to manage your own money.
 - ▶ Your facility **may not** become your money manager nor your Social Security representative payee without your permission.
 - ▶ You may see your financial record at any time. The facility must give you an itemized statement at least once every **3 months**.
- ▶ **contract information**
 - ▶ You **must** be given a contract that states what services are provided and how much they cost.
 - ▶ Your facility **must not** require anyone else to sign an agreement stating they will pay for your bill unless they are your court appointed legal guardian.
- ▶ **Medicaid and Medicare information**
 - ▶ You have the right to apply for Medicaid or Medicare to help pay for your care.
 - ▶ Your facility **must** give you information on how to apply for Medicaid, Medicare and Spousal Impoverishment.
 - ▶ If you receive Medicaid, the facility **cannot** make you pay for anything for which Medicaid pays.

► stay in your facility

- You have the right to keep living in your facility.
- The facility **can** force you to leave because:
 - ...you have not paid your bill,
 - ...you are dangerous to yourself or others,
 - ...your medical needs cannot be met, or
 - ...the facility closes.
- You **must** be given a written notice if your facility requests that you leave. This notice **must** include:
 - ...why you are being asked to move,
 - ...how to file an appeal, and
 - ...a self-addressed envelope to be mailed to the Illinois Department of Public Health.
- You have the right to appeal your discharge within **10 days**. Contact the Illinois Department on Aging for help regarding your involuntary discharge notice. Call **1-800-252-8966, 1-888-206-1327 (TTY)**.
- In most cases, if you receive Medicaid, you **must** be allowed to return to your facility when you leave the hospital, even if the facility has given you a written discharge notice. If you are hospitalized for more than **10 days**, your facility **must** let you return if/when it has a bed available. If you are private pay, the facility **is required to advise you in writing** of any action you must take to hold your bed while hospitalized.
- You have the right to be told in advance if your room or roommate is being changed.

Remember, you do not lose your rights as a citizen of Illinois and the United States because you live in a long-term care facility.

- You have the right to vote.
- You have the right to participate in social and community activities that do not interfere with the rights of other residents.
- You have the right to participate with other residents in the Resident Council.
- You have the right to meet with the Long-term Care Ombudsman, community organizations, social service groups, legal advocates and members of the general public who come to your facility.
- You have the right to present grievances and to get a prompt response from the facility.
- Your facility **may not** threaten or punish you in any way for asserting your rights or presenting grievances.

You have the right to...

► safety and good care

- Your facility **must** provide services to keep your physical and mental health, and sense of satisfaction.
- You **must not** be abused by anyone — physically, verbally, mentally, financially or sexually.

► participate in your own care

- Your facility must develop a written care plan that states all the services it provides.
- Your facility **must** make reasonable arrangements to meet your needs and choices.
- You have the right to choose your own doctor.
- You have the right to all information about your medical condition and treatment in a language that you understand. You also have the right to see your medical records within **24 hours** of your request.
- You have the right to make a Durable Power of Attorney for Health Care, Living Will, Declaration for Mental Health or Do Not Resuscitate Order.

► privacy

- Your medical and personal care are private.
- Facility staff **must** knock before entering your room.
- Your facility **may not** give information about you or your care to any unauthorized person(s) without your permission.

people with disabilities in all aspects of community living regardless of age. Call:

Equip for Equality

1-800-537-2632

1-800-610-2779 (TTY)

5 File a grievance with the Central Complaint Registry. Illinois has a formal Central Complaint Registry in the Illinois Department of Public Health. If you think your facility is violating your rights or those of your fellow residents, you can make a complaint against it. The Illinois Department of Public Health will investigate your grievance. If a violation has been found, the long-term care facility will be cited; and corrective action will be taken. Call:

Central Complaint Registry

1-800-252-4343

1-800-547-0466 (TTY)



To obtain copies of the following brochures:

- **Residents' Rights for Persons Residing in Supportive Living Facilities**
- **Residents' Rights for People in Intermediate Care Facilities for the Developmentally Disabled**

Call **1-800-252-8966**, **1-888-206-1327 (TTY)**, or

Visit www.state.il.us/aging on the Web and link to "News and Publications."