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**Long-Term Care Annual Report**  
to the  
**Illinois General Assembly**  
  
**July 2018**



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**Long-Term Care Annual Report**  
to the  
**Illinois General Assembly**  
  
**July 2018**



**The Illinois Department of  
Public Health**

**Office of Health Care Regulation**

**2018  
Long-Term Care  
Annual Report**



**July 2018**

**PROTECTING HEALTH, IMPROVING LIVES**



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July 1, 2018

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) 2018 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 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.

Very truly yours,

*Nirav Shah*

Nirav D. Shah, M.D., J.D.



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July 1, 2018

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 2018 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 \$582 million in State and Federal funds, with headquarters in Springfield and Chicago. IDPH has seven 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 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



## **2017 ACCOMPLISHMENTS**

### **Division of Administrative Rules & Procedures (ARP)**

- Responded to more than 58,000 telephone and email requests for assistance and information regarding the Health Care Worker Registry(Registry)
- Added 108,552 new criminal background checks to the Registry
- Added 14,324 Certified Nursing Assistants (CNAs) to the Registry
- Added 5,788 Direct Service Personnel (DSP) to the Registry
- Added administrative findings for abuse, neglect, or theft for 80 health care workers to the Registry
- Processed 1,468 requests for the waiver of criminal convictions
- Increased efficiency of partnership with Southern Illinois University (SIU) by consolidating CNA recertifications, CNA equivalencies, and nursing student applications to work as CNAs into SIU's Nurse Aide Testing website. Updated application and other forms on the HCWR website
- Implemented changes to the Web Portal application for the HCWR to comply with the requirements of HB 4515, including the addition of a "Work Eligibility" field on each employee's profile; this field clearly shows an employee's eligibility to work in the health care field
- Drafted amendments to numerous administrative rules, scheduled for completion and promulgation in 2018, including:
  - Update of the five nursing home codes to eliminate the requirement for long-term care facility owners to provide their social security numbers on license applications
  - Update of all long-term care codes to incorporate the 2012 edition of the NFPA 101, pursuant to new guidelines from Federal CMS
  - Revision of the Intermediate Care for the Developmentally Disabled Facilities Code to add informed consent provisions for administering psychotropic medications and for the use of physical restraints for residents of ID facilities
  - Modification of the student-lab instructor ratio in the Long-Term Care Assistants and Aides Training Programs Code
  - Overhaul of Health Care Worker Background Check Code to implement changes from Public Act 99-872 and Public Act 100-432
  - Overhaul of Subpart A and other Sections in the Long-Term Care for Under Age 22 Facilities Code to implement changes from Public Act 99-0180

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

- Processed 735 license renewals
- Passed CMS Performance measure for Special Focus Facilities (SFF) by appropriately selecting, monitoring, and recommending graduation of facilities from the SFF program in an effort to improve safety and quality of care of Nursing Home residents in Illinois
- Conducted, reviewed and processed approximately 606 surveys per month; this includes Certification and Licensure annual surveys, Complaint and Incident Investigations, as well as follow-up surveys needed

## **2017 ACCOMPLISHMENTS**

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

- Abuse Prevention Review Team (APRT) reviewed 167 cases
- Central Complaint Registry (CCR) processed 7,641 complaints.
- The Abuse, Neglect, and Theft (ANT) Committee processed findings for 33 nursing assistants to be placed on the Health Care Worker Registry (HCWR)
- Hired 44 Long Term Care staff (14 staff were long term care surveyors) towards achieving staffing ratios required by SB326
- Thirteen Town Hall provider meetings were held statewide; topics included LSC issues, trends, and goals to improve the IDPH, and provider relationships
- 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
- Maintained the Division of Assisted Living database to track complaints in the ACTS system since October 2017
- Six programs presentations to Assisted Living Providers and Associations and two (2) Assisted Living Boot Camps
- Over 200 LTC surveyors participated in the mandatory CMS training for the new Long Term Care Survey Process that went into effect on November 28, 2017
- Successfully met 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 months after the date of the original survey
- All federal surveys publish automatically now to IDPH web site as of July 2017; website updated every night so any changes made to the Statement of Deficiencies (for example with an IDR) is available the next day

### **Division of Life Safety & Construction (LSC)**

- Participated in annual meetings/conferences by presenting information regarding the Plan Review Process and the Life Safety Code for Healthcare Engineers Society of Northern Illinois (HESNI), Leading Age, and the Illinois Nursing Home Administrators Association
- Participated in Town Hall meetings throughout the State to answer questions regarding life safety and physical environment of licensed health care facilities
- Participated as a voting member in two National Fire Protection Association (NFPA) code hearing meetings
- Conducted four NFPA 101, 2012 edition life safety code seminars for the Providers. These were attended by 235 Provider/Provider representatives

## ANNUAL REPORT STATUTORY AUTHORITY

In 2017, IDPH received 72 legislative inquiries; of these 14 direct inquiries pertained to OHCR on behalf of their constituents

### **Nursing Home Care Act**

(210 ILCS 45/3-804) (Ch. 111 1/2, par. 4153-804) (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) (Ch. 111 1/2, par. 4166) (Sec. 6)

