



State of Illinois
Illinois Department of Public Health

Long-term Care Annual Report to the Illinois General Assembly

July 2019



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov
July 1, 2019

General Assembly
Capitol Building
Springfield, IL 62706

Dear Members of the General Assembly:

Thank you for the opportunity to present the Illinois Department of Public Health (IDPH) 2019 Long-Term Care Facility Annual Report. This Annual Report is pursuant to Section 3-804 of the Nursing Home Care Act (210 ILCS 45) and Section 6 of the Abused and Neglected Long-Term Care Facility Residents Report Act (210 ILCS 30).

Our mission is to protect the health and wellness of the people in Illinois through prevention, health promotion, regulation, and the control of disease or injury. The Bureau of Long-Term Care, within our Office of Health Care Regulation, is responsible for ensuring that nursing homes comply with the provisions of the Nursing Home Care Act. Under a cooperative agreement with the Centers for Medicare & Medicaid Services (CMS), IDPH conducts certification surveys to ensure facilities receiving Medicaid or Medicare money for resident payment abide by applicable federal regulations. The Bureau, the only one at IDPH, includes three (3) divisions: Quality Assurance, Assisted Living & Housing, and Long-Term Care Field Operations.

The variety of services provided by IDPH is critical to the well-being of Illinois' 12.8 million residents. IDPH continues to spearhead the promotion of safe and healthy communities in every corner of the State through education, collaboration, and innovation.

Once again, thank you for this opportunity. I believe this report will prove to be a valuable resource in your important deliberations on health care for the State of Illinois.

Sincerely,

Ngozi O. Ezike, M.D.
Director, Illinois Department of Public Health



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General Assembly
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Dear Members of the General Assembly:

The Illinois Department of Public Health (IDPH) Office of Health Care Regulation presents the 2019 Long-Term Care Facility Annual Report. This Annual Report is pursuant to Section 3-804 of the Nursing Home Care Act (210 ILCS 45) and Section 6 of the Abused and Neglected Long-Term Care Facility Residents Reporting Act (210 ILCS 30). IDPH is required to report annually on actions taken under the authority of these Acts.

In concert, with the IDPH's authority to take licensure action against the State's nursing homes, is its participation in long-term care regulatory activities that are a part of the Medicare and Medicaid certification process under Titles XVIII and XIX of the Federal Social Security Act. Using this process, IDPH has focused its efforts on such issues as abuse and neglect of nursing home residents.

Thank you for your interest in the State of Illinois' long-term care facilities and their residents.

Yours truly,

Debra D. Bryars, MSN, RN
Deputy Director, Office of Health Care Regulation
Illinois Department of Public Health

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MISSION

First organized in 1877, the Illinois Department of Public Health (IDPH) is one of the State's oldest agencies with an annual budget of approximately \$649.6 million in State and Federal funds, with headquarters in Springfield and Chicago. IDPH has seven (7) regional offices, laboratories in Carbondale, Chicago, and Springfield, and approximately 1,100 employees. Each Office operates and supports many ongoing programs and is prepared to respond to emergency situations as they arise. The Office of Health Care Regulation has an annual budget of approximately \$75 million dollars. The primary funding sources are General Revenue, Federal allocation, and State Special Licensure Funds.

The mission of IDPH is to protect the health of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury. In partnership with other state agencies, IDPH has over 200 programs which affect the lives and well-being of residents and visitors in Illinois. Through diverse programs and services, IDPH touches virtually every age, aspect, and stage of an individual's life and makes Illinois a safer and healthier place to live.

Programs and services specific to the Office of Health Care Regulation (OHCR) include health care provider licensure and/or certification. With a staff of over 400 (approximately one-third of total IDPH employees), OHCR's objectives are:

- Conduct surveillance activities to ensure delivery of quality services to clients.
- Evaluate effectiveness of criminal background checks.
- Coordinate criminal background check activities.
- Conduct review of assaults and unnecessary deaths of nursing home residents.
- Conduct physical plan reviews of new and remodeled health care facilities.
- Approve training courses and competency evaluation of nurse assistant.
- Develop administrative rules to protect the health, safety and welfare of Illinois residents.
- Increase effectiveness and efficiency of regulatory functions to ensure the health and safety of the public.



2018 ACCOMPLISHMENTS

Division of Administrative Rules & Procedures (ARP)

- Responded to more than 56,000 telephone and email requests for assistance and information regarding the Health Care Worker Registry (“Registry”).
- Added 106,111 new criminal background checks to the Registry.
- Added 13,987 Certified Nursing Assistants (CNAs) to the Registry.
- Added 5,624 Direct Service Personnel (DSP) to the Registry.
- Added administrative findings for abuse, neglect, or theft for 81 health care workers to the Registry.
- Processed 1,485 requests for the waiver of criminal convictions.
- Developed two (2) webinars that explain which health care employees are under the jurisdiction of the Health Care Worker Background Check Act and the responsibilities of health care employers under the Act. One (1) webinar was designed for health care employers in general, and the other was tailored specifically to hospitals. The latter was co-presented with the Illinois Hospital Association to its members.
- Streamlined the process for approving foreign nurse and military applications for CNA certification, saving Division staff time and making the process more user-friendly to the applicants.

Bureau of Long-Term Care (BLTC)

- Processed approximately 693 license renewals.
- Successfully met the Federal Centers for Medicare and Medicaid Services’ (CMS) State Performance Standard for Special Focus Facilities (SFF) by appropriately selecting, monitoring and recommending for graduation of facilities in the SFF program in an effort to improve the safety and quality of care of nursing home residents.
- Conducted, reviewed and processed approximately 585 surveys per month to include Certification and Licensure annual surveys, Complaint and Incident Investigations, as well as follow-up surveys.
- Abuse Prevention Review Team (APRT) reviewed 174 cases.
- Central Complaint Registry (CCR) processed 8,394 complaints.
- The Abuse, Neglect, and Theft (ANT) Committee processed findings for 20 CNAs to be placed on the “Registry”.
- Hired 55 staff (33 staff were long-term care surveyors) towards achieving staffing ratios required by SB326.
- Had 11 Town Hall provider meetings statewide; topics included Life Safety and Construction (LSC) issues, trends, and goals to improve IDPH and provider relationships.

2018 ACCOMPLISHMENTS

Bureau of Long-Term Care (BLTC) *(Continued)*

- Assisted Living gave eight (8) presentations to provider groups on Assisted Living processes and regulations.
- Successful completion of the Federal CMS' State Performance Standard for timeliness notification of Mandatory Denial of Payment for New Admissions to nursing homes when they are not in substantial compliance three (3) months after the date of the original survey.
- The State Agency's implementation plan for submission of electronic plans of correction (ePOC) was approved by Federal CMS on December 31, 2018.

Division of Life Safety & Construction (LSC)

- The Division made three (3) presentations regarding the Healthcare Plan Review Process and the Life Safety Code at the annual association meetings of Leading Age, Northern Illinois Healthcare Engineers Association and the Central Illinois Chapter of Healthcare Engineers.
- The Division's Senior Public Service Administrator (SPSA) or Public Service Administrator (PSA) participated in five (5) long-term care town hall meetings to respond to provider's questions or concerns regarding licensure and Life Safety Code requirements.
- The Division's PSA participated, as a voting member, in two (2) National Fire Protection Association (NFPA) code development meetings.
- Sponsored and participated in two (2) National Fire Protection Association (NFPA) Life Safety Code seminars offered, by the Department, to licensed healthcare providers at no cost to them.

Training & Technical Direction Section

- Eleven presentations were given by Training and Technical Direction staff; audiences included Long-Term Care Facility Administrators, Directors of Nursing, Food Service Managers, Dietitians, as well as ancillary staff.
- Completed Complaint training Statewide to over 200 surveyors.
- 100% pass rate of Surveyor Minimum Qualifications Training (SMQT) certifying staff to conduct surveys independently.
- Collaboration with Telligon providing webinars for providers outlining Minimum Data Set (MDS) information changes.
- Organized and distributed electronic devices Statewide to align with the new electronic survey process.
- Five (5) staff members attended the Surveyor Executive Training Institute (SETI) Conference in April 2018; conducted in Maryland.
- The Resident Assessment Instrument (RAI) Coordinator attended RAI training in July 2018; conducted in Maryland.

ANNUAL REPORT STATUTORY AUTHORITY

Nursing Home Care Act

(210 ILCS 45/3-804) (Sec. 3-804)

IDPH shall report to the General Assembly by July 1 of each year upon the performance of its inspection, survey and evaluation duties under this act, including the number and needs of IDPH personnel engaged in such activities. The report also shall describe IDPH's actions in enforcement of this act, including the number and needs of personnel so engaged. The report also shall include the number of valid and invalid complaints filed with IDPH within the last calendar year. (Source: P.A. 97-135, eff. 7-14-11.)

Abused and Neglected Long-Term Care Facility Residents Reporting Act

(210 ILCS 30/6) (Sec. 1-16)

IDPH shall report annually to the General Assembly by July 1 on the incidence of abuse and neglect of long-term care facility residents, with special attention to residents who are mentally disabled. The report shall include, but not be limited to, data on the number and source of reports of suspected abuse or neglect filed under this act, the nature of any injuries to residents, the final determination of investigations, the type and number of cases where abuse or neglect is determined to exist, and the final disposition of cases. (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12; 98-104, eff. 7-22-13.)

ID/DD Community Care Act

(210 ILCS 47/3-804) (Sec. 3-804)

IDPH shall report to the General Assembly by July 1 of each year upon the performance of its inspection, survey and evaluation duties under this Act, including the number and needs of IDPH personnel engaged in such activities. The report shall also describe IDPH's actions in enforcement of this Act, including the number and needs of personnel so engaged. The report shall also include the number of valid and invalid complaints filed with IDPH within the last calendar year. (Source: P.A. 96-339, eff. 7/1/10.)

ANNUAL REPORT STATUTORY AUTHORITY

Medically Complex/Developmentally Disabled (MC/DD) Act (210 ILCS 46/3-804) (Sec. 2-804)

IDPH shall report to the General Assembly by April 1 of each year upon the performance of its inspection, survey and evaluation duties under this Act, including the number and needs of IDPH personnel engaged in such activities. The report shall also describe IDPH's actions in enforcement of this Act, including the number and needs of personnel so engaged. The report shall also include the number of valid and invalid complaints filed with IDPH within the last calendar year. (Source: P.A. 99-180, eff. 7-29-15.)

Authorized Electronic Monitoring in Long-Term Care Facilities Act (210 ILCS 32) (Sec. 55)

IDPH shall report the total number of authorized electronic monitoring notification and consent forms received by facilities to the Office of the Attorney General annually.



STATUTORY AUTHORITY FOR ADVISORY BOARDS

Developmentally Disabled Facility Advisory Board

Mandated by the ID/DD Community Care Act (210 ILCS 47), Section 2-204, authorizes the Director of the Illinois Department of Public Health to appoint a Developmentally Disabled Facility Advisory Board to consult with IDPH.

(210 ILCS 47/2-204) Sec. 2-204. The Director shall appoint a Developmentally Disabled Facility Advisory Board to consult with IDPH and the residents' advisory councils created under Section 2-203.

Section 2-204: "(c) The Advisory Board shall advise the Department of Public Health on all aspects of its responsibilities under this Act, including the format and content of any rules promulgated by the Department of Public Health. Any such rules, except emergency rules promulgated pursuant to Section 5-45 of the Illinois Administrative Procedure Act, promulgated without obtaining the advice of the Advisory Board are null and void. If IDPH fails to follow the advice of the Advisory Board, IDPH shall, prior to the promulgation of such rules, transmit a written explanation of the reason therefore to the Advisory Board. During its review of rules, the Advisory Board shall analyze the economic and regulatory impact of those rules. If the Advisory Board, having been asked for its advice, fails to advise IDPH within 90 days, the rules shall be considered acted upon." (Source: P.A. 96-339, eff. 7-1-10; 96-1146, eff. 7-21-10.)

Long-Term Care Facility Advisory Board

Mandated by the Nursing Home Care Act (210 ILCS 45), Section 2-204, authorizes the Director of the Illinois Department of Public Health to appoint a Long-Term Care Facility Advisory Board to consult with IDPH.

(210 ILCS 45/2-204) (from Ch. 111 1/2, par. 4152-204) Sec. 2-204. The Director shall appoint a Long-Term Care Facility Advisory Board to consult with IDPH and the residents' advisory councils created under Section 2-203.

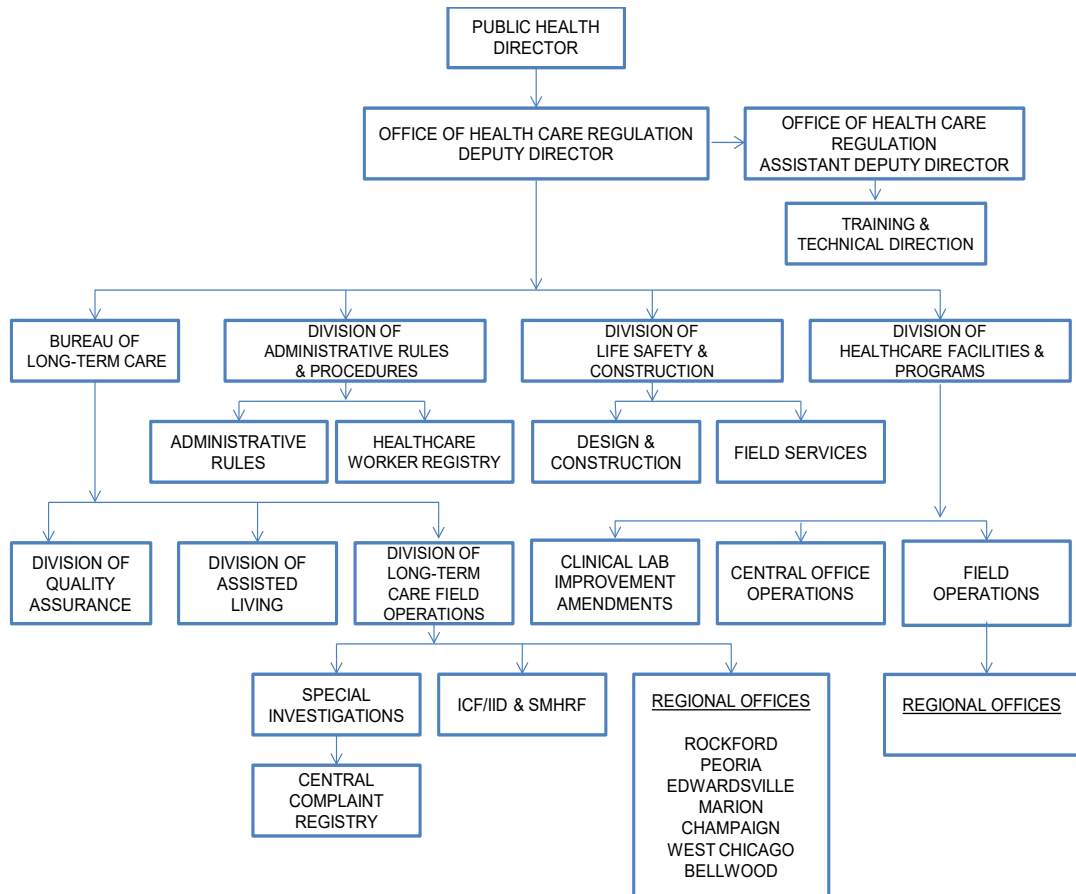
Section 2-204: "(c) The Advisory Board shall advise the Department of Public Health on all aspects of its responsibilities under this Act and the Specialized Mental Health Rehabilitation Act of 2013, including the format and content of any rules promulgated by IDPH of Public Health. Any such rules, except emergency rules promulgated pursuant to Section 5-45 of the Illinois Administrative Procedure Act, promulgated without obtaining the advice of the Advisory Board are null and void. In the event that IDPH fails to follow the advice of the Board, IDPH shall, prior to the promulgation of such rules, transmit a written explanation of the reason thereof to the Board. During its review of rules, the Board shall analyze the economic and regulatory impact of those rules. If the Advisory Board, having been asked for its advice, fails to advise IDPH within 90 days, the rules shall be considered acted upon." (Source: P.A. 97-38, eff. 6-28-11; 98-104, eff. 7-22-13; 98-463, eff. 8-16-13.)

ORGANIZATIONAL STRUCTURE

Deputy Director's Office

The Deputy Director for the Office of Health Care Regulation reports to the IDPH Director. The Office is responsible for several areas: Budget and Fiscal Section; Training and Technical Direction; Division of Administrative Rules and Procedures; Division of Life Safety and Construction; Division of Health Care Facilities and Programs; and the Bureau of Long-Term Care. The Deputy Director:

- Administers all programs mandated under State Licensure and Federal Certification requirements.
- Develops policy.
- Monitors progress of program implementation.
- Sets legislative goals
- Assesses and prioritizes Office needs
- Develops and approves budgets
- Represents Director in Boards and Commissions, State and National organizations and workgroups.
- Analyzes and recommends organizational changes for maximum utilization of resources.
- Interfaces with other Offices, Agencies, and the Legislature.
- Provides support, direction and guidance to Division Chiefs.



