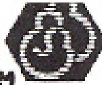
Cycle
97-3

INTERIM 

Illinois Department of Public Aid
INSPECTION OF CARE SUMMARY

I. IDENTIFYING INFORMATION

1. Facility Name: BUCKINGHAM PAVILION
2. City: CHICAGO
3. County: COOK
4. Provider #: 362771634001
5. Date of Review: 03-03-97 to 03-20-97
6. Region #: 1A
7. License #: 000019836

II. SUMMARY:

General comments

The facility's environment is clean, neat, and very home-like. Hallways are well lit and free of obstacles that inhibit safety. Residents were generally well-groomed and dressed appropriately. Interaction between staff and residents was observed to be cheerful and compassionate. The staff knew the residents well and appeared to meet their needs in a dignified professional manner.

III. FACILITY STATEMENT OF REVIEW (To be completed by the administrator or designee.)

The findings of the IOC team have been reviewed with me and I have had the opportunity to present all disagreements with those findings.

Sheldon Stern | Executive Director | 3/20/97
Signature | Title | Date

IV. EVALUATOR SIGNATURES (All on-site team members)

Maureen Guarderas RN HFSN 1A075 — Nurse Evaluator Signature, Title and Number
MAUREEN GUARDERAS — Team Leader PRINT NAME — Date: 03-20-97

Marjorie L. Toles HFSN 028 / Margaret Dale HFIN 135 / Deborah Stephens HFSN 207 — Nurse Evaluator Signature, Title and Number — Date: 03-20-97

Ann L Dixon MACT CSO — Medical Assistance Consultant Signature, Title
ANN L. DIXON — Social Worker PRINT NAME — Date: 03-20-97

Qualifie… ‚ e, Title and Number — Date

Date

V. REGIONAL SUPE… …SOR SIGNATURE — Date

Last Inspection Before State Discontinued I.O.C. Program

DPA 2702 P1 (R-4-92)

IL 478-1453