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.*

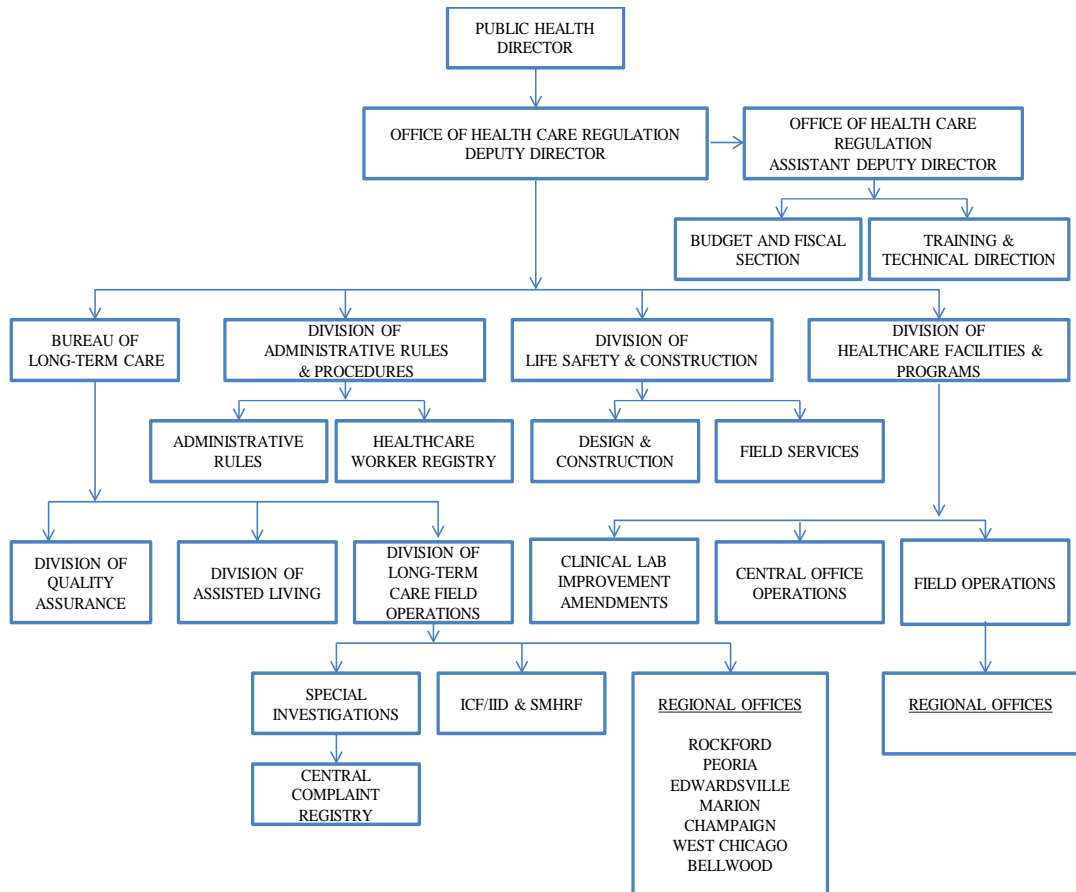
Section 2-204: "(c) The Advisory Board shall advise the Department of Public Health on all aspects of its responsibilities under this Act and the Specialized Mental Health Rehabilitation Act of 2013, including the format and content of any rules promulgated by IDPH of Public Health. Any such rules, except 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
- Develops policy
- Monitors progress of implementation of programs
- Sets legislative goals
- Assesses and prioritizes Office needs
- Develops and approves budgets
- Represents Director in boards and commissions and State and National organizations and workgroups
- Analyzes and recommends organizational changes for maximum utilization of resources
- Interfaces with other Offices, Agencies, Legislature
- Provides support, direction and guidance to Divisions





## BUDGET AND FISCAL SECTION

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 Section is responsible for all fiscal transactions. Specific responsibilities are as follows:

- Advises Deputy Director on budget and personnel matters
- Monitors expenditures for the funding sources of General Revenue, Federal Allocation and Special State licensure funds
- Prepares Federal Medicare and Clinical Laboratory Improvement Act (CLIA) budgets and quarterly cost reports
- Processes travel vouchers, vendor payments, and contracts
- Approves supply and equipment orders
- Verifies payroll balances and payroll codes
- Responds to audit findings
- Monitors corrective actions implemented in response audit findings
- Submits out-of-state travel requests for Federal training and conferences
- Monitors all inventory including furniture and computer equipment
- Provides program fiscal impact information for proposed legislation
- Tracks hiring to determine compliance with legislative mandates

## TRAINING & TECHNICAL DIRECTION SECTION

*The Training & Technical Direction Section is dedicated to promoting positive holistic quality care outcomes for long term care residents. The work completed in 2017 involved:*

- 1) reviewing policy and procedures;
- 2) analyzing training needs and processes;
- 3) preparing and implementing the New Long Term Care Survey Process
- 4) developing and implementing training materials; and
- 5) training surveyors, providers, and the general public.

Section responsibilities include:

- Approval of all Basic Nursing Assistant Training Programs, 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
- Presenting a State Basic Surveyor Orientation for newly employed surveyors

### **Nurse Assistant Training Program Review (NATCEP)**

<b>NURSE ASSISTANT TRAINING PROGRAM SPONSORS – 2017</b>			
<b>Community Colleges</b>	118	Nursing Homes	20
<b>Vocational Schools</b>	72	Hospitals	1
<b>High Schools</b>	100	Home Health Agencies	5
<b>TOTAL NUMBER OF ACTIVE BASIC NURSING ASSISTANT TRAINING PROGRAMS</b>			<b>316</b>

Competency testing for nursing assistants is achieved primarily by successfully completing an IDPH approved BNATP. Below are results for the 14,884 students tested in 2017:

<b>PASSED</b>		<b>FAILED</b>		<b>No SHOWS</b>	
<b>12,415</b>	83.41%	<b>2,469</b>	16.59%	<b>968</b>	6.11%%

## TRAINING & TECHNICAL DIRECTION SECTION

### **NATCEP Restrictions**

Long term care facilities are utilized as clinical practice sites for nurse aide program students. Students learn related skills and apply that knowledge in providing care to residents in a facility. When a facility has imposed sanctions by the Centers for Medicare and Medicaid Services (CMS), the facility is prohibited from serving as a clinical practice site for nurse aide program students. The facility may also be restricted from conducting its own nurse aide program. Ninety-six (96) restriction notices were issued to facilities in 2017.

### **NATCEP Waivers**

Facilities may request a waiver of the NATCEP restrictions to IDPH. The waivers are reviewed according to the guidelines set forth by federal CMS.

Facilities may request a waiver of the NATCEP restrictions to IDPH. The waivers are reviewed according to the guidelines set forth by federal CMS. Two facilities submitted a waiver request in 2017. One was approved. No other requests have been received.

### **Resident Attendant Programs**

Requirements for the Resident Attendant (RA) programs are found in 77 Illinois Administrative Code, Section 300.662. In 2017, the Section approved 2 new RA programs submitted by a skilled care facility. RA programs train individuals to assist residents in a facility with eating, drinking, and limited personal hygiene. There are 61 active RA programs.

### **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 student instruction. In 2017, the Section approved 553 instructors and evaluators. In 2017, 29 Train the Trainer Refresher/Evaluator courses were conducted; 220 instructors and evaluators completed the refresher course.

### **Training Overview**

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.

## TRAINING & TECHNICAL DIRECTION SECTION

### 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). IDPH will continue to hire and train surveyors as long as budget constraints do not limit efforts to fulfill the mandate. Increase staffing will allow IDPH to comply with state and federal laws to ensure surveys are conducted within the required timeframes and to ensure compliance with the minimum standards of nursing home care. Training materials were compiled and sent to all current surveyors in response to training needs for the New Long Term Care Survey Process. The training materials included the Procedure Guide, updated Federal Regulatory Group list (F-tag list), LTC Survey Process Job Aid, Task and Pathways Listings, F-tag Crosswalk, and LTC Survey Process Software Screens Quick Reference Guide. Additionally, each newly hired surveyor is provided an instructional guidance that includes: 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 new hire completes over 50 hours of mandated webcasts related to the long-term care survey process and regulations, and participates in at least three (3) onsite surveys with a mentor. A minimum of six (6) to twelve months orientation time is required for a new hire to become qualified to survey. The time may vary depending on the learning needs of the new hire.