TRAINING & TECHNICAL DIRECTION SECTION

The Training & Technical Direction Section assists surveyors to meet knowledge, skills, and abilities to carry out survey functions. This includes assessing training needs, coordinating trainings, creating curriculum and tools, evaluating learning, record keeping, and providing survey related updates.

Federal CMS requires each State Survey Agency (SSA) to identify a State Training Coordinator and back up coordinator to be liaisons with the Regional Training Administrator and the CMS Central Office regarding training concerns, logistics, scheduling, as well as oversight to CMS Surveyor Training Website. The Training & Technical Direction Section is dedicated to promoting positive holistic quality care outcomes for long term care residents. The work completed in 2018 involved:

- 1) reviewing policy and procedures;
- 2) analyzing training needs and processes;
- 3) developing and implementing training materials; and
- 4) training surveyors, providers, and the general public.
 - Connie Jensen conducted a webinar on the Long-Term Care Survey Process in September of 2018.
 - Lori Brown conducted a webinar on MDS changes in October of 2018.

Section responsibilities include:

- Approval of all Basic Nursing Assistant Training Programs (BNATP), Instructors and Evaluators.
- Review of Resident Attendant program submissions.
- Identification and notification of nurse aide training site restrictions.
- Response to Nurse Aide Training and Competency Evaluation Program (NATCEP) Waiver requests.
- Appointing a State Training Coordinator to serve as the liaison with the Regional Training Administrator and federal CMS regarding training concerns, logistics, scheduling, and to oversight of the Surveyor Training System.
- Training and Technical Direction administers the daily operations of the BNAPT and RA programs; and provides training and technical direction for newly employed surveyors across the State.

TRAINING & TECHNICAL DIRECTION SECTION

Nurse Aide Training and Competency Evaluation Program (NATCEP)

NURSE ASSISTANT TRAINING PROGRAM SPONSORS – 2018			
Community Colleges	118	Nursing Homes	23
Vocational Schools	76	Hospitals	0
High Schools	102	Home Health Agencies	6
TOTAL NUMBER OF ACTIVE BASIC NURSING ASSISTANT TRAINING PROGRAMS			325

Competency testing for nursing assistants is achieved primarily by successful completion of an IDPH-approved BNATP. Below are results for the 16,136 students tested in 2018:

PASSED		FAILED		NO SHOWS	
12,871	84.96%	2,277	14.11%	988	6.12%

NATCEP Restrictions

Long-term care facilities are utilized as clinical practice sites for nurse aide training program students. Students learn related skills and apply that knowledge in providing care to residents in a facility. When a facility has certain sanctions imposed by the CMS, the facility is prohibited from serving as a clinical practice site. Further, the facility may also be restricted from conducting its own nurse aide training program. In 2018, 98 clinical practice site restriction notices were issued to facilities.

NATCEP Waivers

Facilities may request a waiver of the NATCEP restrictions to the Department. The waivers are reviewed according to the guidelines set forth by federal CMS. In 2018, two (2) facilities submitted waiver requests; one (1) was approved and the other denied.

Resident Attendant Programs

Resident Attendant (RA) Programs train individuals to assist residents in a facility with eating, drinking, and limited personal hygiene. In 2018, the Section approved two (2) new programs submitted by a skilled care facility. Requirements for the Resident Attendant programs are found in 77 Illinois Administrative Code, Section 300.662. Currently, there are 51 active programs in the State.

TRAINING & TECHNICAL DIRECTION SECTION

Instructor Training Programs

Part 395 Long-Term Care Assistants and Aides Training Programs Code requires instructors and evaluators to complete a “Train the Trainer” refresher course and an Evaluator Refresher course every five (5) years. Instructors and evaluators teaching in NATCEPs must be approved by IDPH prior to instructing students. In 2018, 116 instructors and evaluators were approved. In 2018, Community Colleges throughout the State conducted 17 Train-the-Trainer Refresher/Evaluator courses of which 56 instructors and evaluators successfully completed.

New Surveyor

IDPH continues to implement a plan to hire additional long-term care surveyors in order to comply with Senate Bill 326 (Public Act 096-1372). Training materials are continuously revised to ensure the most up-to-date compliance information is made available to surveyors. Additionally, each newly-hired surveyor is provided training tools to include: webcast course listings, website access information, links to documents, attestation of survey observations, requirements for submission of the training documentation, and access to regulations.

Prior to attending State Basic Surveyor Orientation (BSO), a newly-hired long-term care surveyor completes over 75 hours of mandated webcasts related to the long-term care survey process and regulations and participates in at least three (3) onsite annual certification surveys. A minimum of six (6) to twelve months orientation time is required for a newly-hired long-term care surveyor to become knowledgeable in the survey process. The time may vary depending on the learning needs of the new hire.

In 2018, in an effort to reduce travel costs, State Basic Surveyor Orientation (BSO) sessions were conducted geographically in relation to the new surveyors’ assigned field offices. Twenty-five (25) surveyors attended State BSO. The topics covered in BSO included:

- Complaint Training
- Facility Tasks
- Pressure ulcers
- Supervision
- Restraints
- Immediate Jeopardy
- Principles of Documentation
- Investigation Procedures
- Deficiency Determination
- Resident Rights
- Infection Control
- Pharmacy Tags and Medication Pass
- Environmental and Nutritional Requirements
- Enforcement

TRAINING & TECHNICAL DIRECTION SECTION

- MDS/RAI
- Kitchen
- Environment
- Involuntary Discharges
- Role of the Surveyor
- Automated Survey Processing Environment (ASPEN) products: Federal survey databases

Once all State and Federal courses have been completed, new surveyors are registered to complete the Surveyor Minimum Qualifications Test (SMQT). In 2018, 25 of the 25 newly-hired surveyors successfully completed the SMQT. Following 25 successful completions of the SMQT, surveyor training continues in the form of webinars, computer-based training, face-to-face instruction, and educational emails to further the foundational skills and to provide the most up-to-date changes from CMS related to rule revisions and clarifications.

Town Hall Meetings

The town hall meetings provide an opportunity for providers to clarify questions about the regulations and receive CMS updates which in turn assist the providers to improve resident care and services. Based on positive feedback from the 2018 sessions, 11 meetings are scheduled for 2019.

Subpart S

Nursing facilities must comply with 77 Illinois Administrative Code Subpart S Providing Services to Persons with Serious Mental Illness which allows for the admission of individuals under the age of 65, with a diagnosis of Severe Mental Illness (SMI). The Training & Technical Direction Section did not receive any applications for Subpart S waivers in 2018.

Federal Surveys

The Training & Technical Direction Section reviews Federal Oversight and Support Survey (FOSS) results to determine surveyor training needs. In 2018, eight (8) Federal Comparative Surveys were completed by CMS in 2018. Comparative Surveys are Federal surveys independently conducted by Regional Office (RO) surveyors or CMS surveyor contractors within 60 days (usually) of the State's survey. CMS completes the surveys to assess Survey Agency (SA) performance in the interpretation, application and enforcement of Federal requirements. When CMS surveyors identify a deficiency not cited by IDPH surveyors, there is a determination of whether the deficiency existed at the time of the State survey, and if it should have been cited by the IDPH survey team.

TRAINING & TECHNICAL DIRECTION SECTION

In 2018, 24 RSS's were conducted by CMS. Resource support surveys provide guidance and direction to the survey team by the Regional Office surveyor(s). Upon completion of the RSS, CMS compiles a report that contains an analysis of the deficiencies cited by the survey team to be used for educational purposes. The Training & Technical Direction Section analyzes the Federal Monitoring Survey (FMS)/Resource Support Surveys (RSS) report(s) to identify training needs and to develop training tools to enhance surveyors' knowledge.

Resident Assessment Instrument (RAI)

Training & Technical Direction staff provide educational and technical direction to staff and providers, individually. This assessment tool used to identify residents' needs and is required by Federal CMS for residents in Medicare and/or Medicaid certified nursing homes. The RAI drives the care plan developed for residents, as well as is utilized for reimbursement purposes. Questions this year centered on time frames, submission errors and coding issues. Staff responded to over 150 MDS inquiries received by email and telephone. In October 2018 via webinar, Lori Brown and Telligen gave a presentation to stakeholders on the MDS 2019 changes.

Focused Minimum Data Set Surveys (MDS/Staffing Focused Surveys)

With the expansion of the Minimum Data Set, Version 3.0 (MDS 3.0) coding practices in 2015, the number of surveyors was increased per team; eighteen (18) statewide surveys were completed in 2018.

Meeting and Committee Participation

The Training & Technical Direction Section coordinates and plays a lead role in Nurse Aide Training Advisory Committee meetings are held three (3) times a year. Committee members include program coordinators, instructors, long term care providers, community, and the staff from the State Board of Education and Illinois Board of Higher Education. Discussions include regulatory changes, requirement clarifications, revision of program tools, and testing results. Committee members participate in writing test questions for the Nurse Aide Testing Project at Southern Illinois University.

Dementia Coalition

In 2012, CMS launched a National Partnership "with the mission to improve quality of care for nursing home residents living with dementia." The Partnership, which includes federal and state agencies, nursing homes, other providers, advocacy groups, and caregivers, continues to focus on the delivery of health care that is person-centered, comprehensive, and interdisciplinary, in addition to protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual. Utilizing a multidimensional strategy, the Partnership promotes rethinking approaches that are utilized in dementia care, reconnecting with people using person-centered care approaches, and restoring good health and quality of life in nursing homes".

TRAINING & TECHNICAL DIRECTION SECTION

IDPH, the Quality Improvement Association (Telligen), and the Illinois Health Care Association are co-team leaders for the partnership to improve dementia care. Coalition meetings are conducted a minimum of four (4) times a year. Participants include representatives from provider and Alzheimer's associations, activity directors, as well as physicians, pharmacists, and social workers. During the meetings, current data are reviewed and analyzed related to antipsychotic use, trends, and training needs.

IDPH meets with Federal CMS and other State Survey Agencies to share information about trainings available related to dementia and medication, use of tools by providers, surveyor training updates, and identification of best practices. Presently, Illinois ranks 49th in the nation due to the high percentage of residents prescribed antipsychotic medication.

BUREAU OF LONG-TERM CARE OVERVIEW

The Bureau of Long-Term Care (BLTC) has regularity authority to license, regulate and inspect the following:

- **Long-Term Care Facilities**
A private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for (three) 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing and intermediate care facilities.
- **Intellectual Disabilities/Developmental Disabilities (ID/DD)**
An intermediate care facility for persons with developmental disabilities, characterized by significant limitations in both intellectual functioning (intelligence) and in adaptive behavior.
- **Medically Complex for the Developmentally Disabled (MC/DD)**
Public Act 99-180 (210 ILCS 46) provides for the licensure of facilities for the medically complex for the developmentally disabled.
- **Community Living Facility (CLF)**
Under the CLF Licensing Act (210 ILCS 35), a transitional residential setting which provides guidance, supervision, training, and other assistance to ambulatory mildly and moderately developmentally disabled adults with the goal of eventually moving these persons to more independent living arrangements. A CLF shall not be a nursing or medical facility and shall house no more than 20 residents, excluding staff.
- **Specialized Mental Health Rehabilitation Facility (SMHRF)**
A facility that provides at least one of the following services: (1) triage center; (2) crisis stabilization; (3) recovery and rehabilitation supports; or (4) transitional living units for three (3) or more persons. The facility shall provide a 24-hour program that provides intensive support and recovery services designed to assist persons, 18 years or older, with mental disorders, to develop the skills to become self-sufficient and capable of increasing levels of independent functioning. The Specialized Mental Health Rehabilitation Act of 2013 [(210 ILCS 49/1-102).
- In addition, under a cooperative agreement with the U.S. Centers for Medicare and Medicaid Services (CMS), IDPH conducts certification surveys to ensure facilities receiving Medicaid (state) or Medicare (federal) money abide by applicable federal regulations.

BUREAU OF LONG-TERM CARE OVERVIEW

The Bureau is comprised of 310 staff headquartered throughout the State separated into three (3) Divisions:

- The Division of Quality Assurance (LTC- QA)
- The Division of Assisted Living (LTC- AL)
- The Division of Long-Term Care-Field Operations (LTC-FO) is comprised of three (3) sections within LTC-FO:
 - Special Investigations Unit (SIU) which includes the Central Complaint Registry (CCR)
 - Intermediate Care Facility/Individual Intellectually Disabled and Specialized Mental Health Rehabilitation Section (ICF/IID/SMHRF)
 - Seven (7) Regional Offices located in:
 - Rockford
 - West Chicago
 - Peoria
 - Champaign
 - Edwardsville
 - Marion
 - Bellwood

The Nursing Home Care Act (NHCA) authorizes the Department to establish different levels of care:

- Skilled Nursing Care Facility (SNF) - Provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. Such facilities are provided for patients who need the type of care and treatment required during the post-acute phase of illness or during recurrences of symptoms in long-term illness.
- Intermediate Care Facility (ICF) - Provides basic nursing care and other restorative services under periodic medical direction. Many of these services may require skill in administration. Such facilities are for residents who have long-term illnesses or disabilities that may have reached a relatively stable plateau.

BUREAU OF LONG-TERM CARE OVERVIEW

NUMBER AND TYPE OF LICENSED AND/OR CERTIFIED BEDS		
TYPE OF FACILITY	2017	2018
SNF	82,336	82,112
ICF	11,013	10,649
ICF/DD	4,575	4,462
MC/DD	932	932
Community Living Facility	373	367
Sheltered Care	5,677	5,612
SMHRF	3,887	4,127
TOTAL BEDS	108,793	108,261

NUMBER AND TYPE OF LICENSED AND/OR CERTIFIED FACILITIES		
TYPE OF FACILITY	2017	2018
SNF Only	515	514
SNF/ICF	130	130
SNF/ICF/SC	21	20
SNF/ICF/ICF-DD	2	1
SNF/SC	35	34
SNF and MC/DD	1	1
MC/DD	9	9
ICF Only	21	20
ICF/IID Only	19	19
16 or Fewer Bed Only	189	187
ICF/SC	5	5
SC Only	39	38
CLF Only	27	26
Hospital-based LTC Units	29	22
Swing Beds	55	55
Supportive Residences	1	1
State Mental Health LTC Units	7	7
Specialized Mental Health Rehabilitation Facility	21	22
TOTAL FACILITIES	1,126	1,111

BUREAU OF LONG-TERM CARE OVERVIEW

State Survey Performance Standards (SPSS)

In 2001, CMS established a set of standards to determine whether the State Survey Agencies (SSAs) were meeting the requirements for the survey and certification program. These standards were revised in 2006 and 2016; the SPSS are intended to evaluate whether State Survey Agencies are meeting select key areas of the State survey and certification program. This evaluation does not restrict the CMS Regional Office (RO) from performing other oversight activities to assure that the SSAs are meeting the terms of the 1864 Agreement. Furthermore, the SPSS neither creates new policy for the SSAs, nor does it nullify Federal law, regulations, the State Operations Manual, or formal policy provided by CMS.

The areas scored include the dimensions of 'Frequency', 'Quality', and 'Enforcement':

Frequency-tracks the frequency with which survey teams provide on-site, objective and outcome-based verification that basic standards of quality are met by providers.

Quality-measures the quality of the surveys themselves, based on review of survey findings, onsite observations of survey performance and review of complaints/incidents.

Enforcement- measures the appropriateness and effectiveness of enforcement action by the survey agencies. If conditions and standards needed to assure quality are not met, remedies are promptly devised and implemented.