BSO preparation for the three-week sessions includes: scheduling trainings, developing curriculum, creating training lessons, assembling training materials, reviewing transcripts, and presenting at the training. Upon completion of State BSO, students are able to attend the required Federal Basic Surveyor Training. Once all State and Federal courses have been completed, new surveyors are registered to complete the Surveyor Minimum Qualifications Test (SMQT).

In 2017, 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-eight surveyors attended State BSO and successfully completed the SMQT. The topics covered in BSO included:

- State Operations Manual Appendices P, PP, Q
- Chapters 5 & Survey Tasks 1-7
- Pressure ulcers
- Supervision
- Restraints
- Immediate Jeopardy, Abuse, and Neglect
- Basic and Advanced Principles of Documentation
- Hands On Practical Application of Principles of Documentation
- Principles of Investigation
- Deficiency Determination Based on Evidence

## TRAINING & TECHNICAL DIRECTION SECTION

- Federal Oversight Support Surveys (FOSS) & Federal Monitoring Surveys (FMS)
- SMQT
- Infection Control
- Pharmacy Tags and Medication Pass  
Environmental and Nutritional Requirements
- Enforcement
- MDS/RAI
- Food Service Sanitation
- Administrative Hearing Process
- Culture Change
- Role of the Surveyor
- Automated Survey Processing Environment (ASPEN) and ASPEN Complaint Tracking System (ACTS) federal survey databases
- Health Care Worker Background Checks
- Findings of Abuse, Neglect and Misappropriation of Funds
- Legal Issues and Department on Aging Ombudsman program

Following completion of BSO, surveyor training continues in the form of webinars, documents, face-to-face meetings, and weekly educational emails to further the surveyors' foundational skills and to provide the most up to date changes from CMS related to rule revisions and clarifications.

### **Town Hall Meetings**

The Training & Technical Direction Section conducted 13 town hall meetings, with attendance ranging from 10-50, including nursing home Administrators, Directors of Nursing, interested community members, Quality Improvement Association representatives, and provider association representatives. The meetings provide an opportunity for providers to clarify questions about the regulations and receive updates from CMS which in turn assists the providers to improve resident care and services. Due to positive feedback from providers, 11 meetings are scheduled for 2018.

### **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 approved two (2) admissions in 2017.

## TRAINING & TECHNICAL DIRECTION SECTION

### **Federal Comparative Surveys**

The Training & Technical Direction Section reviews Federal Oversight and Support Survey (FOSS) results to determine surveyor training needs. The reports are forwarded to the regional supervisor to complete a plan of correction including identification of the root cause analysis and an action plan. Training implementation occurs once the Plan of Correction has been accepted. Follow up is tracked on the regional attestation logs.

Seven (7) Comparative Surveys were completed by CMS in 2017. 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 requirement. The Comparative Survey is also known as the "Federal Monitoring Survey" or "Look behind Survey". 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. The Training & Technical Direction Section forwards the survey results to the appropriate Regional Supervisor for implementation of identified training needs.

### **Resident Assessment Instrument (RAI)**

The Training & Technical Direction Section Chief, RAI Coordinator, and back up Coordinator provide educational and technical resources to staff and providers associations. This assessment tool is required by federal CMS for residents in Medicare and/or Medicaid certified nursing homes. There are mandated record specifications and time frames facilities must meet. 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.

### **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; fifteen statewide surveys were completed in 2016.

Section activities included:

- 1) Selection of a survey team
- 2) Creation of the surveyor schedule
- 3) Update of training information
- 4) Review of surveys results

## TRAINING & TECHNICAL DIRECTION SECTION

### **Meeting and Committee Participation**

The Training & Technical Direction Section coordinates and plays a lead role in three Nurse Aide Training Advisory committee meetings. 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.

### **Presentations**

Eleven presentations were given by Section staff. The audiences for these presentations were Long Term Care facility Administrators, Directors of Nursing, Food Service Managers, Dietitians as well as ancillary staff. Presentations were given at various meetings and seminars including Illinois Nursing Home Administrator Association Meeting, Oregon Health Care Pharmacy Services, Ombudsmen Quarterly meetings, Nutrition Care Services staff meetings, Cynthia Chow and Associates Nutrition Seminar, Adult Protection and Advocacy Seminar, and IANFP. Topics included regulatory updates, survey preparedness, and implementation of New Long Term Care rules effective November 28, 2017.

### **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”.

IDPH, the Quality Improvement Association (QIO), 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 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 49<sup>th</sup> in the nation due to the high percentage of residents prescribed antipsychotic medication.

## TRAINING & TECHNICAL DIRECTION SECTION

### Local Area Networks of Excellence (LANE)

The Section participates in the monthly Local Area Networks of Excellence meetings. The QIO serves as the convener for these meetings. The purpose of these meetings are to convene a team of advisors with knowledge of long term care to provide their expertise for the planning, implementing, and sustaining of continuous learning for the improvement of care delivered to Medicare beneficiaries. The LANE works collaboratively with providers to provide information tools available related to Quality Assurance and Performance Improvement (QAPI). Tools to aid in the reduction of falls, pressure ulcers, infections, and antipsychotic reduction are available on the Advancing Excellence website. The goal is to provide information to the nursing homes that is available (no charge) as they work to improve their care practices and have better outcomes.





## BUREAU OF LONG-TERM CARE OVERVIEW

The Bureau of Long-Term Care (BLTC) is responsible for assuring nursing homes comply with the provisions of the Nursing Home Care Act. 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 for resident payment abide by applicable federal regulations. The Bureau is comprised of three divisions: Quality Assurance (QA), and Assisted Living (AL), and Long-Term Care Field Operations (LTC FO). The LTC FO is comprised of three (3) sections: the Special Investigations Unit (SIU), which includes the Central Complaint Registry (CCR); the Intermediate Care Facility/Individual Intellectually Disabled and Specialized Mental Health Rehabilitation Section (ICF/IID and SMHRF); and seven (7) regional offices located in Rockford, West Chicago, Peoria, Champaign, Edwardsville, Marion, and Bellwood. The Bureau is comprised of 310 staff headquartered throughout the state.

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

- Skilled Nursing Care Facility (SNF)
- Intermediate Care Facility (ICF)
- Sheltered Care Facility (SC)
- Veterans' Home

For the purpose of this report, *long-term care facility* is used generally to indicate all levels of care. Specific levels will be identified when an issue is not applicable to all levels. *Inspection* and *survey* are used synonymously as are *re-inspection* and *follow-up*. *Investigation* suggests a more focused approach that evaluates only specific aspects. For example, complaint investigation evaluates only specific allegation(s).

### **Nursing Home or Long-Term Care Facility**

The NHCA defines a facility or a long-term care facility as:

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 (three) 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing 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. (Nursing Home Care Act Section 1-113).

## BUREAU OF LONG-TERM CARE OVERVIEW

Although "nursing home" is a common and correct phrase to describe these facilities, it is a limited term. Some residents do not need nursing care or have nursing needs that are secondary, while others need extensive nursing care. The following are some examples of persons who may live in a facility:

- A 50-year-old male resident has diagnoses of End Stage Renal Disease (ESRD), Congestive Heart Failure, Type II Diabetes Mellitus, and Left below the knee amputation. He is cognitively intact. He is transported to a dialysis center every Monday, Wednesday, and Friday and receives dialysis for his ESRD. He requires a special diet planned by a dietician due to his ESRD, diabetes, and stump wound. His fluids are restricted and all intake is measured so that he doesn't become overloaded with fluids. He does not urinate due to ESRD. He is weighed every day to monitor for fluid retention. A glucometer is used to measure his blood sugars before every meal and at bedtime. These measurements are used to determine the amount of Insulin he receives. He is given oral antibiotics for Osteomyelitis and a wound on his left stump. The dressing on his stump wound is changed every eight hours. He was able to walk with a prosthetic before he developed his stump wound at home. Currently, he is unable to wear his prosthetic due to the stump wound and is confined to a wheelchair. He hopes to return home and be able to walk with his prosthetic once his wound is healed.
- An 86-year-old female was admitted to the nursing home after she fell and fractured her right hip. Other diagnoses include syncope, dementia, and generalized muscle weakness. She has poor safety awareness and is confused. She does not retain instructions for more than 10 minutes. She is a high risk for falls due to her recent hip fracture and impaired cognitive status. She has fallen multiple times over the past year. She is going to physical therapy but is hard to direct so she cannot always cooperate with her therapist. She wants to do things her own way. She requires close supervision because she keeps trying to stand but is not strong enough to hold her own weight. She has a personal alarm that alerts staff to when she is trying to get up. However, she is kept within common areas for close supervision during most of her waking hours. She enjoys socializing with the staff and other residents. Recreational therapy works with her on memory tasks.
- A 62-year-old female with Alzheimer's disease and acute/chronic respiratory failure is admitted to the nursing home following an admission to the hospital. The resident had a tracheostomy and gastrostomy tube inserted after frequent aspiration issues. She is getting skilled care from nursing and respiratory therapy to manage her trach and airway. She is also getting tube feedings after a weight loss and difficulty swallowing appropriately. She is in need of constant supervision to monitor her breathing, but to also make sure she does not pull at these tubes. Her cognition does not allow her to understand the necessity of the tubes.

## BUREAU OF LONG-TERM CARE OVERVIEW

- A 91-year-old male is alert and oriented. He ambulates on his own. He has lived somewhat independently all of his life. Recently his son/caretaker dies. This man has no family left. He has been depressed lately and will stay in bed, not eating and getting frail. His pastor has recommended admission to this nursing home to provide some social interaction and monitoring of his overall being. He enjoys having a roommate. He participates in activities held regularly. He has had some physical therapy to build his strength and has put on some weight since meals are now provided for him.

### **Facilities for Individuals with Intellectual Disabilities**

The Intellectual Disabilities/Developmental Disabilities (ID/DD) Community Care Act provides for licensure of Intermediate Care Facilities for Long-Term Care Facilities for persons with developmental disabilities. The ID/DD Community Care Act provides the following definition for both as:

- a) An intermediate care facility for persons with developmental disabilities, whether operated for profit or not, which provides, through its ownership or management, personal care or nursing for three (3) or more persons not related to the applicant or owner by blood or marriage. It includes intermediate care facilities for the intellectually disabled as the term is defined in Title XVIII and Title XIX of the federal Social Security Act. (Nursing Home Care Act, Section 1-113), and
- b) An intellectual disability is a disability characterized by significant limitations in both intellectual functioning (intelligence) and in adaptive behavior which covers many everyday social and practical skills. This disability originates before the age of 18.
- c) Habilitation – an effort directed toward increasing a person’s level of physical, mental, social, or economic functioning.
- d) Personal Care – assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence, or who is incapable of managing his or her person.

The following are examples of persons who live in such facilities:

- A 27- year old female has a diagnoses of mild intellectual disabilities, cerebral palsy, and seizure disorder. She requires assistance with her daily personal care and receives active treatment programming to address deficits in independent living, mobility, and self-administration of medications.
- A 44-year old female has a diagnosis of severe intellectual disability, vision impairment, history of falls and autism. She is unable to complete her activities of daily living independently and due to safety needs has to be monitored at all times while ambulating and while using the bathroom. She is learning daily life activities to enable her to decrease her deficits in the areas of daily living skills, independent living and ambulation.

## BUREAU OF LONG-TERM CARE OVERVIEW

- A 55-year old male has a diagnosis of moderate intellectual disability, anxiety and bipolar disorder. He requires assistance with mood control and medical monitoring to address potential symptoms associated with maladaptive behaviors. He is currently receiving training to address issues associated with living with his bipolar disorder and programming to address maladaptive behaviors related to his anxiety and bipolar disorder.

### **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.

### **Community Living Facility Licensing Act (210/ILCS 35)**

A "Community Living Facility" (CLF) is 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. Residents are required to participate in day activities, such as vocational training, sheltered workshops or regular employment. A CLF shall not be a nursing or medical facility and shall house no more than 20 residents, excluding staff.

In order to ensure residents make progress towards this goal, the facility must offer services and programs that provide work experience and performing daily living tasks. The facility must also provide evening and weekend training programs that assist the residents to develop independent living skills. These include assistance with personal grooming, socialization skills, communication skills, clothing, finances, food, transportation, and leisure-time activities.

### **Specialized Mental Health Rehabilitation Facility (SMHRF)**

The Specialized Mental Health Rehabilitation Act of 2013 [(210 ILCS 49/1-102)] defines a facility as:

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. This includes the following:

## BUREAU OF LONG-TERM CARE OVERVIEW

- (1) 100% of the consumer population has a diagnosis of serious mental illness;
- (2) no more than 15% of the consumer population is 65 years of age or older;
- (3) none of the consumers are non-ambulatory;
- (4) none of the consumers have a primary diagnosis of moderate, severe, or profound intellectual disability; and
- (5) the facility must have been licensed under the Specialized Mental Health Rehabilitation Act or the Nursing Home Care Act immediately preceding the effective date of the Act and qualifies as an institute for mental disease under the federal definition of the term.

IDPH has issued 21 provisional licenses and is currently reviewing applications for three additional provisional licenses for the recovery and rehabilitation support services. Provisional licenses will be issued with expiration after a three year period. IDPH will conduct surveys to determine compliance under Part 380 of the Specialized Mental Health Rehabilitation Facilities Code. During the provisional licensure period, IDPH will conduct State licensure surveys to ensure training of new and existing staff; establishment of data collection and established reporting periods; assessment of clinical needs; evidence of quality interventions and compliance with building environments.