Frequency Dimension

- ***Off-hour Surveys for Nursing Homes***
No less than 10 percent of standard surveys begin during weekend or "off hours". Of the 10 percent, 50 percent must be on the weekends.
- ***Frequency of Nursing Home Surveys***
Standard health surveys are conducted within prescribed time limits. If the maximum number of months between all standard surveys is less than or equal to 15.9 months and the statewide average interval is less than or equal to 12.9 months, the measure is scored as "**Met.**"
- ***Frequency of Non-Nursing Home Surveys Tier 1***
Recertification/validation surveys for non-deemed home health agencies (HHA) and intermediate care facilities for the mentally retarded (ICF/IID), non-deemed hospices developmental for FY18, and validation surveys for deemed hospitals are conducted within the time frames established by law. If the state agency conducts recertification's for non-deemed Home Health Agencies, ICF/IIDs and validation surveys for deemed hospitals according to the Tier 1 requirements, the measure is scored as "**Met.**"

BUREAU OF LONG-TERM CARE OVERVIEW

- ***Timeliness of Upload into CASPER of Standard Surveys for Non-Deemed Hospitals and Nursing Homes***

If the average is less than or equal to 70 calendar days for data entry of both nursing home and non-deemed hospital (including non-deemed CAHs) surveys, this measure is scored as “**Met.**”

Quality Dimension

- ***Documentation of Deficiencies for Nursing Homes, ESRD facilities, ICF/IIDs and Non-deemed HHA’s and Hospitals.***

If the score for each requirement for nursing homes and non-nursing homes is greater than or equal to 85 percent, this Measure is scored as “**Met.**”

- ***Q4 Identification of Health and Life Safety Code (LSC) Deficiencies on Nursing Home Surveys as Measured by Federal Comparative Survey Results***

If the percent Agreement Rate is 90 percent or higher (without rounding up), this measure is scored as “**Met.**”

- ***Prioritizing and Timeliness Complaints and Facility Self-Reported Incidents***

CMS guidelines for the prioritization of federal complaints, regardless of whether an onsite survey is conducted, and those incidents requiring an onsite survey are followed for nursing homes, non-deemed hospitals, non-deemed CAHs, non-deemed HHA and ESRD facilities. All nursing home complaints and incident reports are investigated according to CMS policy for complaint/incident handling. If the score for each criterion is greater than or equal to 85 percent, the measure is scored as “**Met.**”

Enforcement Dimension

- ***E1 Timeliness of Processing Immediate Jeopardy (IJ) Cases***

The State Agency adheres to the 23-day termination process in which it determines there is an IJ that is not abated prior to the end of the survey. If the resulting percentage is greater than or equal to 95 percent, the standard is scored as “**Met.**”

- ***E2 Timeliness of Mandatory Denial of Payment for New Admissions (DPNA)***

The State Agency (SA) adheres to the enforcement processing time frames ensuring denial of payment for new admissions is imposed when a nursing home is not in substantial compliance three months after the date of the original survey. The SA must transfer the enforcement case to CMS by the 70th day or the imposition notice is sent by the SA to the provider by the 70th day. If the resulting percentage is greater than or equal to 80 percent, this standard is scored as “**Met.**”

BUREAU OF LONG-TERM CARE OVERVIEW

- ***E4 Special Focus Facilities (SFFs) for Nursing Homes***

Each State Agency (SA) shall have the specified number of SFFs identified and conduct a standard survey of those facilities twice during the fiscal year. The SA recommends enforcement remedies to the Regional Office of CMS/State Medicaid Agency, in accordance with the SFF Procedures Guide. Once a SFF has graduated from the program, the SA has to replace it with another SFF within the 21-day period. E4 is considered “**Met**” if all evaluated criteria are met. If any of the criteria is not met, this performance standard is scored as “**Not Met**”.

DIVISION OF QUALITY ASSURANCE

The Division of Quality Assurance (QA) is comprised of six (6) sections: Certification, Licensure, FOIA/Hearing/Files, Support Services, Quality Review, and Technical Support. Quality Assurance is responsible for processing licensure and certification surveys for Long Term Care facilities; such as Skilled Nursing Facilities, Shelter Care Facilities, Veteran Homes, Intermediate Care Facilities for the Intellectually Disabled, Community Living Facilities, Specialized Mental Health Rehabilitation Facilities (SMHRF), Supportive Living Facilities, and Long-Term Care Facilities for Under Age 22.

Surveys are conducted by the Division of Field Operations survey staff as mandated by the Nursing Home Care Act and the State Operational Manual in accordance with federally-mandated timeframes.

The Certification Section is responsible for processing and tracking initial certifications and annual recertifications of Long-Term Care Facilities. Additionally, the Certification Section is responsible for processing and tracking Life Safety Code Waiver Requests; Bed Certification Changes; Changes of Ownership and Information; Terminations and Closures; Title XIX Collections and Civil Money Penalties. The Licensure section process applications for the licensure of new facilities, changes of ownership, licensure renewal applications, and bed level/services changes. Additionally, licensure provides statistical reports and collaborates/supports the Certification Section to process varied facility requests.

The FOIA/Hearing/Files section maintains records, processes Freedom of Information Act (FOIA) requests, and hearing requests. The Quality Review section employs Registered Professional Nurses to review surveys completed by Field Operations staff. The Quality Review section is also responsible for Informal Dispute Resolution (IDR), Independent Informal Dispute Resolution (IIDR), state licensure violations, and recommending federal Civil Money Penalties. The Technical Support Coordinator maintains the CMS Automated Survey Process Environment (ASPEN) program, works closely with staff to maintain software programs, maintains statistical databases, and tracking all quality and performance data. Quality Assurance works closely with providers, Centers for Medicare and Medicaid Services (CMS), and Healthcare and Family Services (HFS).

Special Focus Facilities (SFF)

The federal SFF program is primarily focused on issues affecting the quality of life and quality of care of residents in nursing homes. Facilities are selected as an SFF due to serious deficiencies cited on repeated surveys. The number of SFF is determined by CMS. Illinois has four SFFs. Once a facility is selected as an SFF, a full survey is conducted not less than once every six months. If deficiencies are found during any survey, progressively stronger consequences are implemented until the nursing home either graduates from the SFF program or is terminated from the Medicare and/or Medicaid program(s).

DIVISION OF QUALITY ASSURANCE

To graduate from the SFF program, a facility must have two consecutive full surveys showing improvement. As a facility graduates from the program, a new facility is selected to replace it. Illinois had three (3) facilities graduate from the program in Federal Fiscal Year 2018.

Freedom of Information Act (FOIA)

Requests under the Freedom of Information Act (FOIA) are received from the Division of Legal Services FOIA Officer. FOIA requests must outline the specific information that is requested. Any person has the right to request records of information under FOIA. This information can involve residents, patients, facilities, persons of interest, or citations/violations against a facility. Records with protected health information or identifiable information are protected from disclosure. This information is redacted before release to the requestor. Determinations of allowable information are made by the FOIA Officer and Federal CMS. For long-term care requests, the Statement of Deficiencies (Form CMS 2567) and the Plan of Correction (POC) are the two documents that can be released. Per recent CMS guidance, IDPH may also release additional survey documents including the CMS 671 (Long-Term Care Facility Application for Medicare/Medicaid), the CMS 672 (Resident Census and Conditions of Residents), and other documents with no privacy concerns (i.e. policy memos or staffing schedules).

In 2018, the Division handled 632 FOIA requests. The breakdown of types is as follows:

- 20 requests were from CMS requesting survey related information;
- 71 requests were for non-survey related information (i.e., not contained in the statement of deficiencies, floor layout of facilities, license information, etc.);
- 168 requests were unable to be fulfilled due to lack of information available (i.e., either there was no complaint regarding the resident or facility requested); and
- 373 requests for the statement of deficiencies for a complaint investigation.

Federal and State Hearings

The Division of Quality Assurance receives federal hearing requests when a licensee or the designated attorney representing the facility has requested an appeal of penalties imposed by CMS. All documentation related to the survey is submitted to CMS within seven (7) business days of the receipt of the request.

State hearing requests are received from the requestor. The requestor may be the licensee, an attorney representing the facility, or an individual not satisfied with survey results. All documents are compiled and sent to Legal Services within seven (7) business days of the receipt of the request.

DIVISION OF QUALITY ASSURANCE

In 2018, the Division of Quality Assurance processed 274 hearing requests:

- 32 federal hearing requests from CMS;
- 80 hearing requests from individual not satisfied with survey results; and
- 162 hearing requests by facility attorneys.

Licensure Program

More than 1,100 facilities are regulated under the Illinois Nursing Home Care Act (NHCA), the ID/DD Community Care Act, the Medically Complex/Developmentally Disabled (MC/DD) Act, the Specialized Mental Health Rehabilitation Act, the Community Living Facilities Licensing Act, and/or federal requirements for Medicare (Title XVIII) and/or Medicaid (Title XIX) participation. Of these facilities, 861 are licensed under the NHCA or as a nursing home under the Hospital Licensing Act. Of those 861 facilities, the majority (94.56%) participate in the federal certification program for Medicare and/or Medicaid.

Program staff process a wide range of provider requests. Licensure actions include upgrades of care levels, addition of approved services, adding or removing beds, or simply changing room bed location. Other actions include licensing new facilities and processing changes of ownership, facility closures, and replacement facilities. Licensure actions are finalized following approval by the Division of Life Safety & Construction, and successful completion of a survey by staff from the Division of Field Operations. The table below summarizes 2018 activity:

APPROVED LICENSURE ACTIONS	
ACTION	TOTAL
Change of Ownership	30
Replacement Facility	1
New Facility	2
Bed / Service Change	31
Closure	16

State Violations

Article III, Part 3 of the Nursing Home Care Act (Violations and Penalties) states:

- If after receiving the report specified in subsection (c) of Section 3-212 the Director, or his designee, determines that a facility is in violation of this Act or of any rule promulgated there under, he shall serve a notice of violation upon the licensee within ten (10) days, thereafter. Each notice of violation shall be prepared in writing and shall specify the nature of the violation, and the statutory provision or rule alleged to have been violated.
- Each violation shall be determined to be either a level 'AA', a level 'A', a level 'B', or a level 'C' violation, or administrative warning. The level 'AA' is the most severe.

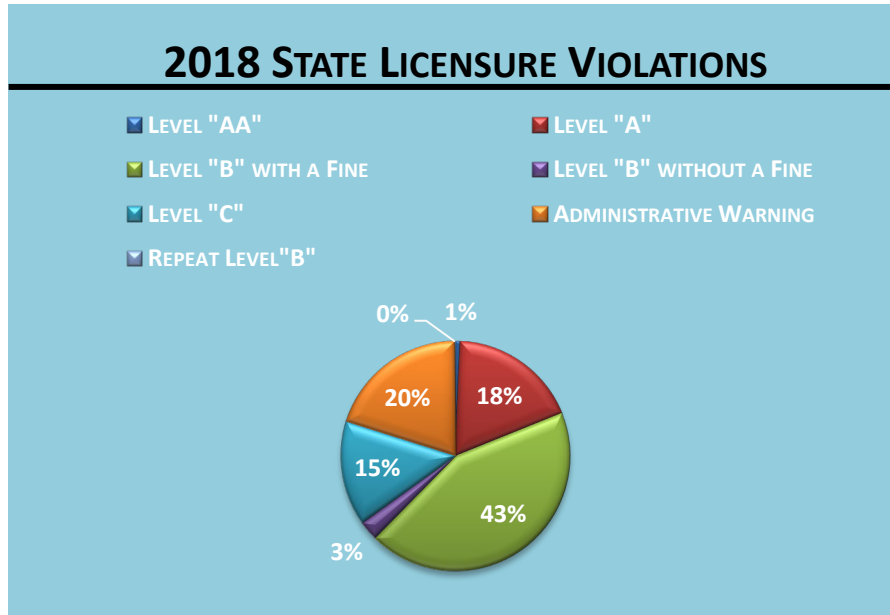
DIVISION OF QUALITY ASSURANCE

Levels Defined:

- 1) A "level AA violation" or a "Type AA violation" is *a violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that proximately caused a resident's death.* (Section 1-128.5 of the Nursing Home Care Act)
- 2) A "level A violation" or "Type A violation" is *a violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that the risk of death or serious mental or physical harm will result therefrom or has resulted in actual physical or mental harm to a resident.* (Section 1-129 of the Nursing Home Care Act)
- 3) A "level B violation" or "Type B violation" is *a violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that is more likely than not to cause more than minimal physical or mental harm to a resident.* (Section 1-130 of the Nursing Home Care Act)
- 4) A "level C violation" or "Type C violation" is *a violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that less than minimal physical or mental harm to a resident will result therefrom.* (Section 1-132 of the Nursing Home Care Act)
- 5) If the Director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, the *department shall issue an administrative warning* as provided in Section 300.277 (Section 3-303.2(a) of the Nursing Home Care Act).

DIVISION OF QUALITY ASSURANCE

In 2018, IDPH issued a total of 571 State licensure violations; 357 of those Violations included a fine, imposing \$2,526,300.00 in fines. In the 2018 fiscal year, Illinois Department of Public Health collected \$1,686,590.50 in State licensure fines. The chart below illustrates the level of state licensure violations imposed in 2018:



The table below illustrates the trend of state licensure violations issues in a three-year period from 2016 to 2018.

STATE LICENSURE VIOLATIONS PER YEAR			
LEVEL OF VIOLATION	2016	2017	2018
"AA" Level	4	8	4
"A" Level	76	104	104
Repeat "A" Level	0	0	0
"B" Level	328	288	264
Repeat "B" Level	0	0	1
"C" Level	20	66	84
Administrative Warnings	210	152	114

Pilot Program for Deficiencies related to Facility-Initiated Discharges

The Quality Assurance Review Section is partnering with the Centers for Medicare and Medicaid Services to pilot a program focused on the review of facility-initiated discharge deficiencies resulting in the imposition of remedies such as Directed In-service Training (DIST) and/or Directed Plan of Correction (DPOC). All facility-initiated discharge deficiencies cited are reviewed for the pilot. In 2018, the Department imposed DPOCs for four (4) surveys and imposed DIST for 11 surveys in which facility-initiated discharge deficiencies were cited.

DIVISION OF QUALITY ASSURANCE

Two-Year Licenses

The Nursing Home Care Act, ID/DD Act, and the MC/DD Act allows IDPH to issue two-year licenses to qualifying facilities. To qualify, a facility cannot have had within the last 24 months:

- a “Level AA violation” or Type “AA violation” (violation of the NHCA or rules which creates a condition or occurrence relating to the operation and maintenance of a facility that proximately caused a resident’s death)
- a “Level A” or “Type A violation” (violation of the NHCA or rules which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that the risk of death or serious mental or physical harm will result or has resulted in actual physical or mental harm to resident);
- a “Level B violation or “Type B violation” (violation of the Act or the rules which creates a condition or occurrence relating to the operation and maintenance of a facility that is more likely than not to cause more than minimal physical or mental harm to a resident);
- an inspection resulting in 10 or more administrative warnings (a situation, condition, or practice which violates the Act or this Part that does not constitute a Type "AA", Type "A", or Type "B" violation, the Department shall issue an administrative warning);
- an inspection resulting in reimbursement for a resident’s rights violation;
- an inspection resulting in an administrative warning for a violation of improper discharge or transfer; or
- Federal sanctions or termination from Medicare or Medicaid participation due to violations related to patient care.

During 2018, IDPH issued a total of 693 renewal licenses. The two-year license program is cyclical. Statistics show the number of two-year licenses issued is higher in odd-numbered years. Facilities continuing to qualify for the two-year license program maintain this schedule. However, as new facilities are licensed, facilities change ownership, or become disqualified from participation, the number of one-year licenses increases. Because IDPH uses the certification survey for licensing and the certification program requires facilities to be surveyed approximately once per year, the certification survey sanctions affect the length of a facility’s license. Each facility’s certification survey results must be reviewed annually in addition to a review for licensure program sanctions to determine whether the facility meets the two-year license criteria.

DIVISION OF QUALITY ASSURANCE

LICENSE RENEWAL INFORMATION			
Month	2017	2018	TOTAL
January	20	31	51
February	24	20	44
March	33	19	52
April	30	35	65
May	33	31	64
June	19	22	41
July	29	28	57
August	33	30	63
September	21	34	55
October	23	42	65
November	32	30	62
December	41	33	74
TOTALS	338	355	693

Changes in Licensure

Many long-term care facilities experience changes in licensure through a change of the owner/operator of the facility, the addition to an Alzheimer's special care unit, bed increases and/or upgrades not requiring construction/renovation, a decrease in the number of licensed beds, or facility closure.

In 2018, bed changes resulted in skilled care beds decreased 239, intermediate care beds decreasing by 202, sheltered care beds decreasing by 85 and community living facility beds decreased by six (6) beds. Two (2) new facilities were licensed in 2018 that added 241 skilled care beds.

Sixteen (16) long-term care facilities closed in 2018, resulting in a reduction of 1,050 skilled care beds, 21 sheltered care beds, 96 intermediate care for developmentally disabled beds, and 24 community living facility beds.

Adverse Licensure Actions

Based on the number and/or level of violations, adverse licensure action may be taken as:

Conditional License - Issued for a minimum of six (6) months and up to one (1) year, "conditional" on a facility's complying with an imposed plan of correction. Considered when "A," repeat "B" violations, or multiple or serious "B" violations occur.

License Revocation or Denial - Facility substantially fails to comply with the Nursing Home Care Act or IDPH's regulations, including those having to do with staff competence, resident rights, or the Nursing Home Care Act; licensee, applicant or designated manager has been convicted of a felony or of two or more misdemeanors involving moral turpitude; the moral character of the licensee, applicant, or designated manager is in question; or the facility knowingly submits false information or denies access during a survey.