### **Size and Variety of Facilities**

Long-term care facility size ranges from four (4) beds to 485 beds. Some offer one (1) level of care; others may provide two (2) or more levels of care. The following tables describe the number of licensed facilities and beds by level of care provided. Facilities eligible for Medicare and/or Medicaid funding (certified), but not licensed by IDPH, require inspections and investigations by IDPH staff.

<b>NUMBER AND TYPE OF LICENSED AND/OR CERTIFIED BEDS-2017</b>			
<b>TYPE OF FACILITY</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>SNF</b>	82,541	82,380	82,336
<b>ICF</b>	16,423	15,790	14,900
<b>ICF-DD</b>	4,757	4,639	4,575
<b>22 and Under</b>	932	932	932
<b>Community Living Facility</b>	397	385	373
<b>Sheltered Care</b>	6,019	5,990	5,677
<b>TOTAL BEDS</b>	<b>111,069</b>	<b>110,116</b>	<b>108,793</b>

## BUREAU OF LONG-TERM CARE OVERVIEW

<b>NUMBER AND TYPE OF LICENSED AND/OR CERTIFIED FACILITIES-2017</b>			
	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>SNF Only</b>	502	511	515
<b>SNF/ICF</b>	143	137	130
<b>SNF/ICF/SC</b>	21	21	21
<b>SNF/ICF/ICF-DD</b>	2	2	2
<b>SNF/SC</b>	36	35	35
<b>SNF and SNF/22 and Under</b>	1	1	1
<b>22 and Under Only</b>	9	9	9
<b>ICF Only</b>	45	43	21
<b>ICF/IID Only</b>	21	19	19
<b>16 or Fewer Bed Only</b>	198	193	189
<b>ICF/SC</b>	6	6	5
<b>SC Only</b>	44	44	39
<b>CLF Only</b>	28	28	27
<b>Hospital-based LTC Units</b>	29	29	29
<b>Swing Beds</b>	55	55	55
<b>Supportive Residences</b>	1	1	1
<b>State Mental Health LTC Units</b>	7	7	7
<b>Specialized Mental Health Rehabilitation Facility</b>	0	0	21
<b>TOTAL FACILITIES</b>	<b>1,148</b>	<b>1,141</b>	<b>1,126</b>

### **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.

## BUREAU OF LONG-TERM CARE OVERVIEW

**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”.
- ***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 FY17, 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.”
- ***Timeliness of Upload into OSCAR/ODIE 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.”
- ***Timeliness of Upload into CASPER of Complaint Surveys for Non-Deemed Hospitals and Nursing Homes***  
If 95 percent or more of all complaint surveys are uploaded into CASPER in less than 60 calendar days, 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.”
- ***Conduct of Nursing Home Health Surveys in Accordance with Federal Standards, as Measured by FOSS Surveys***  
Survey teams conduct nursing home surveys in accordance with federal standards, as measured by Federal Oversight/Support (FOSS) surveys.

## BUREAU OF LONG-TERM CARE OVERVIEW

- ***Documentation of Noncompliance in Accordance with Federal Standards for Nursing Home Health FOSS Surveys***  
If the unjustified disparity rate is 20 percent or less, 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.”
- ***Implementation of the Nursing Home Quality Indicator Survey***  
*The federal Center for Medicare and Medicaid Services (CMS) has not implemented this measure for Illinois*
- ***Prioritizing Complaints and 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. If both Threshold Criteria are scored as “Met”, this measure is scored as “Met.”
- ***Timeliness of Complaint and Incident Investigations***  
Complaints triaged as immediate jeopardy and requiring an onsite survey are investigated within the prescribed time limits for nursing homes, ESRD facilities, non-deemed and deemed HHAs, non-deemed and deemed ASCs, and non-deemed and deemed hospitals and CAHs, excluding Emergency Medical Treatment and Active Labor Act (EMTALAs). This includes timeliness of investigations for complaints triaged as non-immediate jeopardy for nursing homes and deemed hospitals and CAHS. If all four Threshold Criteria are met, this measure is scored as “Met.”
- ***Quality of Complaint/Incident Investigations for Nursing Homes***  
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 removed 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.”



## BUREAU OF LONG-TERM CARE OVERVIEW

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

The State Agency (SA) adheres to the enforcement processing time frames of mandatory 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 70<sup>th</sup> day or the imposition notice is sent by the SA to the provider by the 70<sup>th</sup> day. If the resulting percentage is greater than or equal to 80 percent, this standard is scored as “**Met**.”

- ***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**”.

### **Federal Oversight and Support Surveys (FOSS)**

CMS conducts FOSS Surveys to observe and assess the state surveyor team performance. State Surveyor teams are scored on six measures to determine any deficient practices.

### **Federal Initiatives**

IDPH continues to work with Telligen, the Medicare Quality Improvement Organization (QIO) for Illinois, under contract with CMS. As the convener of the Local Area Networks of Excellence (LANE), the QIO works collaboratively with the LANE which is comprised of IDPH (state survey agency), long-term care stakeholders, representatives from nursing homes and the ombudsman office, and consumer advocates. In July 2014, CMS launched the next phase of the new Quality Improvement Program. CMS states, that as part of a restructuring, the QIOs working with providers and communities on data driven quality initiatives will be known as Quality Innovation Network (QIN)-QIOs.

## DIVISION OF QUALITY ASSURANCE

The Division of Quality Assurance (QA) is comprised of six sections: Certification Section, Licensure Section, FOIA/Hearing/Files, Support Services, Review Section, Technical Support/ASPEN Coordinator. Quality Assurance processes licensure and certification surveys conducted by Field Operations as mandated by the Nursing Home Care Act and the State Operational Manual in accordance with federally-mandated timeframes. QA processes state and federal Change of Ownership, Bed changes, Initial licenses/Certification, Terminations, Freedom of Information Act (FOIA) and Hearing requests. The Review Section employs Registered Professional Nurses to review surveys completed by Field Operation staff. The Review Section is responsible for IDR, IIDR, Violations and recommending Civil Money Penalties. Quality Assurance works closely with Centers for Medicare and Medicaid Services (CMS) and Healthcare and Family Services (HFS).

The Quality Assurance employs Registered Professional Nurses to review surveys completed by Field Operation staff. The section works closely with providers and federal CMS. Divisional activities include:

- Non-field related components of the Bureau operations for licensure and certification
- Maintaining records; Review survey findings for accuracy
- Overseeing the informal dispute resolution (IDR) process
- Maintaining statistical databases
- Reviewing applications and issuing licenses
- Tracking all quality and performance data
- Processing hearing requests

### **Special Focus Facilities**

The SFF program focuses on nursing homes that have a persistent record of poor care. Although such facilities sometimes improve enough to achieve substantial compliance on one (1) survey, they have frequently manifested many problems on a subsequent survey, often for the same or similar deficiencies as before. Facilities have often not addressed the underlying systemic problems that result in repeated cycles of serious deficiencies. The SFF program is primarily focused on issues affecting the quality of life and quality of care of residents. Once a facility is selected as an SFF, the SA conducts a standard survey not less than once every six months and recommends progressive enforcement until the nursing home either graduates from the SFF program; or is terminated from the Medicare and/or Medicaid program(s). IL did have four (4) facilities graduate from the program and four (4) facilities selected for the program in 2017.