DIVISION OF QUALITY ASSURANCE

ADVERSE LICENSURE ACTIONS	2018
Conditional License	109
Revocation or Denial of License	0
Suspension	0

Federal Certification Deficiencies in Nursing Homes

Federal enforcement regulations established a classification system for certification deficiencies based on the severity of the problem and the scope, or the number of residents upon whom the non-compliance had or may have an impact. The four (4) levels of severity, in ascending order, are potential for minimal harm, potential for more than minimal harm, actual harm, and immediate jeopardy. The scope of deficiencies is classified as isolated, pattern, or widespread (e.g., an “H” level deficiency would represent a problem where several residents were actually harmed because of the facility’s non-compliance with regulations). The 12 levels of scope/severity are identified using the letters A through L. The following is the scope/severity grid established to classify federal deficiencies:

SEVERITY	ISOLATED	PATTERN	WIDESPREAD
Minimal Harm	A	B	C
More Than Minimal Harm	D	E	F
Actual Harm	G	H	I
Immediate Jeopardy	J	K	L

Immediate jeopardy (IJ) deficiencies represent the most serious examples of non-compliance that can occur in long-term care facilities. These deficiencies represent non-compliance that has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

DIVISION OF QUALITY ASSURANCE

Federal Certification Actions

Skilled Nursing Facilities (SNFs), Nursing Facilities (NFs) and dually participating facilities (SNF/NFs) are required to be in compliance with Medicare and Medicaid requirements. To avoid enforcement actions, including termination of their provider agreements, facilities have a responsibility to correct any deficiencies cited as a result of a federal survey. Application of federal enforcement remedies is based upon the seriousness of the deficiency(s). Below is a brief description of remedies:

- Directed Plan of Correction (DPOC)- a plan the State or CMS develops to require a facility to take action within specified time frame to achieve compliance.
- Directed In-Service Training (DIST)- a remedy the State or CMS uses to require a facility to provide education, by an outside source, in an effort to correct the deficiency in order to achieve compliance.
- Denial of Payment for New Admissions (DPNA)- cessation of payment implemented by CMS or the State Medicaid Agency at 90 days in the survey cycle for a period of time between the date the remedy was imposed and the date the facility achieves compliance.
- Discretionary Denial of Payment for New Admissions (DDPNA)- cessation of payment implemented by the discretion of CMS or the State Medicaid Agency for any period of time between the date the remedy was imposed and the date the facility achieves compliance.
- State Monitor (SM)- a state monitor oversees the correction of cited deficiencies in the facility as a safeguard against further harm to residents when harm or a situation with a potential for harm has occurred.
- Civil Money Penalties (CMP)- CMS or the State imposes a monetary fine for the number of days that a facility is not in compliance with certification requirements, or for in some cases each example of non-compliance.
- Temporary Management (TM)- reserved for when deficiencies constitute Immediate Jeopardy or widespread actual harm and a decision is made to impose an alternative remedy to termination. The temporary manager's responsibility is to oversee correction of the deficiencies and assure the health and safety of the facility's residents while the corrections are being made, or to oversee orderly closure of a facility.
- Termination- The most severe remedy utilized by CMS that terminates a facility from participation in the Medicare and/or Medicaid program.

DIVISION OF QUALITY ASSURANCE

The following statistics are an illustration of the impact of civil money penalties.

FEDERAL CMS CERTIFICATION CIVIL MONEY PENALTIES (CMPs) IMPOSED	
Medicare, Medicare/Medicaid Facilities (Dually-Certified)	\$ 4,275,470.95
Medicaid only Facilities	\$ 37,800.00
Total CMPs Imposed	\$ 4,313,270.95

Starting in February 2018, under the direction of CMS, IDPH began imposing Discretionary Denial of Payment, instead of recommending a civil money penalty, for surveys that meet specific criteria determined by CMS. The benefit of imposing DDPNA, in these instances, is that it encourages rapid return to compliance.

Informal Dispute Resolution (IDR)

Guidance at 42 Code of Federal Regulation (CFR) 488.331 requires states to offer skilled nursing facilities, nursing facilities, and dually participating Medicare/Medicaid facilities an informal opportunity to dispute survey findings. This process is called Informal Dispute Resolution (IDR).

CMS hold states accountable for the legitimacy of the IDR process, including the accuracy and reliability of the conclusions drawn with respect to survey findings. IDPH offers two (2) options when requesting IDR: a written review by quality review staff at no charge to the facility, or a written or telephonic review by an independent contractor on a fee for service basis. The current independent contractor for IDRs is Michigan Peer Review Organization (MPRO).

In 2018, IDRs were requested for 753 deficiencies cited on 417 surveys. Quality review staff completed the IDRs on 706 deficiencies cited on 394 surveys. The independent contractor completed IDRs on 47 deficiencies cited on 23 surveys. The results from the independent contractor are reviewed and processed by a Quality Assurance Supervisor. The Department makes the final decision on contracted IDRs.

DIVISION OF QUALITY ASSURANCE

Independent Informal Dispute Resolution (IIDR)

Guidance at 42 CFR 488.331 and 488.431 offers facilities, under certain circumstances, an additional opportunity to informally dispute cited deficiencies through a process that is independent from the State Survey Agency (SSA) or, in the case of federal certification surveys, the CMS Regional Office. This process is called Independent Informal Dispute Resolution (IIDR). CMS offers facilities an IIDR for surveys in which a civil money penalty (CMP) was imposed against the facility.

The IIDR process is available to a facility at no charge, as IDPH assumes the cost. IDPH's current contractor for IIDRs is the AdvisGroup. In 2018, 21 IIDR requests were processed for 34 tags.

IIDR is not intended to be a formal or evidentiary hearing nor are the results of the process an initial determination that gives rise to appeal rights. IIDR results are recommendations to the State and CMS and are not subject to a formal appeal.

DIVISION OF QUALITY ASSURANCE

Monitors and Receiverships

IDPH is required to submit to the General Assembly, an accounting of all federal and state fines received in the preceding *fiscal year* by the fund in which they have been deposited. For each fund, the report shall show the source of monies deposited into each fund and the purpose and amount of expenditures from each fund. (Source: P.A. 98-85, eff. 7-15-13.). Amounts shown are for federal funds (063) and state funds (371) which are split 50/50.

FY18 Fines (7/1/17 – 6/30/18):

1. Long-Term Care Monitor/Receivership: \$1,673,363 (Fund 285, 210 ILCS 45/3-501)
2. Federal Medicaid/Medicare Fines Received: \$2,611,247 (Fund 063/371)

FY18 Expenditures (7/1/17 – 6/30/18):

1. Civil Monetary Penalties: \$148,170 (Monitoring of problem nursing homes)
2. Long-Term Care Monitor/Receivership: \$19,769,129 (Public Health staff salaries, fringe benefits and travel)
3. Equity and LTC Quality Fund: \$0 (372)

FY17 Fines (7/1/16 – 6/30/17):

1. Long-Term Care Monitor/Receivership: \$1,788,108 (Fund 285, 210 ILCS 45/3-501)
2. Federal Medicaid/Medicare Fines Received: \$1,611,008 (Fund 063/371)

FY17 Expenditures (7/1/16 – 6/30/17):

1. Civil Monetary Penalties: \$127,315 (Monitoring of problem nursing homes)
2. Long-Term Care Monitor/Receivership: \$20,082,381 (Public Health staff salaries, fringe benefits and travel)
3. Equity and LTC Quality Fund: \$0 (372)

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

Inspections and Surveys

Federal CMS' expectations of IDPH as the State Survey Agency (SSA) include:

- Monitoring nursing homes' ability to prevent pressure ulcers, dehydration, and malnutrition
- Providing a minimum quality of care and enhancing the quality of life
- Conducting surveys for providers with serious violations

Mandated certification surveys and investigations are conducted in accordance with federal survey procedures. Both licensure and certification requirements are reviewed during combined surveys. The Mission and Priority Document (MPD) from CMS states, "CMS reviews each state's citation and enforcement data for recent years to ensure conformance with CMS policy and statutory requirements."

In 2018, The Bureau of Long-Term Care (BLTC) conducted, reviewed, and processed approximately 585 surveys per month. This includes certification and licensure annual surveys, complaint and incident investigations and any follow-up surveys needed. Other surveys are conducted under the authority of Medicare and Medicaid of the Federal Social Security Act. The structure, format, and time of certification activities are mandated and regulated by the United States Department of Health and Human Services (HHS) through CMS.

While State licensure is mandatory per the Nursing Home Care Act (NHCA), federal certification is a voluntary program. Participation allows a facility to admit and provide care for clients who are eligible for Medicaid or Medicare. Facilities providing long-term care located within a licensed hospital are not required to have an additional state license under the NHCA. Facilities operating as Intermediate Care Facilities (ICF) for the developmentally disabled by the Illinois Department of Human Services (IDHS) also are not required to have an additional state license under the NHCA.

Special Investigations Unit (SIU)

The Special Investigations Unit consists of five (5) separate areas working together for the protection of individuals residing in long term care facilities.

Resident abuse is one of the most serious findings IDPH addresses. Residents of long-term care facilities are highly vulnerable, and abuse can be devastating for residents and their families. A licensing rule (Nursing Home Care Act 210 ILCS 45/3-6610a) was adopted requiring facilities to immediately contact local law enforcement authorities when a resident is the victim of abuse involving physical injury or sexual abuse.

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

The intent of the rule is to reduce the incidence of abuse in nursing homes by combining the resources of IDPH's investigation program with those of criminal law enforcement and prosecution agencies. IDPH has established working relationships with the Illinois State Police Medicaid Fraud Control Unit (MFCU), Cook County State's Attorney's Office, and the U.S. Attorney's Office in Springfield. With improvements in the ASPEN Complaint/Incidents Tracking System (ACTS) which is a federal database, IDPH can use the information to identify trends in the quality of long-term care and to help to determine survey program performance.

Central Complaint Registry (CCR)/Hotline

Because of a legislative mandate to create a central clearinghouse regarding the quality of care provided to residents of long-term care facilities, the CCR was established in May 1984. The CCR acts as a repository for concerns or complaints across multiple programs (29) within IDPH.

The CCR is a 24-hour toll-free nationwide complaint hotline mandated by the Illinois Nursing Home Care Act, Federal Statute (Chapter 5 of the State Operations Manual) and the Abused and Neglected Long-Term Care Facility Residents Reporting Act. Based on the allegation of non-compliance, the mandated timeframe in which a complaint must be investigated is determined (24-hours, seven (7) days, or 30 days).

IDPH is mandated to investigate all complaints alleging abuse or neglect within seven (7) days after the receipt of the complaint except complaints of abuse or neglect which indicates that resident's life or safety is in imminent danger. In these instances, the complaint shall be investigated within 24 hours after receipt of the complaint. All other complaints shall be investigated within 30 days after the receipt of the complaint. The CCR reviews, logs, and forwards the complaints to the appropriate Regional Office for scheduling and subsequent investigation.

Complaints are received from relatives, patients, citizens, legal representatives, and other agencies or associations including: Illinois Department on Aging, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, the Illinois Guardianship and Advocacy, Illinois Department of Financial and Professional Regulation, Office of the Attorney General and advocacy groups. Calls not under the jurisdiction of the Office of Health Care Regulations are referred to other State Agencies or Divisions within IDPH.

A complaint may have one or more allegation (assertion that the Long-Term Care facility has failed to comply with a State or Federal regulation). IDPH determines the validity of each allegation rather than each complaint in its entirety. An allegation is valid if what is stated on the complaint is found to be true. If the facility was following the regulations, a violation or deficiency will not be cited.

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

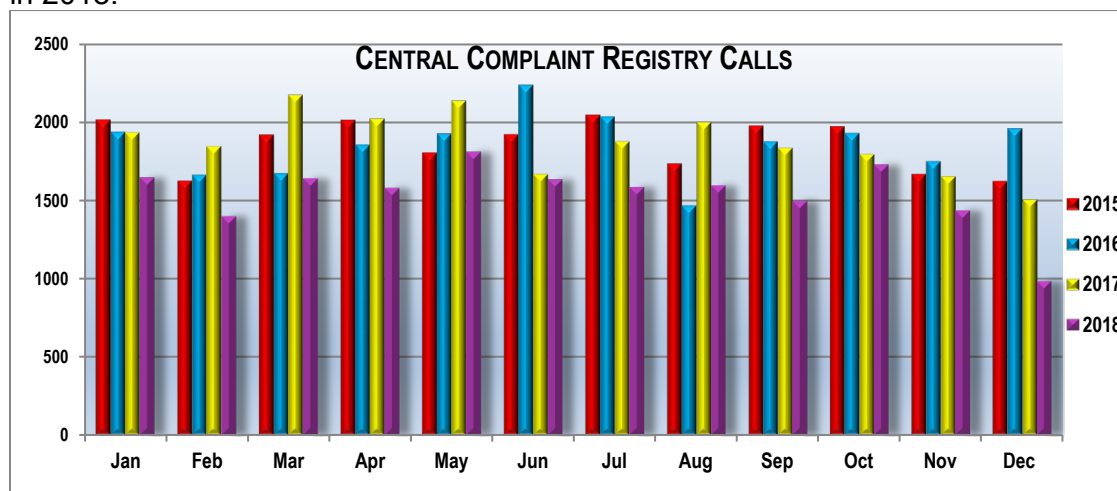
When a complaint is filed, the individual making the complaint has the option to file the complaint anonymously. In 2018, there were 832 LTC and ICF/DD complaints filed anonymously. If a complaint chooses to provide contact information, the surveyor will attempt to call them to discuss the information given at the time the complaint was filed and to obtain any additional information.

Complaints are received in a variety of ways including the hotline, e-mail, facsimile, or mail:

NUMBER OF COMPLAINTS BY METHOD RECEIVED	2017	2018
	NUMBER	NUMBER
Hotline	5,731	6,215
After Hours by Regional Staff	196	263
Email	860	1,088
Letters	358	322
Facsimile	496	506
GRAND TOTAL	7,641	8,394

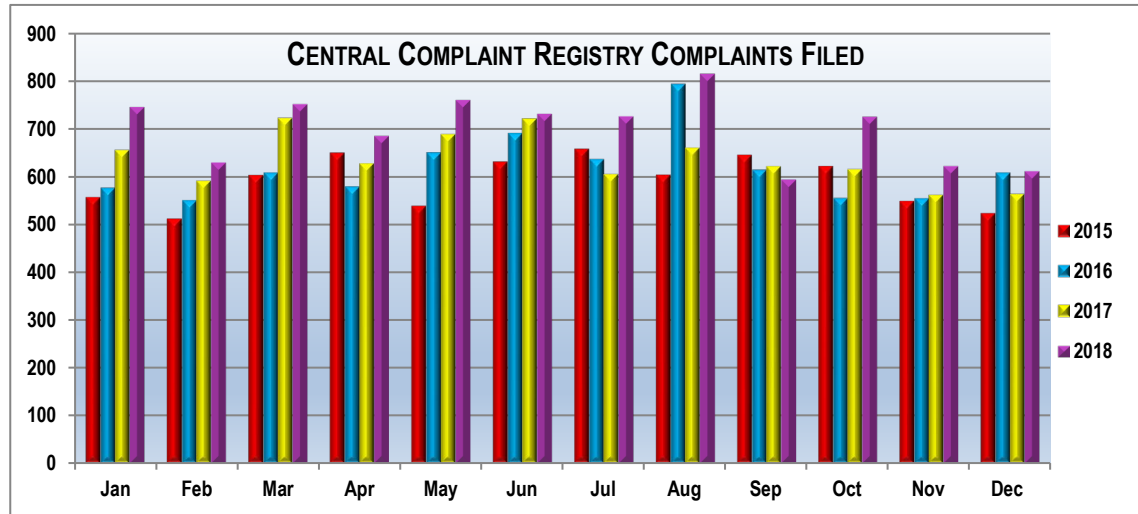
Complainants may call to inquire about the status of the complaint, request a call from the surveyor, provide additional information, request clarification on the findings of a complaint, request a copy of the survey results letter, discuss their dissatisfaction with the determination or the investigation, or to request clarification how to file an appeal to request a hearing. It is critical that the caller is identified as the individual that filed the complaint.

The CCR receives many calls in addition to callers reporting a complaint. The most common reasons for these calls are the matter is not within IDPH jurisdiction and the call is then referred to the appropriate agency (i.e., HFS, DHS, Labor Board); caller is wanting information on a complaint they have previously filed; or the caller is inquiring on how the complaint process works. In 2017, 22,547 calls were received with a decrease to 18,531 in 2018.



DIVISION OF LONG-TERM CARE FIELD OPERATIONS

The corresponding chart demonstrates there has been an increase in the number of complaints received over the last few years. In 2016, there were 7,413 complaints filed and 7,641 in 2017. During the last year, 8,394 complaints were filed which is a 9.8% increase from 2017.



The following table shows the number of complaints and percentage of complaints received in 2018 by provider type:

2018 NUMBER OF COMPLAINTS AND PERCENTAGE RECEIVED BY PROVIDER TYPE		
	NUMBER	%
<i><u>LONG-TERM CARE:</u></i>		
Skilled Nursing Facilities, Intermediate Care Nursing Facilities, Shelter Care Facilities	6232	74.2
Hospitals	1,087	12.9
ICF-IID/Under 22/CLF/State Owned Mental Health, Developmentally Disabled Facilities and Community Living Facilities	187	2.2
Assisted Living Facilities	324	3.8
Home Health Agencies	51	<1
Ambulatory Surgical Treatment Centers	13	<1
Hospice	37	<1
Portable X-rays	0	0
Home Nursing	3	<1
Home Services	67	<1
Ambulance Companies/EMS/EMT	28	<1
Laboratories	0	0
Unlicensed Facilities	26	<1
End Stage Renal Disease	57	<1
Rural Health	14	<1
Home Placement	6	<1
Free-Standing Emergency Centers	2	<1
Specialized Mental Health Rehabilitation Facilities (SMHRF)	259	3.1
GRAND TOTAL	8,394	100

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

Long-term care received the greatest number of complaints, 6,232 (74.2%), in 2018 and Hospitals with the second greatest number at 1,087 (12.9%). The number of complaints filed by the CCR continues to increase each year. The CCR took 753 more complaints in 2018 than in 2017.

The following table shows the number of complaints received for skilled nursing facilities in 2018 by Region. (Note: The grand total complaint number differentiation between the chart above and the chart below is due to changes made after the initial intake of the complaints.)

REGION	TOTAL NUMBER OF COMPLAINTS
1 – Rockford	556
2 – Peoria	548
4 – Edwardsville	577
5 – Marion	313
6 – Champaign	352
7 – West Chicago	734
8/9 – Bellwood	3,157
GRAND TOTAL	6,237

The following table shows the number of complaints investigated within the respective time frame.

PERFORMANCE METRICS	2018				TARGET
	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	
Number of complaint investigations meeting Immediate Jeopardy: criteria that were completed within mandated time frame (24-hour investigation)	98% 41/42	61% 14/23	94% 32/34	80% 16/20	90%
Number of complaint investigations meeting Non-immediate Jeopardy High: criteria that were completed within mandated time frame (7-day investigation)	58% 775/1330	62% 835/1342	60% 780/1299	57% 501/886	90%
Number of complaint investigations meeting Non-immediate Jeopardy Medium: that were completed within mandated time frame (30-day investigation)	81% 159/196	81% 200/248	76% 181/239	22% 120/556	90%

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

A complaint allegation is considered “valid” if IDPH determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegations. A complaint allegation is considered “invalid” if IDPH determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation. The following table identifies the validity of each allegation:

VALIDITY OF ALLEGATIONS - 2018	
Valid	3,133
Invalid	10,500
Pending	981
GRAND TOTAL	13,545

The following table shows the number of complaints in 2018 broken down by some of the more critical allegation types:

CRITICAL ALLEGATIONS MADE TO THE CCR FOR LTC & ICF-IID – 2018	
<i>Reports of LTC Abuse and Neglect</i>	773
<i>Physical Abuse</i>	181
<i>Sexual Abuse</i>	122
<i>Verbal Abuse</i>	49
<i>Neglect</i>	12
<i>Mental Abuse</i>	378
<i>Sexual Assault – Resident-to-Resident</i>	69
<i>Verbal Assault – Resident-to-Resident</i>	08
<i>Physical Assault – Resident-to-Resident</i>	99
<i>Mental Assault – Resident-to-Resident</i>	59
<i>Involuntary Discharge</i>	113
<i>Involuntary Discharge – Substantiated</i>	45
<i>Involuntary Discharge – Unsubstantiated</i>	54
<i>Involuntary Discharge – Pending</i>	14
<i>Electronic Monitoring</i>	2
<i>Drug Diversion</i>	9
<i>Social Media Complaints</i>	1
<i>Re-Investigations Ordered by Legal</i>	6
TOTAL CALLS	18,531
TOTAL COMPLAINTS	8,394
TOTAL LTC, SMHRF & ICF/DD COMPLAINTS (<i>Skilled Nursing, Intermediate Care Nursing, Shelter Care, Specialized Mental Health Rehabilitation (SMHRF), Developmentally Disabled, Under 22 and Community Living Facilities</i>)	6,678
TOTAL NON- LTC, SMHRF & ICF/DD COMPLAINTS	1,716

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

Incidents

77 Illinois Administrative Code Part 300 requires under Section 300.690 that:

- a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.
- b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.
- c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only.

For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven (7) days after the occurrence. All incidents received by IDPH are reviewed and triaged based on the seriousness of the incident.

Abuse Prevention Review Team

The purpose of the Abuse Prevention Review Team (APRT) is to make an accurate determination of the causes of sexual assaults and unnecessary deaths, such as, deaths related to abuse and/or neglect that occur in long term care facilities, and to develop and implement measures to prevent future assaults or deaths. The teams conduct an in-depth, multi-disciplinary, and multi-agency review of cases where sexual assault is alleged and IDPH has determined to be valid or an unnecessary resident death is investigated in conjunction with complaint, incident or annual survey. Death cases referred by law enforcement, medical examiners, and coroners are also reviewed and tracked by the team. IDPH is responsible for ensuring that "Every death of a nursing home resident shall be reviewed by the review team for the region that has primary case management responsibility, if the deceased resident is one of the following:

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

- a. A person whose death is reviewed by IDPH during any regulatory activity, regardless of whether there were any federal or State violations;
- b. A person whose care IDPH received a complaint about alleging that the resident's care violated federal or State standards so as to contribute to the resident's death; and
- c. A resident whose death is referred to the Department for investigation by a local coroner, medical examiner, or law enforcement agency.

Procedures have been established for tracking confirmed sexual assaults and unnecessary deaths, obtaining death certificates, and developing a database, all outlined in the statute.

Public Act 93-577 mandates that "the Director, in consultation with the Executive Council and with law enforcement agencies and other professionals who work in the field of investigating, treating, or preventing nursing home resident abuse or neglect in the State, shall appoint members to two (2) residential health care facility resident sexual assault and death review teams." There are representatives from medical, nursing, social services, legal, law enforcement, ombudsman and coroner to review confirmed or alleged cases of sexual assault and unnecessary deaths of nursing home residents. The agencies represented include Public Health, State Police, State's Attorneys' Office, Attorney General's Office and Financial & Professional Regulation. The members are appointed for a two-year term and are eligible for reappointment upon the expiration of the term. These team members volunteer their time and receive no compensation.

There are two (2) Review Teams that meet quarterly. The Northern Team reviews deaths and sexual assault cases that occurred in facilities in the geographic area primarily North of Interstate 80. The Southern Team reviews sexual assault and death cases that occurred in facilities in the geographic area South of Interstate 80.

NORTHERN	2016	2017	2018
Cases received/reviewed	422	114	489
Cases referred to APRT	56	80	80
SOUTHERN			
Cases received/reviewed	200	282	373
Cases referred to APRT	56	87	94

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

Monitor/Receivership Program

Placement of monitors is allowed through the Illinois Administrative Code Part 300 Skilled Nursing and Intermediate Care Facilities Code Section 300.270 or as authorized by Federal Centers for Medicare and Medicaid. IDPH may place a monitor in a facility under any of the following conditions:

- a) the facility is operating without a license;
- b) IDPH has suspended, revoked or refused to renew the existing license of the facility;
- c) the facility is closing or has informed IDPH that it intends to close and adequate arrangements for relocation of residents have not been made at least 30 days prior to closure; or
- d) IDPH determines that an emergency exists, regardless of whether it has initiated revocation or nonrenewal procedures. Emergency means a threat to the health, safety, or welfare of a resident that the facility is unwilling or unable to correct (e.g. residents are being abused).

Section 300.270 b) of the code requires that a monitor must:

- 1) be in good physical health;
- 2) understand the needs of long-term care facility residents as evidenced by one year of experience in working, as appropriate, with elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy;
- 3) understand the Act and this Part which are the subject of the monitors' duties as evidenced in a personal interview of the candidate;
- 4) not be related to the owners of the involved facility either through blood, marriage or common ownership of real or personal property except ownership of stock that is traded on a stock exchange;
- 5) have successfully completed a baccalaureate degree or possess a nursing license or a nursing home administrator's license; and
- 6) have two years full-time work experience in the long-term care industry of the State of Illinois.

The monitor (under the supervision of IDPH) will visit the facility as directed by IDPH, review all records pertinent to the condition for which the monitor was placed, provide to IDPH written and oral reports detailing the observed conditions of the facility, and be available as a witness for hearings involving the condition for placement as monitor.

The frequency of the monitor visits is based on the severity of violations and/or deficiencies cited. This frequency can be increased or decreased depending upon the facility's progress and the correction of identified issues.

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

A monitor was placed in one (1) facility in 2018 with monitoring continuing for one (1) additional facility from 2016. These facilities are licensed to provide intermediate and/or skilled care services. As of December 31, 2018, there were no monitors placed in any facility.

Monitor reports are critical components of our ongoing effort to stay in touch with the day-to-day activities occurring in the monitored facilities. The reports are shared upon request with other State agencies in determining ongoing compliance and potential criminal issues.

Unlicensed Long-Term Care Facilities

The Nursing Home Care Act authorizes IDPH to investigate any location reasonably believed to be operating as a long-term care facility without a license. IDPH is made aware of these types of locations, as they are the subject of Complaint investigations. When a location is found to be in violation for the first time, the owner is offered an opportunity to comply with the Nursing Home Care Act. If the owner fails to comply or is found to be in violation more than once, the location is then referred to the Office of the Attorney General for prosecution.

Allegations of Aide Abuse, Neglect or Misappropriation of Resident Property

The Nursing Home Care Act and Abused and Neglected Long-Term Care Facility Residents Reporting Act require allegations of suspected abuse, neglect, or misappropriation of a resident's property by nurse aides, developmental disabilities aides, and certified child care-habilitation aides (hereafter referred to as aides) be reported to IDPH. The reports and supporting documentation are reviewed by the Abuse, Neglect, and Theft Committee. The decision to proceed with the case must be made by a majority vote.

Allegations of abuse, neglect, or misappropriation of property by aides are received by IDPH through incident reports, complaints, and survey results. Documentation from incident reports, complaint investigations, police reports, court records, and any additional information requested from the facility are reviewed to determine whether there is substantial evidence to proceed in pursuing an Administrative Finding on the alleged abuse, neglect or misappropriation of a resident's property.

If IDPH finds that there is substantial evidence to validate the allegation, the aide is sent a Notice of Finding via certified mail, which outlines the allegation and includes information on the right to a hearing to contest the finding or submit a written response to the fining in lieu of requesting a hearing. The aide has 30 days from the date of the Notice of Finding, to request a hearing. If a hearing is requested and after the hearing, it is found the aide abused or neglected a resident or misappropriated resident property while working in a facility or if the aide does not request a hearing within 30 days of receiving the Notice of Finding, a Final Order is then sent to the aide via certified mail.

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

The finding of abuse, neglect, or misappropriation is then designated on the Registry in accordance with Sections 3-206.01(a) and 3-206.02 (a) of the Act, as well as a clear and accurate summary from the individual, if he or she chooses to make a statement.

Long term care facilities must develop and operationalize policies and procedures for the screening and training of employees, screening of residents and families, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and the misappropriation of property to prevent occurrences of abuse, neglect and theft and provide a safer environment for residents.

The following table summarizes the number and type of findings for 2018.

ABUSE, NEGLECT AND MISAPPROPRIATION OF RESIDENT PROPERTY FINDINGS-2018	
Cases closed	24
Cases processed	20
Abuse	7
Neglect	2
Misappropriation of property	11
Removal of neglect findings	2

Release of Information and Data to State Medicaid Fraud Control Unit

A memorandum is in place from CMS with guidance to State Survey Agencies (SA) of the regulatory requirement to share ASPEN Complaint Tracking System (ACTS) data, Long Term Care Minimum Data Set (MDS) data, and survey documents with their State Medicaid Fraud Control Units (MFCU). The relationship between the Illinois State Police Medicaid Fraud Control Unit (ISP/MFCU) and IDPH has grown over the past few years. ISP/MFCU investigators are more involved in IDPH investigations which promotes cross-training of IDPH surveyors and ISP/MFCU investigators.

In 2018, 1,421 incidents and complaints of abuse/neglect, theft and/or fraud were referred by the Special Investigations Unit to ISP/MFCU. The reports are then reviewed by ISP/MFCU to determine which to investigate for possible criminal action. Of those referred, ISP/MFCU requested documents from 47 of IDPH's investigative packets to support and/or close their case. The ISP/MFCU had 1 (one) convictions of long-term care abuse, neglect or theft cases. They opened 47 cases for patient abuse; nine (9) of these cases were for drug diversion, theft or financial exploitation. Of the 1,421 cases (referred), they had zero (0) fraud cases opened; and five (5) immediate jeopardy cases.

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

IDPH continues to maintain a growing relationship with local law enforcement, state’s attorneys, the FBI, and coroners. Facilities are required by IDPH to contact local law enforcement authorities immediately when a resident is the victim of physical injury or sexual abuse. IDPH staff has attended association meetings, conferences and informational one-on-one meetings to respond to issues and concerns about preventing abuse and neglect in long-term care facilities. Because of the growing relationships, awareness of the problem of abuse, neglect, and theft in long-term care facilities has increased. Another benefit is local law enforcement officials continue to be aware of the regulatory requirements of long-term care facilities and becoming more comfortable interacting with providers.

Identified Offenders in Facilities

State law requires Long-Term Care facilities (LTCF), except those licensed under the MC/DD Act, to conduct a criminal background check within 24 hours on newly admitted residents to assess whether they have been convicted of any felony offense, are registered or convicted sex offenders, or are serving a term of parole, mandatory supervised release, or probation for a felony offense. The Illinois State Police and the Illinois Department of Corrections sex offender websites are also to be utilized on new admissions to determine if the individual is a registered sex offender. If the background checks results are inconclusive, the facility is required to conduct a fingerprint-based check by a licensed fingerprint vendor. In the event of a resident’s poor health or lack of potential risk, the facility may apply for a waiver of the fingerprint background check.

For each resident with a qualifying offense, the facility submits a referral packet to the IDPH Identified Offenders Program for tracking and referral to the Illinois State Police. IDPH collaborates with the Illinois State Police, which completes a Criminal History Report, and a forensic psychologist, who provides an Identified Offender Report and Recommendation. The Identified Offender Report and Recommendation is incorporated into the identified offender’s individual care plan. Convicted or registered sex offenders must reside in private rooms.

IDPH maintains a secure database of LTCF residents determined to be identified offenders. In 2018, there were a total of 6,245 unique identified offenders recorded as residing in a LTCF at some point during the year. While the reports from facilities may not be flawless, these data provide an indication of the volume of identified offenders receiving care in a LTCF.

IDENTIFIED OFFENDERS IN LTCF	
	TOTAL NUMBER
2017	5,508
2018	6,245

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

IDPH also tracks waivers that are requested, granted or denied. A waiver is granted if the resident is completely immobile as verified by a signed physician statement or has the existence of a severe, debilitating physical, medical or mental condition that nullifies any potential risk. Once the request for the waiver is reviewed, a determination letter is sent to the facility. This waiver is valid only while the resident is immobile and the documentation supporting the criteria for the waiver exists.

FINGERPRINT WAIVER REQUESTS		
	APPROVED	DENIED
2016	38	6
2017	92	16
2018	55	6

Medically Complex for the Developmentally Disabled (MC/DD)

In 2015, the General Assembly passed, and the Governor signed into law Public Act 99-180 (210 ILCS 46). This Act provides for the licensure of facilities for the medically complex for the developmentally disabled. With this Act, long-term care facilities that serve an under age 22 population were removed from the ID/DD Community Care Act. IDPH is currently drafting amendments to the Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390) to bring it in compliance with the MC/DD Act.

INTERMEDIATE CARE/INTELLECTUALLY DISABLED FACILITY COUNT	
ICF/IID 16 beds and under	187
ICF/IID 17 beds and more	20
State Operated Developmental Centers	7
Community Living Facilities (CLF)	26
Medically Complex Under Age 22	10
Skilled Nursing Care/ICF/ICFDD	1
TOTAL	251

INTERMEDIATE CARE/INTELLECTUALLY DISABLED SURVEY/COMPLAINT/INCIDENT INVESTIGATION COUNT	
Annual Licensure/Certification Surveys	226
Complaint Intakes received	175
Licensure/Certification Complaint Investigations/Follow-up Investigations	171
Medicaid IOC Reviews (DD only)	220
Licensure Probationary/Initial Surveys	0
Certification Initials	0
Incident Report Investigations	97
Special Surveys – Licensure/Bed Certification	0
TOTAL INVESTIGATIONS PERFORMED BY LONG TERM CARE	889

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

In 1994, responsibility for the Inspection of Care (IOC) was transferred to IDPH from the Department of Healthcare and Family Services (HFS). The IOC program is a federally-mandated reimbursement activity in which field reviews are conducted at Intermediate Care Facility/Individual Intellectually Disabled (ICF/IID) facilities. The purpose of the reviews is to determine if Medicaid-reimbursed health care services are being carried out and to gather and review data necessary to establish Medicaid reimbursement rates for each participating facility.

In 2018, staff completed 226 annual certification and licensure surveys. It should be noted that some facilities have a two-year license and do not require an annual license survey. Further, in 2018, 175 complaints and 97 incidents were investigated. The complaints are calls IDPH receives through the Nursing Home Hotline. There were 172 revisits completed at facilities that had deficiencies cited which required a follow-up survey to ensure compliance.