## DIVISION OF QUALITY ASSURANCE

### **Freedom of Information Act – (FOIA)**

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.

FOIA requests must outline the specific information requested. Any person has the right to request records of information under FOIA. This information can involve residents, patients, facilities, and persons of interest or citations/violations against a facility. Certain records 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, there are two (2) standard documents that can be released the Statement of Deficiencies (Form CMS 2567 and the Plan of Correction (POC). 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. as policy memos, staffing schedules).

In 2017, the Division processed 580 FOIA requests. The requests breakdown types are as follows:

- 336 Requests filed for Federal CMS documents;
- 43 Requests filed for State licensure only documents;
- 70 Requests for a mixture of Federal CMS State of Deficiencies (CMS-2567), and CMS Post-Certification Revisit reports (CMS-2567B). Other documents (i.e., bed mapping, list of quarterly violations, policy and procedures); and
- 131 Requests resulted in no information found.

### **Federal and State Hearings**

The Division of Quality Assurance receives Federal hearing requests from CMS, the licensee, or designated attorney representing the facility. IDPH will submit the requests by sending all documentation related to the survey to CMS within seven (7) business days.

State hearing requests are received from the requestor. The requestor is the licensee, an attorney representing the facility, or an individual not satisfied with survey results. IDPH will compile and submit all documents to Legal Services within seven (7) business days for processing.

## DIVISION OF QUALITY ASSURANCE

In 2017, the Division of Quality Assurance processed 210 State hearings:

- 79 Requests from complainants; and
- 131 Requests from the licensee or attorney representative.

### **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, and/or federal requirements for Medicare (Title XVIII) and/or Medicaid (Title XIX) participation. Of these, 745 are licensed under the NHCA and 84 are associated with licensed hospitals operated as a nursing home under the Hospital Licensing Act. Of those 829 facilities, the majority (92.30%) 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 inspection by Regional survey staff and the Illinois Health Facilities and Service Review Board. The table below summarizes 2017 activity:

<b>APPROVED LICENSURE ACTIONS</b>	
<b>ACTION</b>	<b>TOTAL</b>
Change of Ownership	31
Replacement Facility	0
New Facility	1
Bed / Service Change	26
Closure	13

### **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 thereunder, 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.

## DIVISION OF QUALITY ASSURANCE

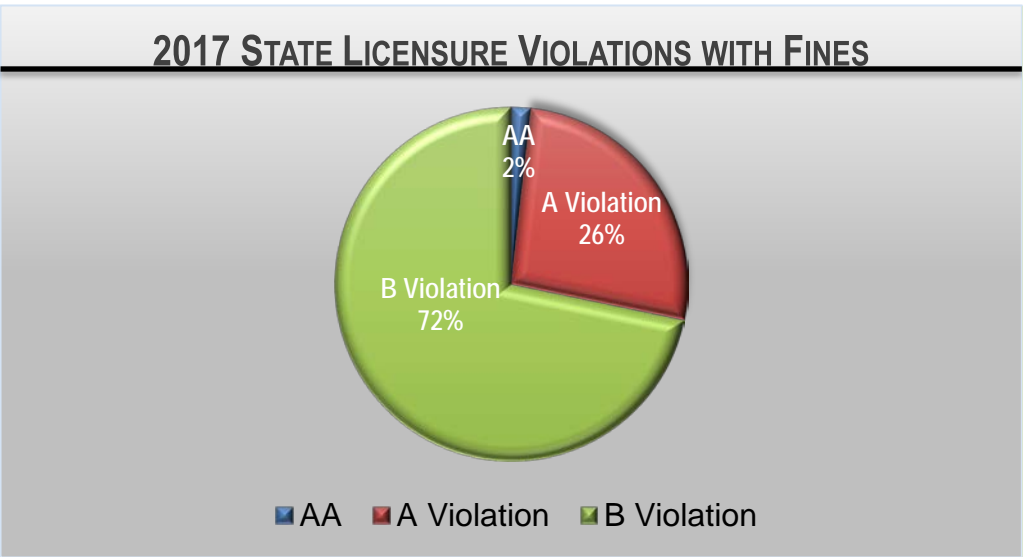
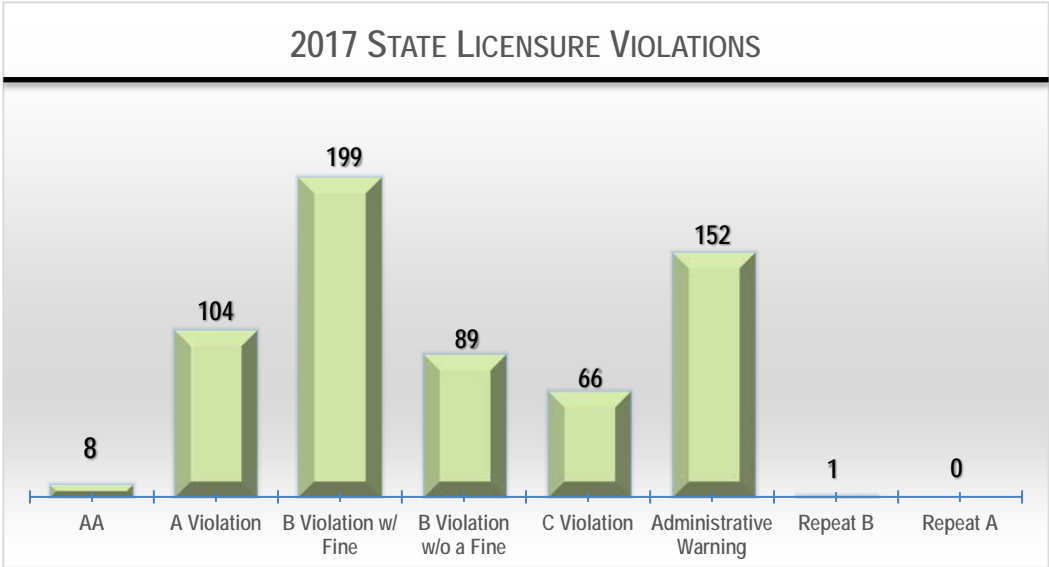
- Each violation shall be determined to be either a level 'AA', a level 'A', a level 'B', or a level 'C' violation, the level 'AA' is the most severe.