The table below presents the top ten (10) regulations for which deficiencies were cited because of annual surveys.

RANK	TAG NUMBER	TAG DESCRIPTION	NUMBER OF CITATIONS	PERCENTAGE OF PROVIDERS CITED
1	W154	Staff Treatment of Clients	55	19.8%
2	W104	Governing Body Exercises Control	41	14.7%
3	W331	Nursing Services	37	13.3%
4	W249	Program Implementation	32	11.5%
5	W368	Drugs Administration	28	10.1%
6	W322	Physician Services	27	9.7%
7	W153	Staff Treatment of Clients	26	9.4%
8	W125	Protection of Clients' Rights	25	9.0%
9	W149	Staff Treatment of Clients	25	9.0%
10	W369	Drugs Administration	23	8.3%

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

The table below presents the most frequently cited federal regulations for which deficiencies were cited during complaint surveys for 2018.

TAG NUMBER	TAG DESCRIPTION
W154	Staff Treatment of Clients
W104	Governing Body
W331	Nursing Services
W249	Program Implementation
W153	Staff Treatment of Clients
W368	Drug Administration
W125	Protection of Clients' Rights
W148	Communication with Clients and Parents

The following table identifies the number of complaints 2018 and citations associated with most frequently cited regulations.

NUMBER OF COMPLAINTS	NUMBER OF CITATIONS
175	124

The following table provides a breakdown for the 175 complaints investigated.

	NUMBER OF SUBSTANTIATED	PERCENTAGE OF SUBSTANTIATED	NUMBER OF UNSUBSTANTIATED	PERCENTAGE OF UNSUBSTANTIATED
ANONYMOUS	24	13.7%	21	12.0%
NON-ANONYMOUS	73	41.8%	57	32.5%
TOTAL	97	55.5%	78	44.5%

Section 2-204 of the ID/DD Community Care Act requires the Director to appoint an Advisory Board to advise IDPH on all aspects of its responsibilities including rules, format, and content. The Board provided recommendations for revisions of Part 350 (Intermediate Care for the Developmentally Disabled Facilities Code) and the complaint intake process. The revisions are still pending Governor's Office review prior to filing with the Joint Committee on Administrative Rules (JCAR) as presented in 2015.

DIVISION OF LONG-TERM CARE FIELD OPERATIONS

The revisions can be categorized as follows:

- a) change of statutory authority from the Nursing Home Care Act to the ID/DD Community Care Act;
- b) non-statutory language amendments;
- c) amendments to the Nursing Home Care Act under PA 96-1372; and
- d) revision of existing statutory language not in conformance with the Act.

Staff members from the ICF/IID/SMHRF Section were asked to present at three (3) conferences in 2018. These conferences were sponsored by The Center for Developmental Disabilities, Illinois Health Care Association, and Illinois Nursing Home Administrators. Staff presented information on the revisions of the federal interpretations of the regulations for ICF/IID facilities found in SOM Appendix J, an overview of the most commonly cited deficiencies, addressed trends and patterns in the ICF/IID homes and updates on IDPH's initiatives regarding IID programs.

Staff members attended Centers for Medicare & Medicaid Services (CMS) training on the revised survey protocol for Part I of Appendix J, the training focused on surveyor's time on increased observation time and more effective use of interviews and client record reviews. The Fundamental survey was revised to be a focused fundamental survey accomplished through the concept of key standards and corresponding standards within the Conditions of Participation (COP's). Survey procedures for task one, two and three were revised.

Specialized Mental Health Rehabilitation (SMHRF)

The Section is also responsible for the coordination of licensure and survey activities of the 24 facilities identified in the Specialized Mental Health Rehabilitation Act of 2013. This Act provides for licensure of long-term care facilities federally designated as institutions for mental disease (IMD) and specialized in providing rehabilitation services to individuals with serious mental illnesses. In 2014, Part 380 rules were adopted (Specialized Mental Health Rehabilitation Facilities Code). The six (6) Subparts of Part 380 are general provisions, facility programs, program personnel, administration, support services and environment, and licensure requirements. The Act and Rule define four programs to serve consumers in different stages of illness: Triage Centers, Crisis Stabilization Centers, Recovery and Rehabilitation Support Units, and Transitional Living Units.

SMHRF FACILITY AND SERVICE COUNT	
Licensed SMHRF Facilities	2
Facilities Pending SMHRF Licensure	2
SERVICES PROVIDED BY LICENSED SMHRF FACILITIES	
Recovery and Rehabilitation Support Units	22
Crisis Stabilization Units	0
Transitional Living Units	0
Triage Center	0

DIVISION OF ASSISTED LIVING

Assisted Living

The Division has regulatory authority for 490 licensed establishments under the Assisted Living and Shared Housing Establishment Code (77 Illinois Administrative Code 295). Assisted living establishments provide community-based residential care for at least three (3) unrelated adults (at least 80% of whom are 55 years of age or older) who need assistance with activities of daily living, including personal, supportive, and intermittent health-related services available 24 hours per day to meet the scheduled and unscheduled needs of each resident.

Division survey staff conduct annual licensure surveys, complaint surveys, incident report investigations, and follow up surveys. This is a state licensure program with no federal oversight as the residents of these establishments are private pay through a contractual agreement between the resident and the facility. Renewal applications and licensure fees are required annually for these providers. The number of establishments continued to increase to meet the needs of aging baby boomers and oversight in anticipation of their need for care.

Requests under the Freedom of Information Act (FOIA) are received from the IDPH Division of Legal Services FOIA Officer. FOIA requires IDPH to respond to non-commercial requests within five (5) business days or a date which is mutually agreed upon by IDPH and the requestor. IDPH can request for an additional five (5) business days in which to respond under certain circumstances outlined in the Act and upon the provision of a written notice to the requestor. Commercial requests must be responded to within 21 business days. In 2018, the Division of Assisted Living processed 46 FOIA requests.

In 2018, 341 complaints were investigated. In 2018, IDPH collected fines due to non-compliance with Code rules for annual and complaint surveys totaling \$51,500. The table below outlines for total number of complaints received in 2018:

COMPLAINTS RECEIVED IN 2018	
NUMBER OF SUBSTANTIATED	77
NUMBER OF UNSUBSTANTIATED	181
SUBSTANTIATED, NO VIOLATION	16
PENDING INVESTIGATIONS	67
TOTAL COMPLAINTS	341

The table below outlines for the last three (3) years, the increased number of establishments and incident/accident reports reviewed by the Division:

YEAR	NUMBER OF FACILITIES	NUMBER OF INCIDENTS
2016	423	17,425
2017	454	17,596
2018	490	19,212

DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

Division of Administrative Rules and Procedures

The long-term care administrative rules, which are maintained by the Division of Administrative Rules and Procedures (ARP), fall under the authority of four (4) Acts. Three (3) sets of rules are under the authority of the Nursing Home Care Act; one (1) rule is under the authority of the ID/DD Community Care Act; one (1) rule is under the authority of the MC/DD Act; and one (1) rule is under the authority of the Specialized Mental Health Rehabilitation Act of 2013 (see Appendix A). ARP also administers the Health Care Worker Background Check Act, and its set of rules, and the Health Care Worker Registry (Registry). In 2018, ARP was comprised of eleven (11) staff, including the Division Chief and his administrative assistant, one (1) professional staff and six (6) clerical staff who are devoted solely to the Registry, and two (2) professional staff who work on administrative rules and legislative issues for OHCR.

Administrative Rules Actions

Amendments updating the Department's deadline for determining to issue a notice of violation to facilities for the Skilled Nursing and Intermediate Care Facilities Code and the Sheltered Care Facilities Code were proposed in 2018 and adopted in early 2019. Amendments implementing Public Act 99-180 for the Long-Term Care for Under Age 22 Facilities Code were proposed in 2019 and adopted in early 2019. That rule also was renamed the Medically Complex for the Developmentally Disabled Facilities Code. Amendments to the Specialized Mental Health Rehabilitation Facilities Code updating requirements for provisional licenses were proposed in 2018 and adopted in early 2019. Amendments to the Long-Term Care Assistants and Aides Training Programs Code, modifying the student-lab instructor ratio, also were adopted in 2018. Finally, extensive amendments to the Health Care Worker Background Check Code, implementing P.A. 99-872 and P.A. 100-432, were proposed in 2018 and adopted in early 2019. ARP also worked on drafting amendments for numerous administrative rules, which are in the pipeline for completion and promulgation in 2018.

Health Care Worker Registry

The Health Care Worker Registry (HCWR) Section's principal responsibility is to provide information to health care employers about unlicensed health care workers, including Certified Nursing Assistant (CNA) certification; CNA administrative findings of abuse, neglect or theft; criminal background checks; disqualifying convictions; waivers which allow an exception to the prohibition of employment when there is a disqualifying conviction; and Developmentally Disabled Aide training. The HCWR Section provides application forms and instructions needed to assist health care workers seeking to be a nurse aide in Illinois or who are seeking to be granted a waiver for disqualifying convictions that are revealed on an Illinois background check. The HCWR Section further supports the Registry, which has a public and a private website, by staffing a call center and responding to e-mail inquiries.

DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

In 2018, the HCWR Staff handled almost 25,000 telephone and over 31,000 email requests for assistance and information regarding the Health Care Worker Registry. Health care employers who are licensed or certified as long-term care facilities must check the Registry before employing a non-licensed individual who will have or may have contact with residents or have access to the resident’s living quarters, or financial, medical, or personal records of residents. For the facility to hire the individual, a fingerprint-based fee applicant (Fee_App) background check must be conducted by an approved IDPH Livescan vendor. The individual may not work with disqualifying convictions unless the individual has been granted a waiver of those convictions. If the individual is to be hired as a CNA, the facility must verify the individual has met proper training and competency test requirements. The individual cannot have any administrative findings of abuse, neglect or theft.

Once a Fee_App background check is in place for an individual on the Registry, the Illinois State Police automatically sends any new convictions to the Registry. If a new disqualifying conviction is received for an individual working on a waiver, the waiver is automatically revoked, and the facility is notified that the person must be terminated.

The public can check the Registry at <https://hcwrpub.dph.illinois.gov/Search.aspx> or by calling the toll-free number (1-844-789-3676). Health care employers can access IDPH’s HCWR Web Portal at <http://portalhome.dph.illinois.gov>.

HEALTH CARE WORKER REGISTRY STATISTICS	
Active Basic Nursing Assistant Training Programs	325
CNA Competency Testing	
Passed	12,871
Failed	2,277
No Show	988
Total Registered to Test*	16,136
Direct Service Personnel (DSP) Added	5,624
Total number of CNAs on the Registry as of 12/31/2018	318,883
Total number of DSPs on the Registry as of 12/31/2017	119,542

* Total registered includes no show students.

Administrative Findings of Abuse, Neglect and Theft

The Nursing Home Care Act and the Abused and Neglected Long-term Care Facility Residents Reporting Act require allegations of suspected abuse, neglect, or misappropriation of a resident’s property by CNAs, DD aides and Habilitation Aides be reported to IDPH. After these allegations have been investigated and processed through an administrative hearing, those who have a final order of abuse, neglect, or theft are published on the Registry.

DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

REPORTED ADMINISTRATIVE FINDINGS	
Abuse	56
Neglect	7
Misappropriation of property	7
Financial Exploitation	11
Total Administrative Findings	81

Background Checks and Disqualifying Convictions

IDPH licenses the following health care employers:

- Community living facilities
- Life care facilities
- Long-term care facilities
- Home health agencies, home services agencies or home nursing agencies
- Hospice care programs or volunteer hospice programs
- Sub-acute care facilities
- Post-surgical recovery care facilities
- Children’s respite homes; freestanding emergency centers
- Hospitals
- Assisted living and shared housing establishments

The Health Care Worker Background Check Act requires unlicensed direct care employees hired by health care employers to have a fingerprint-based criminal history records check.

In addition, each long-term care facility must initiate a fingerprint-based criminal history records check for unlicensed employees with duties that involve or may involve contact with residents or access to the resident’s living quarters, or the financial, medical or personal records of residents.

If a criminal history records check indicates a conviction of one or more of the offenses enumerated in Section 25 of the Act, the individual shall not be employed from the time the employer receives the results of the background check until the time the individual receives a waiver, if one is granted by IDPH. An individual may request a waiver by completing a waiver application, providing a written explanation of each disqualifying conviction, providing documentation relating to payment of fines or completion of probation, and providing other relevant information.

DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

IDPH will evaluate the information submitted with the waiver application and decide to grant or deny the waiver. The goal in evaluating waivers is to continue the prohibition of employment, imposed by the Act, of those individuals who might pose a threat to the State's most vulnerable citizens. When specific criteria are met, the individual may be granted a rehabilitation waiver automatically without submitting a waiver application. A waiver is revoked if an individual is convicted of a new disqualifying offense.

The following table depicts the number of background checks and waiver requests performed and/or granted in 2018:

BACKGROUND CHECKS AND WAIVER REQUESTS	
Background Checks Added to the Registry	106,111
Total Background Checks on the Registry	663,386
Waivers Granted	1,394
Waivers Denied	91
Total Waivers Processed	1,485
Waivers Revoked	15

DIVISION OF LIFE SAFETY AND CONSTRUCTION

Division of Life Safety and Construction

The Division is made up of two (2) sections, Design and Construction (LSC) and Field Services Section (FSS). The Design and Construction Section conducts plan reviews and inspections of licensed and certified health care facilities which includes investigations regarding complaints or incidents. The Field Services Section conducts annual life safety code surveys of certified Long-Term Care (LTC) facilities as well as initial certification surveys and complaint/incident investigations.

The Division's web page contains information on forms and rules for ASTC licensure, Hospital licensure and Nursing Home licensure as it relates to the Division of Life Safety and Construction (LSC), "Frequently Asked Questions", and Policies & Procedures. The link is: <http://www.dph.illinois.gov/topics-services/health-care-regulation/life-safety-construction>

Design and Construction Section (LSC)

Forty-seven (47) long-term care projects were reviewed for fees totaling \$188,410.00, for total project costs of \$69,808,064.00; and 240 non-long-term care projects with plan review fees totaling \$1,473,255.00, for total project costs of \$806,494,182.00.

The Facility Plan Review Fund allows IDPH to charge a fee for facility plan reviews. The Nursing Home Care Act (NHCA) and the Ambulatory Surgical Treatment Center Act (ASC) require a fee for major construction projects with an estimated cost greater than \$100,000; while the Hospital Licensing Act requires a fee for major construction projects with an estimated cost greater than \$500,000. The cost difference between fees paid for plan review, and the dollar amount required to support the Division, comes from the General Revenue Fund.

The Nursing Home Care Act, Hospital Licensing Act and Ambulatory Surgical Treatment Center Act require a plan review to be completed within 30 days (design development drawings) and 60 days (working drawings) once the drawings have been submitted. Provider submitted item-by-item responses must be reviewed within 45 days after receipt. Most projects require onsite surveys prior to use or occupancy and must be completed within 15 working days to 30 calendar days after acceptance of the facility's project completion certifications, depending on facility type. Some projects require onsite inspections by architectural, mechanical, electrical and clinical disciplines. For 2018, the LSC conducted 59 licensure inspection of LTC construction projects, 238 inspections of non-LTC facilities construction projects (hospital, ambulatory surgery centers, hospice, and veteran homes facilities), and 104 Medicare certification surveys on behalf of the Center for Medicare and Medicaid Services. In addition, LSC conducted 51 initial licensure surveys for the Division of Assisted Living for life safety/physical environment.

DIVISION OF LIFE SAFETY AND CONSTRUCTION

LSC staff completed initial onsite life safety inspections and Plan of Correction (POC) review and approval of 22 facilities that applied to become a Special Mental Health Rehabilitation Facility (SMHRF). LSC also completed nine (9) plan reviews of provider submitted modifications of the physical environment to upgrade sheltered or intermediate care beds, to skilled care beds; resulting in 179 new skilled care nursing beds.

Field Services Section (FSS)

FSS is responsible for conducting required life safety code nursing home surveys and complaint surveys on behalf of the Centers for Medicare and Medicaid Services (CMS). In 2018, FSS conducted 1,807 surveys and cited 6,765 deficiencies. This includes 936 annual surveys for life safety, 841 life safety code follow ups to annual surveys, ten (10) complaint surveys, eight (8) complaint survey follow ups, and four (4) initial CMS certification surveys. In addition, FSS completed reviews of 931 Plans of Correction (POCs) in conjunction with the onsite inspections.

FSS tracks reports of fire incidents. In 2018, one (1) fire was reported to the Department; no deaths nor injuries to resident or staff resulted. The statistics on those fire incidents are as follows:

CAUSE FIRE/ NUMBER	DETECTION TYPE/ NUMBER		EXTINGUISHMENT TYPE/ NUMBER		
Electrical	1	Staff	1	Staff	1
Kitchen	0	Fire Alarm	0	Fire Department	0
Unknown	0	Heat Detector	0	Sprinkler	0
Laundry/Dryer	0	Smoke Detector	0		
Mechanical	0	Resident/Family	0		

The maintenance of smoke and fire detection systems, fire extinguishment systems, and the practice of fire drills, as part of LTC staff education which familiarizes providers with the procedures to follow in emergency situations, can be attributed to the reduction in the severity of fire incidents and reported injuries. Department staff architects and mechanical/fire protection specialists review initial construction and major remodeling plans to ensure provider compliance with state licensure rules and the National Fire Protection Association (NFPA) Life Safety Code.