### 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 2017, IDPH issued a total of 619 State Licensure Violations; 310 of those violations included a fine, imposing \$3,388,955 in fines. In the 2017 fiscal year, IDPH has collected \$1,373,578.92 in fines.



**DIVISION OF QUALITY ASSURANCE**

**Comparison of State Licensure Violations over the Years**

<b>TOTAL STATE LICENSURE VIOLATIONS PER YEAR</b>			
<b>Violation Level</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>"AA" Violation</b>	6	4	8
<b>"A" Violation</b>	69	76	104
<b>Repeat "A" Violation</b>	0	0	0
<b>"B" Violation</b>	376	328	288
<b>Repeat "B" Violation</b>	0	0	1
<b>"C" Violation</b>	27	20	66
<b>Adm. Warnings</b>	169	210	152

**Two-Year Licenses**

The Nursing Home Care 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 NHCA 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 ten (10) or more administrative warnings (a situation, condition, or practice which violates the NHCA or the 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.

## DIVISION OF QUALITY ASSURANCE

During 2017, IDPH issued 735 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.

LICENSE RENEWAL INFORMATION			
Month	1 Year	2 Year	TOTAL
<b>January</b>	24	35	59
<b>February</b>	20	35	55
<b>March</b>	14	35	49
<b>April</b>	34	25	59
<b>May</b>	27	40	67
<b>June</b>	24	37	61
<b>July</b>	20	42	62
<b>August</b>	38	34	72
<b>September</b>	27	39	66
<b>October</b>	33	28	61
<b>November</b>	26	28	54
<b>December</b>	43	27	70
<b>TOTALS</b>	<b>330</b>	<b>405</b>	<b>735</b>

### **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 closure of the facility.

In 2017, bed changes resulted in 393 more Skilled Care beds, 281 fewer Intermediate Care beds decreasing, and 83 fewer Sheltered Care beds. One (1) new facility was licensed in 2017 that added 50 Skilled Care beds. Thirteen (long-term care facilities) closed in 2017, resulting in a reduction of 652 Skilled Care beds, 197 Intermediate Care beds, 110 Sheltered Care beds, 64 Intermediate Care for Developmentally Disabled beds, and 12 Community Living Facility beds.



## DIVISION OF QUALITY ASSURANCE

Since the implementation of Public Act 88-278 (210 ILCS 3-212), a mechanism has been in place, through the certification program, to alert the Licensure Section of any federal enforcement action being imposed on facilities certified under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act.

### **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.

ADVERSE LICENSURE ACTIONS	2017
<b>Conditional License</b>	<b>127</b>
<b>Revocation or Denial of License</b>	<b>0</b>
<b>Suspension</b>	<b>0</b>

### **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 levels of severity 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. On the following page is the scope/severity grid established to classify federal deficiencies.

## DIVISION OF QUALITY ASSURANCE

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

Immediate jeopardy (IJ) deficiencies represent the most serious problems 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.

### **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**- 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**- 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 and help the facility to achieve compliance.
- **Denial of Payment for New Admissions**- a remedy used to cease payment by CMS or the State Medicaid Agency for the period of time between the date the remedy was imposed and the date the facility achieves compliance.
- **State Monitor**- 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**- CMS or the State may impose this remedy for the number of days that a facility is not in compliance with certification requirements, or for each instance that a facility is not in compliance.
- **Temporary Management**- reserved for when a facility's 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 final remedy utilized by CMS that removes a facility from participation in the Medicare and/or Medicaid program.

## DIVISION OF QUALITY ASSURANCE

The Centers for Medicare and Medicaid Services implemented new regulations for nursing homes that became effective on November 28, 2017. Nursing home F-tags were renumbered to correspond with the new regulatory sections. To address concerns about the implementation of new requirements, the Centers for Medicare and Medicaid Services placed an 18-month moratorium on using the imposition of monetary fines, discretionary denial of payment for new admissions, or discretionary termination based on F655 Baseline Care Plan, F740 Behavioral Health Services, F741 Sufficient/Competent Direct Care/Access Staff- Behavioral Health, F758 Psychotropic Medications related to PRN Limitations, F838 Facility Assessment, F881 Antibiotic Stewardship, F865 QAPI Program and Plan related to the development of the QAPI Plan, and F926 Smoking Policies.

The Centers for Medicare and Medicaid Services plan to use the moratorium period to educate surveyors and the providers. The moratorium on discretionary denial of payment for new admissions and discretionary termination indicates an earlier implementation date and does not preclude imposing mandatory denial of payment for new admissions or mandatory termination.

The following statistics are an illustration of the impact of a full year of enforcement Remedies, Civil Money Penalties, which may be used to encourage quick facility compliance.

<b>FEDERAL CMS CERTIFICATION CIVIL MONEY PENALTIES (CMPs) IMPOSED</b>	
<b>Medicare, Medicare/Medicaid Facilities (Dually-Certified)</b>	<b>\$ 3,460,268.77</b>
<b>Medicaid only Facilities</b>	<b>\$ 119,725.00</b>
<b>Total CMPs Imposed</b>	<b>\$ 3,579,993.77</b>
<i>The Medicare portion of CMPs assessed against certified facilities is retained by the federal CMS. The state receives a portion of CMP's from Medicare/Medicaid facilities (dually certified) based on the number of residents whose care is paid for by Medicaid. The total CMP's indicated are annual totals per diem and per instance.</i>	

On September 1, 2016, CMS implemented a change in criteria for the immediate imposition of Federal Remedies in which a Nursing Home was given no opportunity to correct (NOTC). The Division of Quality Assurance saw a 47% increase in Cases that required immediate imposition of remedies. The Division of Quality Assurance reviewers recommended immediate imposition of remedies for 118 enforcement cases in 2016 and for 252 enforcement cases in 2017.

## DIVISION OF QUALITY ASSURANCE

### **Informal Dispute Resolution (IDR)**

Guidance at 42 CFR 488.331 require states to offer skilled nursing facilities, nursing facilities, and Medicare/Medicaid facilities an informal opportunity to dispute cited deficiencies upon the facility's receipt of the Statement of Deficiencies (CMS-2567). This process is called Informal Dispute Resolution (IDR).

IDPH offers two (2) options when requesting IDR: a desk review of a written IDR by Quality Review staff (Registered Professional nurses) at no charge to the facility or an independent contractor review conducted by the Michigan Peer Review Organization (MPRO) of written or telephonic IDR on a fee for service basis.

CMS hold states accountable for the legitimacy of the IDRs and process including the accuracy and reliability of the conclusions drawn with respect to survey findings. The Quality Review staff are responsible for IDR review.

IDRs were requested on 914 deficiencies cited on 489 surveys conducted in 2017. Quality Review Staff completed the IDRs on 433 surveys and Michigan Peer Review Organization (MPRO) completed IDRs on 56 surveys. The MPRO results are reviewed and processed by a Quality Assurance Supervisor. The Department makes the final decision on contracted IDRs.