ELECTRONIC MONITORING IN LONG-TERM CARE FACILITIES ACT

Under the Authorization of Electronic Monitoring in Long-Term Care Facilities Act, IDPH is mandated to report the total number of authorized electronic monitoring notification and consent forms received by facilities to the Office of the Attorney General, annually.

Number of Electronic Monitoring Applications for 2017*	
Electronic Monitoring Applications Approved	93
Electronic Monitoring Applications Denied	5
Total of Electronic Monitoring Applications Received	98

** The number of Electronic Monitoring Applications for 2018 have not been released as of 04/2019. The 2017 data is most recent available.*

APPENDICES

APPENDIX A

**Administrative Rules Promulgated Under the Authority of the
Nursing Home Care Act [210 ILCS 45]
and
Administrative Rules Promulgated Under the Authority of the
Abused and Neglected Long-Term Care Facility Residents Reporting Act [210
ILCS 30]**

Skilled Nursing and Intermediate Care Facilities Code
(77 Ill. Adm. Code 300)

Sheltered Care Facilities Code
(77 Ill. Adm. Code 330)

Illinois Veterans' Homes Code
(77 Ill. Adm. Code 340)

Central Complaint Registry
(77 Ill. Adm. Code 400)

Long-Term Care Assistants and Aides Training Programs Code
(77 Ill. Adm. Code 395)

**Administrative Rules Promulgated Under the Authority of the Medically
Complex for the Developmentally Disabled (MC/DD) Act [210 ILCS 46]**

Medically Complex for the Developmentally Disabled Facilities Code
(77 Ill. Adm. Code 390)

**Administrative Rules Promulgated Under the Authority of the
ID/DD Community Care Act [210 ILCS 47]**

Intermediate Care for the Developmentally Disabled Facilities Code
(77 Ill. Adm. Code 350)

**Rules Promulgated Under the Authority of the Specialized Mental Health
Rehabilitation Act of 2013 [210 ILCS 49]**

Specialized Mental Health Rehabilitation Facilities Code
(77 Ill. Adm. Code 380)

APPENDICES

APPENDIX A *(Continued)*

Administrative Rules Promulgated Under the Authority of the Assisted Living and Shared Housing Act [210 ILCS 9]

Assisted Living and Shared Housing Establishment Code
(77 Ill. Adm. Code 295)

Administrative Rules Promulgated Under the Authority of the Health Care Worker Background Check Act [225 ILCS 46]

Health Care Worker Background Check Code
(77 Ill. Adm. Code 955)

**Community Living Facility Licensing Act
[210 ILCS 35]**

Community Living Facility Code
(77 Ill. Adm. Code 370)

**Authorized Electronic Monitoring in Long-Term Care Facilities Act
[210 ILCS 32 (Sec. 55)]**

**Freedom of Information Act
[5 ILCS 140/1]**

**Nursing Home Care Act
[210 ILCS 45/1-113]**

Definition of Facility or Long-Term Care Facility

"Facility" or "long-term care facility" means a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code, or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act. It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs. "Facility" does not include the following:

- 1) A home, institution, or other place operated by the federal government or agency thereof, or by the State of Illinois, other than homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs;
- 2) A hospital, sanitarium, or other institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation as organized facilities therefor, which is required to be licensed under the Hospital Licensing Act;
- 3) Any "facility for child care" as defined in the Child Care Act of 1969;
- 4) Any "Community Living Facility" as defined in the Community Living Facilities Licensing Act;
- 5) Any "community residential alternative" as defined in the Community Residential Alternatives Licensing Act;
- 6) Any nursing home or sanatorium operated solely by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any well-recognized church or religious denomination. However, such nursing home or sanatorium shall comply with all local laws and rules relating to sanitation and safety;
- 7) Any facility licensed by the Department of Human Services as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act;

APPENDICES

APPENDIX B (Continued)

Nursing Home Care Act [210 ILCS 45/1-113]

- 8) Any "Supportive Residence" licensed under the Supportive Residences Licensing Act;
- 9) Any "supportive living facility" in good standing with the program established under Section 5-5.01a of the Illinois Public Aid Code, except only for purposes of the employment of persons in accordance with Section 3-206.01;
- 10) Any assisted living or shared housing establishment licensed under the Assisted Living and Shared Housing Act, except only for purposes of the employment of persons in accordance with Section 3-206.01;
- 11) An Alzheimer's disease management center alternative health care model licensed under the Alternative Health Care Delivery Act;
- 12) A facility licensed under the ID/DD Community Care Act;
- 13) A facility licensed under the Specialized Mental Health Rehabilitation Act of 2013
- 14) A facility licensed under the MC/DD Act (PA 99-180); or
- 15) A medical foster home, as defined in 38 CFR 17.73, that is under the oversight of the United States Department of Veterans Affairs (PA 99-376).

Assisted Living

IL Administrative Code Title 77 Section 295.1050

Violations

For the purpose of this Section, the following definitions apply:

Violation – a situation in which the requirements of this Part are not met due to the conduct of the establishment or its staff, either by an improper action or the failure to take an action. A violation may only be based upon the licensee's improper conduct or the conduct of the licensee's staff.

Type 3 violation – an act or omission by the establishment or its staff, except by accidental means, that causes a significant negative impact on the delivery of services to the residents of the establishment. The establishment shall be required to participate in a consultative review with the Department unless the establishment has taken corrective action within a time frame agreed upon between the Department and the establishment.

Type 2 violation – an act or omission by the establishment or its staff that causes harm to a resident.

Type 1 violation – an act or omission by the establishment or its staff that causes severe harm or the death of a resident.

Long-Term Care Facility

IL Administrative Code Title 77 Section 300.272

Determination to Issue a Notice of Violation or Administrative Warning

- a) Upon receipt of a report of an inspection, survey or evaluation of a facility, the Director or his designee shall review the findings contained in the report to determine *whether the report's findings constitute a violation or violations of which the facility must be given notice and which threaten the health, safety, or welfare of a resident or residents*. All information, evidence and observations made during an inspection, survey or evaluation shall be considered findings or deficiencies. (Section 3-212(c) of the Act)
- b) In making this determination, the Director or his designee shall consider any *comments and documentation provided by the facility* within ten days of receipt of the report in accordance with Section 300.200(c). (Section 3-212(c) of the Act)
- c) In determining whether the findings warrant the issuance of a notice of violation, the Director or his designee shall base his determination on the following factors:
 - 1) *The severity of the finding*. The Director or his designee will consider whether the finding constitutes a merely technical non-substantial error or whether the finding is serious enough to constitute an actual violation of the intent and purpose of the standard.
 - 2) *The danger posed to resident health and safety*. The Director or his designee will consider whether the finding could pose any direct harm to the residents.
 - 3) *The diligence and efforts to correct deficiencies and correction of reported deficiencies by the facility*. Consideration will be given to any evidence provided by the facility in its comments and documentation that steps have been taken to reduce noted findings and to insure a reduction of deficiencies.

APPENDICES

APPENDIX D (Continued)

Long-Term Care Facility

IL Administrative Code Title 77 Section 300.272

Determination to Issue a Notice of Violation or Administrative Warning

- 4) *The frequency and duration of similar findings in previous reports and the facility's general inspection history.* The director or his designee will consider whether the same finding or a similar finding relating to the same condition or occurrence has been included in previous reports and the facility has allowed the condition or occurrence to continue or to recur. (Section 3-212(c) of the Act)
- d) If the Director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, the *department shall issue an administrative warning* as provided in Section 300.277 (Section 3-303.2(a) of the Act)
- e) *Violations shall be determined under this Section no later than 60 days after completion of each inspection, survey and evaluation.* (Section 3-212(c) of the Act)

(Source: Added at 13 Ill. Reg. 4684, effective March 24, 1989)

Long-Term Care Facility

IL Administrative Code Title 77 Section 300.274

Determination of the Level of a Violation

- a) After determining that issuance of a notice of violation is warranted and prior to issuance of the notice, the Director or his or her designee will review the findings that are the basis of the violation, and any comments and documentation provided by the facility, to determine the level of the violation. Each violation shall be determined to be either a level AA, a level A, a level B, or a level C violation based on the criteria in this Section.

- b) The following definitions of levels of violations shall be used in determining the level of each violation:
 - 1) A "level AA violation" or a "Type AA violation" is a *violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that proximately caused a resident's death.* (Section 1-128.5 of the Act)

 - 2) A "level A violation" or "Type A violation" is a *violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that the risk of death or serious mental or physical harm will result therefrom or has resulted in actual physical or mental harm to a resident.* (Section 1-129 of the Act)

 - 3) A "level B violation" or "Type B violation" is a *violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that is more likely than not to cause more than minimal physical or mental harm to a resident.* (Section 1-130 of the Act)

 - 4) A "level C violation" or "Type C violation" is a *violation of the Act or this Part which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that less than minimal physical or mental harm to a resident will result therefrom.* (Section 1-132 of the Act)

APPENDICES

APPENDIX E (Continued)

Long-Term Care Facility

IL Administrative Code Title 77 Section 300.274

Determination of the Level of a Violation

- c) In determining the level of a violation, the Director or his or her designee shall consider the following criteria:
 - 1) The degree of danger to the resident or residents that is posed by the condition or occurrence in the facility. The following factors will be considered in assessing the degree of danger:
 - A) Whether the resident or residents of the facility are able to recognize conditions or occurrences that may be harmful and are able to take measures for self-preservation and self-protection. The extent of nursing care required by the residents as indicated by review of patient needs will be considered in relation to this determination.
 - B) Whether the resident or residents have access to the area of the facility in which the condition or occurrence exists and the extent of such access. A facility's use of barriers, warning notices, instructions to staff and other means of restricting resident access to hazardous areas will be considered.
 - C) Whether the condition or occurrence was the result of inherently hazardous activities or negligence by the facility.
 - D) Whether the resident or residents of the facility were notified of the condition or occurrence and the promptness of such notice. Failure of the facility to notify residents of potentially harmful conditions or occurrences will be considered. The adequacy of the method of such notification and the extent to which such notification reduced the potential danger to the residents will also be considered.

APPENDICES

APPENDIX E (Continued)

Long-Term Care Facility

IL Administrative Code Title 77 Section 300.274

Determination of the Level of a Violation (Continued)

- 2) The directness and imminence of the danger to the resident or residents by the condition or occurrence in the facility. In assessing the directness and imminence of the danger, the following factors will be considered:
 - A) Whether actual harm, including death, physical injury or illness, mental injury or illness, distress, or pain, to a resident or residents resulted from the condition or occurrence and the extent of such harm.
 - B) Whether available statistics and records from similar facilities indicate that direct and imminent danger to the resident or residents has resulted from similar conditions or occurrences and the frequency of such danger.
 - C) Whether professional opinions and findings indicate that direct and imminent danger to the resident or residents will result from the condition or occurrence.
 - D) Whether the condition or occurrence was limited to a specific area of the facility or was widespread throughout the facility. Efforts taken by the facility to limit or reduce the scope of the area affected by the condition or occurrence will be considered.
 - E) Whether the physical, mental, or emotional state of the resident or residents, who are subject to the danger, would facilitate or hinder harm actually resulting from the condition or occurrence.

(Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011)

Long-Term Care Facility

IL Administrative Code Title 77 Section 300.277

Administrative Warning

- a) *If the Department finds a situation, condition, or practice which violates the Act or this Part that does not constitute a Type "AA", Type "A", Type "B", or Type "C" violation, the Department shall issue an administrative warning. (Section 3-303.2(a) of the Act)*

- b) Each administrative warning shall be in writing and shall include the following information:
 - 1) A description of the nature of the violation.

 - 2) A citation of the specific statutory provision or rule that the Department alleges has been violated.

 - 3) A statement that the *facility shall be responsible for correcting the situation, condition, or practice. (Section 3-303.2(a) of the Act)*

- c) Each administrative warning shall be sent to the facility and the licensee or served personally at the facility within 10 days after the Director or his or her designee determines that issuance of an administrative warning is warranted under Section 300.272.

- d) The facility is not required to submit a plan of correction in response to an administrative warning.

- e) If the Department finds, during *the next on-site inspection which occurs no earlier than 90 days from the issuance of the administrative warning*, that the facility has not corrected *the situation, condition, or practice which resulted in the issuance of the administrative warning*, the Department shall notify the facility of the finding. The facility shall then *submit a written plan of correction* as provided in Section 300.278. The Department will consider the plan of correction and take any necessary action in accordance with Section 302.278. (Section 3-303.2(b) of the Act)

(Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011)

APPENDICES

APPENDIX G

Long-Term Care Facility

Summary of Long-Term Care Facility Federal Survey Process

A.	Offsite Survey Preparation
1)	Review Quality Measure reports that indicate potential problems or concerns that warrant further investigation, Casper 3, results of standard survey, complaints since last standard survey, Facility Reported Incidents (FRI) since last standard survey, waivers/variances
2)	Contact the ombudsman
3)	Assign all units
4)	Assign complaints/FRI
5)	Team Reviews offsite information
B.	Facility Entrance
1)	Inform administrator of the survey and introduce team members
2)	Team coordinator conducts entrance conference; other team members proceed to assigned areas
3)	Follow the Entrance Conference Worksheet
4)	Request signs posted announcing that a survey is being performed.
5)	Provide Facility with copy of Casper 3
6)	Request information on the Worksheet
7)	Request required forms be completed by the facility
8)	Conduct brief initial visit to kitchen
C.	Initial Pool Process
1)	Briefly screen all residents in assigned area
2)	Identify 8 (+/-) residents per surveyor
3)	Conduct Resident interview, limited record review, and resident observation to assist in selecting residents to be included in the sample
4)	Review MDS indicators and active complaint/FRI allegations prior to entering resident room
5)	Cover care areas to determine if area warrants further investigation or not
6)	Conduct resident representative interviews
7)	Conduct dining observation as directed in the Procedure Guide

APPENDICES

APPENDIX G (Continued)

Long-Term Care Facility

Summary of Long-term Care Facility Federal Survey Process

D.	Sample Selection
1)	Sample will include only active residents marked for further investigation
2)	Discuss concerns for each sampled resident
3)	Ensure concerns will be covered by final sample
4)	Finalize Sample
5)	Unnecessary medication review will be system generated
6)	Closed Records will be system generated
7)	Review task and surveyor assignment and re-assign as necessary
E.	Investigations
1)	Investigate all concerns identified as requiring further investigation
2)	Access and utilize the Critical element pathways for care areas
3)	Utilize a more in-depth interview, observation, and record review
4)	Investigate concern thoroughly so a compliance decision can be made
F.	Ongoing and Other Survey Activities
1)	Complete closed record reviews
2)	Complete Dining, Infection control, SNF Beneficiary Protection Notification Review, Kitchen, Medication Administration, Medication Storage, Resident Council Meeting, Sufficient and Competent Nursing Staffing
3)	Complete triggered tasks as necessary if there are concerns: Personal Funds, Environment, Resident Assessment
G.	Potential Citations/Exit Conference
1)	Record final citation and severity decision making
2)	Determine if an extended survey needs to be conducted
3)	Conduct exit conference with the facility to inform the facility of survey teams' observations and preliminary findings
4)	Provide the facility with the opportunity to discuss and supply additional information, as necessary

APPENDICES

APPENDIX H

Long-Term Care Facility

Section 300.661 Health Care Worker Background Check

A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).

(Source: Amended at 29 Ill. Reg. 12852, effective August 2, 2005)

APPENDICES

APPENDIX I

PART 955 HEALTH CARE WORKER BACKGROUND CHECK CODE SECTION 955.160 DISQUALIFYING OFFENSES

Offenses that are always disqualifying except through the appeal process

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[720 ILCS 5/8-1.1] 1/1/98	Solicitation of Murder	
[720 ILCS 5/8-1.2]	Solicitation of Murder for Hire	1/1/98
[720 ILCS 5/9-1]	First-Degree Murder	
[720 ILCS 5/9-1.2]	Intentional Homicide of an Unborn Child	
[720 ILCS 5/9-2]	Second-Degree Murder	
[720 ILCS 5/9-2.1]	Voluntary Manslaughter of an Unborn Child	
[720 ILCS 5/9-3]	Involuntary Manslaughter and Reckless Homicide	
[720 ILCS 5/9-3.1]	Concealment of Homicidal Death	
[720 ILCS 5/9-3.2]	Involuntary Manslaughter and Reckless Homicide of an Unborn Child	
[720 ILCS 5/9-3.3]	Drug Induced Homicide	
[720 ILCS 5/10-1]	Kidnapping	
[720 ILCS 5/10-2]	Aggravated Kidnapping	
[720 ILCS 5/11-6]	Indecent Solicitation of a Child	1/1/98
[720 ILCS 5/11-9.1]	Sexual Exploitation of a Child	1/1/98
[720 ILCS 5/11-9.5]	Sexual Misconduct with a person with a Disability	7/24/06
[720 ILCS 5/11-20.1]	Child Pornography	1/1/98
[720 ILCS 5/12-3.3] 1/1/04	Aggravated Domestic Battery	
[720 ILCS 5/12-4]	Aggravated Battery	1/1/98
[720 ILCS 5/12-4.1]	Heinous Battery	
[720 ILCS 5/12-4.2]	Aggravated Battery with a Firearm	
[720 ILCS 5/12-4.2-5]	Aggravated Battery with a Machine Gun or a Firearm Equipped with Any Device or Attachment Designed or Used for Silencing the Report of a Firearm	1/1/04
[720 ILCS 5/12-4.3]	Aggravated Battery of a Child	
[720 ILCS 5/12-4.4]	Aggravated Battery of an Unborn Child	
[720 ILCS 5/12-4.6]	Aggravated Battery of a Senior Citizen	
[720 ILCS 5/12-4.7]	Drug Induced Infliction of Great Bodily Harm	
[720 ILCS 5/12-13]	Criminal Sexual Assault	
[720 ILCS 5/12-14]	Aggravated Criminal Sexual Assault	
[720 ILCS 5/12-14.1]	Predatory Criminal Sexual Assault of a Child	

APPENDICES

APPENDIX I (Continued)

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[720 ILCS 5/12-15]	Criminal Sexual Abuse	
[720 ILCS 5/12-16]	Aggravated Criminal Sexual Abuse	
[720 ILCS 5/12-19]	Abuse and Criminal Neglect of a LTC Facility Resident	
[720 ILCS 5/12-21]	Criminal Abuse or Neglect of an Elderly Person or Person with a Disability	
[720 ILCS 5/16-1.3]	Financial Exploitation of an Elderly Person or a Person with a Disability	
[720 ILCS 5/18-2]	Armed Robbery	
[720 ILCS 5/18-4]	Aggravated Vehicular Hijacking	1/1/98
[720 ILCS 5/18-5]	Aggravated Robbery	1/1/98

APPENDICES

APPENDIX J

Disqualifying Offenses That May be Considered for a Rehabilitation Waiver

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[720 ILCS 5/16-1]	Theft (as a misdemeanor)	
[720 ILCS 5/16-2]	Theft of Lost or Mislaid Property	1/1/04
[720 ILCS 5/16A-3]	Retail Theft (as a misdemeanor)	
[720 ILCS 5/19-4]	Criminal Trespass to Residence	
[720 ILCS 5/24-1.5]	Reckless Discharge of a Firearm	1/1/98
[225 ILCS 65/10-5]	Practice of Nursing without a License	1/1/04
[720 ILCS 11/53]	Cruelty to Children	1/1/98
[720 ILCS 250/4]	Receiving Stolen Credit Card or Debit Card	1/1/04
[720 ILCS 250/5]	Receiving a Credit or Debit Card with Intent to Use, Sell or Transfer	
[720 ILCS 250/6]	Selling a Credit Card or Debit Card, without the Consent of the Issuer	1/1/04
[720 ILCS 250/8]	Using a Credit or Debit Card with the Intent to Defraud	1/1/04
[720 ILCS 250/17.02]	Fraudulent Use of Electronic Transmission	1/1/04

APPENDICES

APPENDIX K

Disqualifying Offenses Considered for a Waiver by Application Submission

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[720 ILCS 5/10-3]	Unlawful Restraint	
[720 ILCS 5/10-3.1]	Aggravated Unlawful Restraint	
[720 ILCS 5/10-4]	Forcible Detention	
[720 ILCS 5/10-5]	Child Abduction	
[720 ILCS 5/10-7]	Aiding and Abetting Child Abduction	
[720 ILCS 5/12-1]	Assault	
[720 ILCS 5/12-2]	Aggravated Assault	
[720 ILCS 5/12-3]	Battery	
[720 ILCS 5/12-3.1]	Battery of an Unborn Child	
[720 ILCS 5/12-3.2]	Domestic Battery	
[720 ILCS 5/12-4.5]	Tampering With Food, Drugs or Cosmetics	1/1/98
[720 ILCS 5/12-7.4]	Aggravated Stalking	1/1/98
[720 ILCS 5/12-11]	Home Invasion	1/1/98
[720 ILCS 5/12-21.6]	Endangering the Life or Health of a Child	1/1/98
[720 ILCS 5/12-32]	Ritual Mutilation	1/1/98
[720 ILCS 5/12-33]	Ritual Abuse of a Child	1/1/98
[720 ILCS 5/16-1]	Theft	
[720 ILCS 5/16-2]	Theft of Lost or Mislaid Property	1/1/04
[720 ILCS 5/16A-3]	Retail Theft	
[720 ILCS 5/16G-15]	Identity Theft	1/1/04
[720 ILCS 5/16G-20]	Aggravated Identify Theft	1/1/04
[720 ILCS 5/17-3]	Forgery	1/1/98
[720 ILCS 5/18-1]	Robbery	
[720 ILCS 5/18-3]	Vehicular Hijacking	1/1/98
[720 ILCS 5/19-1]	Burglary	1/1/98
[720 ILCS 5/19-3]	Residential Burglary	
[720 ILCS 5/19-4]	Criminal Trespass to Residence	
[720 ILCS 5/20-1]	Arson	
[720 ILCS 5/20-1.1]	Aggravated Arson	
[720 ILCS 5/20-1.2]	Residential Arson	1/1/04
[720 ILCS 5/24-1]	Unlawful Use of a Weapon	
[720 ILCS 5/24-1.1]	Unlawful Use or Possession of Weapons by Felons or Persons in the Custody of the Department of Corrections Facilities	1/1/04

APPENDICES

APPENDIX K (Continued)

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[720 ILCS 5/24-1.2] [720 ILCS 5/24-1.2-5]	Aggravated Discharge of a Firearm Aggravated Discharge of a Machine Gun or a Firearm Equipped with a Device Designed or Used for Silencing the Report of a Firearm	
[720 ILCS 5/24-1.5]	Reckless Discharge of a Firearm	1/1/98
[720 ILCS 5/24-1.6]	Aggravated Unlawful Use of a Weapon	1/1/04
[720 ILCS 5/24-3.2]	Unlawful Discharge of Firearm Projectiles	1/1/04
[720 ILCS 5/24-3.3]	Unlawful Sale or Delivery of Firearms on the Premises of Any School	1/1/04
[720 ILCS 5/33A-2]	Armed Violence	1/1/98
[225 ILCS 65/10-5]	Practice of Nursing without a License	1/1/04
[720 ILCS 150/4]	Endangering Life or Health of a Child	1/1/98
[720 ILCS 150/5.1]	Permitting Sexual Abuse of a Child	1/1/04
[720 ILCS 115/53]	Cruelty to Children	1/1/98
[720 ILCS 250/4]	Receiving Stolen Credit Card or Debit Card	1/1/04
[720 ILCS 250/5]	Receiving a Credit or Debit Card with Intent To Use, Sell or Transfer	1/1/04
[720 ILCS 250/6]	Selling a Credit Card or Debit Card, Without The Consent of the Issuer	1/1/04
[720 ILCS 250/8]	Using a Credit or Debit Card with the Intent to Defraud	1/1/04
[720 ILCS 250/17.02]	Fraudulent Use of Electronic Transmission	1/1/04
[720 ILCS 550/5]	Manufacture, Delivery or Possession With Intent to Deliver or Manufacture Cannabis	
[720 ILCS 550/5.1]	Cannabis Trafficking	
[720 ILCS 550/5.2]	Delivery of Cannabis on School Grounds	1/1/98
[720 ILCS 550/7]	Delivering Cannabis to a Person under 18	1/1/98
[720 ILCS 550/9]	Calculated Criminal Cannabis Conspiracy	
[720 ILCS 570/401]	Manufacture or Delivery or Possession With Intent to Manufacture or Deliver a Controlled Substance Other Than Methamphetamine, Controlled Substance Trafficking	
[720 ILCS 570/401.1]	Distribution, Advertisement or Possession with Intent to Manufacture or Distribute a Look-Alike Substance	
[720 ILCS 570/404]	Manufacture or Delivery or Possession With Intent to Manufacture or Deliver a Controlled Substance Other Than Methamphetamine, Controlled Substance Trafficking	
[720 ILCS 570/405]	Calculated Criminal Drug Conspiracy	
[720 ILCS 570/405.1]	Criminal Drug Conspiracy	
[720 ILCS 570/407]	Delivering a Controlled, Counterfeit or Look-Alike Substance to a Person Under 18	

APPENDICES

APPENDIX K (Continued)

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[720 ILCS 570/407.1]	Engaging or Employing Person under 18 to Deliver a Controlled, Counterfeit or Look-Alike Substance	
[720 ILCS 646]	Violations under the Methamphetamine Control and Community Protection Act	9/11/05

APPENDICES

APPENDIX L

Website/Links

Administrative Code

<http://www.ilga.gov/commission/jcar/admincode/077/077parts.html>

Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/>

CNA Approved Training Programs

<https://hcwrpub.dph.illinois.gov/Programs.aspx>

Community Living Facilities Licensing Act

http://dph.illinois.gov/topics-services/health-care-regulation/icf_iid

Filing a complaint

<http://dph.illinois.gov/topics-services/health-care-regulation/complaints>

Forms and Publications

<http://www.dph.illinois.gov/forms-publications>

Health Care Worker Registry

<http://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry>

Illinois Department of Public Health

<http://dph.illinois.gov/>

Illinois General Assembly

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp>

Intellectually Disabled/Developmentally Disabled Community Care Act

http://dph.illinois.gov/topics-services/health-care-regulation/icf_iid

Life Safety & Construction

<http://dph.illinois.gov/topics-services/health-care-regulation/life-safety-construction>

Long-Term Care Facility Profiles

http://www.hfsrb.illinois.gov/hfsrbinvent_data.htm

Medically Complex for the Developmental Disabilities (MC/DD) Act

http://dph.illinois.gov/topics-services/health-care-regulation/icf_iid

APPENDICES

APPENDIX L (Continued)

Website/Links

Nursing Home Care Act

<http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes>

Nursing Homes

<http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes>

<https://ltc.dph.illinois.gov/webapp/LTCApp/ltc.jsp>

Office of Health Care Regulation

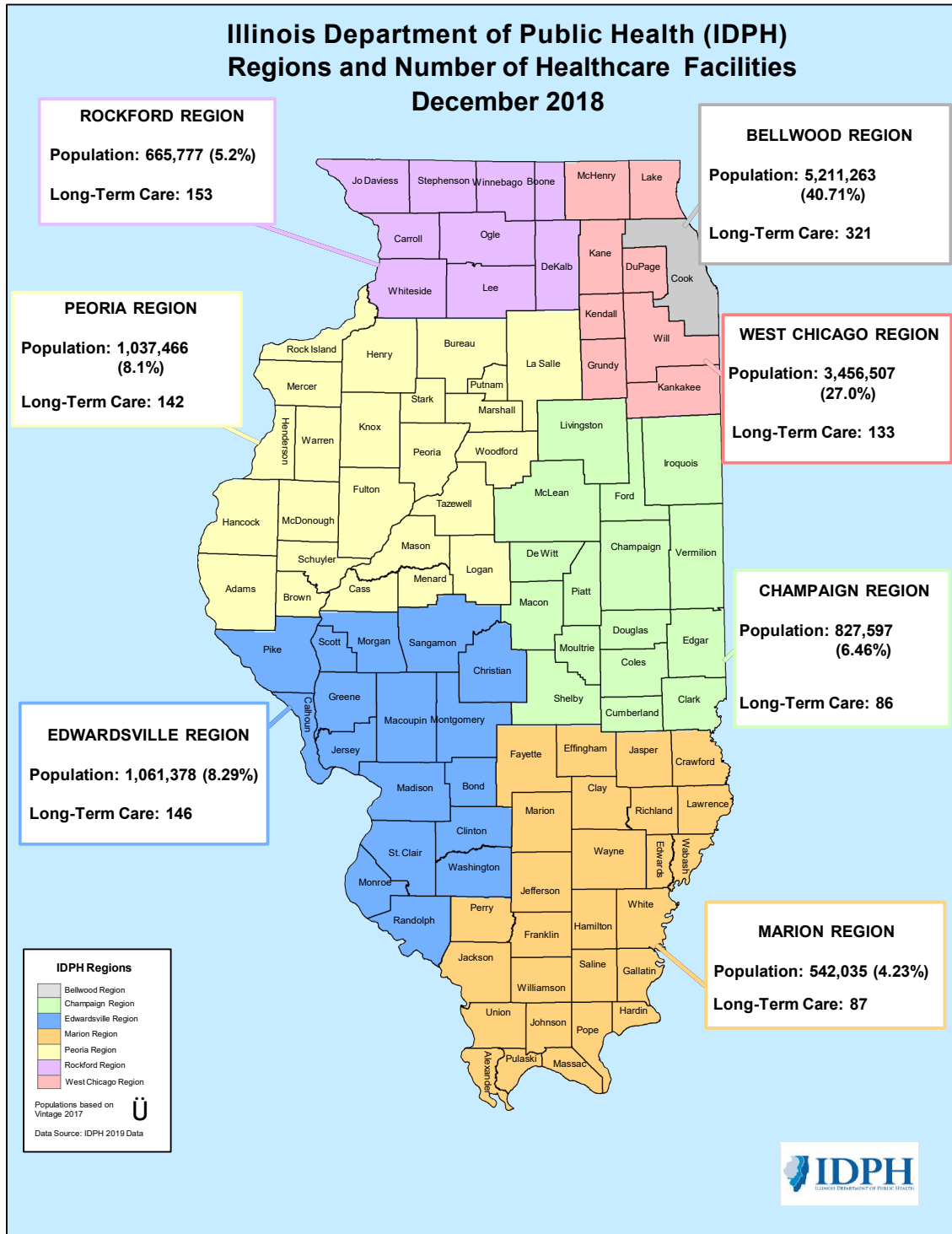
<http://dph.illinois.gov/topics-services/health-care-regulation>

Specialized Mental Health Rehabilitation Facility Act

http://dph.illinois.gov/topics-services/health-care-regulation/icf_iid

REGIONAL MAP

APPENDIX M



CONTACT INFORMATION

APPENDIX N

PROGRAM	PROGRAM DESCRIPTION
<p>Long-Term Care Field Operations (LTC FO) 525 W. Jefferson St., 5th floor Springfield, IL 62761 Tel: 217-785-5180, Fax: 217-785-9182</p>	<p>Violations, survey questions, general long-term care facility issues, survey process, licensure and federal surveys, state and federal certification.</p>
<p>Quality Assurance (QA) 525 W. Jefferson St., 5th floor Springfield, IL 62761 Tel: 217-782-5180, Fax: 217-785-4200</p>	<p>Certification and licensure survey review, Federal Enforcement, licensure applications, Change of Ownerships, bed changes, hearing requests, FOIA, licensure violations.</p>
<p>Assisted Living (AL) 525 W. Jefferson St., 5th floor Springfield, IL 62761 Tel: 217-782-2448, Fax: 217-557-2432</p>	<p>Rule interpretation, establishment compliance history, general licensure questions, licensure application processing, Changes of Ownership for Assisted Living Facilities.</p>
<p>LTC SIU Central Complaint Registry (CCR) 525 W. Jefferson St., Ground Floor Springfield, IL 62761 Tel: 800-252-4343, Fax: 217-524-8885 Email: DPH.CCR@illinois.gov</p>	<p>Receives complaints from a variety of entities, central reporting location for the Abuse and Neglect Long Term Care Facilities Residents Reporting Act.</p>
<p>Training & Technical Direction 525 W. Jefferson St., 4th floor Springfield, IL 62761 Tel: 217-785-5132 Fax: 217-785-9182</p>	<p>Surveyor training; guidance to Long-term Care Provider Industry. Administers the Nurse Aide Training Program, including approvals of instructors and new programs.</p>
<p>Administrative Rules & Procedures (ARP) Health Care Worker Registry (HCWR) 525 W. Jefferson St., 4th floor Springfield, IL 62761 Tel: 1-844-789-3676, Fax: 217-524-0137 https://hcwrpub.dph.illinois.gov/Search.aspx</p>	<p>Information on accessing rules or recommendations for rule changes; Health Care Worker Registry Background Check Act, CNA waivers, CNA equivalencies, Portal Registration Authority (PRA) inquiries.</p>
<p>Life Safety & Construction (LSC) 525 W. Jefferson St., 4th floor Springfield, IL 62761 Tel: 217-785-4264, Fax: 217-782-0382 Email: dph.design.standards@illinois.gov</p>	<p>Physical Plant plan reviews, new construction, building modification, Life Safety Code interpretation, licensure and federal life safety code surveys.</p>

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