### **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.

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.

The Independent IDR process will be available to a facility at no charge as IDPH assumes the cost. IDPH's current contractor for IIDRs is the AdvisGroup. In 2017, 25 IIDR requests were processed, for 48 tags.

## 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 Funds '063' (federal) and '371' (state) which are split 50/50.

#### FY17 Fines (7/1/16 – 6/30/17):

1. Long-Term Care Monitor/Receivership: \$1,788,108 (Fund 285)
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)

#### FY16 Fines (7/1/15 – 6/30/16):

1. Long-Term Care Monitor/Receivership: \$1,417,952 (Fund 285)
2. Federal Medicaid Only Fines Received: \$75,336 (Fund 063/371)
3. Federal Medicaid/Medicare Fines Received: \$2,386,975 (Fund 063/371)

#### FY16 Expenditures (7/1/15 – 6/30/16):

1. Civil Monetary Penalties: \$247,861 (Monitoring of problem nursing homes)
2. Long-Term Care Monitor/Receivership: \$22,835,099 (Public Health staff salaries, fringe benefits and travel)
3. Equity and LTC Quality Fund: \$0 (371)

## 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 2017, The Bureau of Long-Term Care (BLTC) conducted, reviewed, and processed approximately 606 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**

The CCR was established in May 1984, as a result of a legislative mandate to create a central clearinghouse regarding the quality of care provided to residents of long-term care facilities. 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 in compliance with the regulations, a violation or deficiency will not be cited.

## DIVISION OF LONG-TERM CARE FIELD OPERATIONS

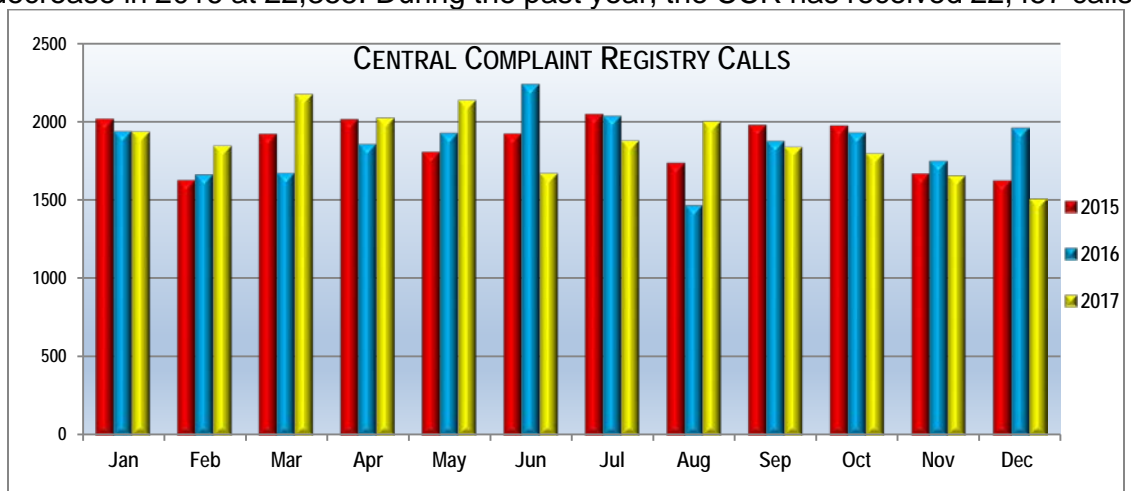
When a complaint is filed, the individual making the complaint has the option to file the complaint anonymously. In 2017, there were 1,118 complaints filed anonymously. If a complaint chooses to provide contact information, the surveyor will attempt to call them to discuss the information given at the 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	2016	2017
	NUMBER	NUMBER
<b>Hotline</b>	5,796	5,731
<b>After Hours by Regional Staff</b>	148	196
<b>Email</b>	789	860
<b>Letters</b>	294	358
<b>Facsimile</b>	386	496
<b>GRAND TOTAL</b>	<b>7,413</b>	<b>7,641</b>

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.

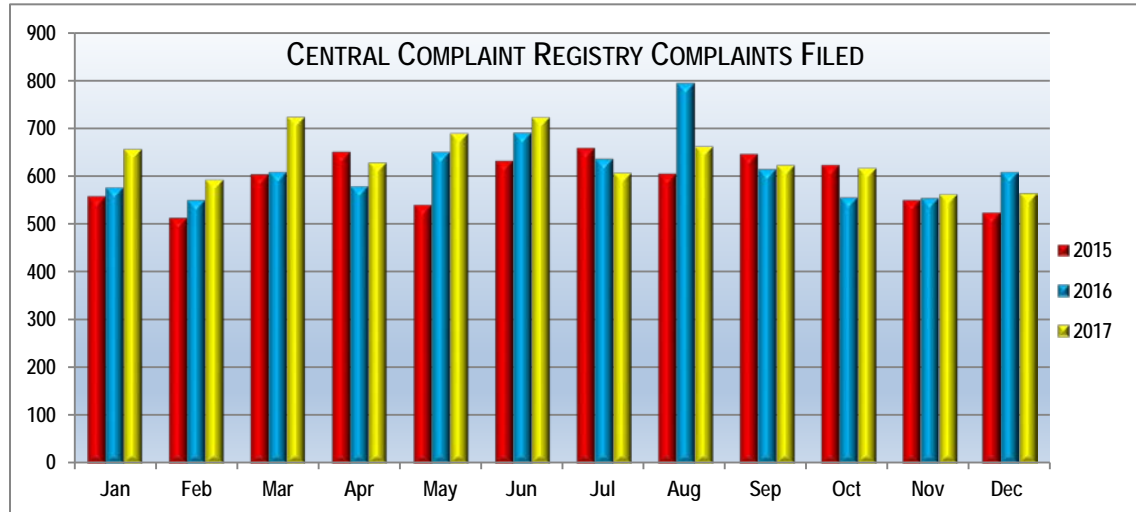
The CCR receives many calls in addition to callers reporting a complaint. The most common reasons for these calls are the matter is not within IDPH jurisdiction and the call is then referred to the appropriate agency (i.e., HFS, DHS, Labor Board); caller is wanting information on a complaint they have previously filed; or the caller is inquiring on how the complaint process works. In 2015, 22,360 calls were received with a slight decrease in 2016 at 22,355. During the past year, the CCR has received 22,457 calls.





## 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 2015, there were 7,093 complaints filed and 7,413 in 2016. During the last year, 7,641 complaints were filed which is a 7.7% increase from 2015.



The following table shows the number of complaints and percentage of complaints received in 2017 by provider type:

<b>NUMBER OF COMPLAINTS AND THE PERCENTAGE RECEIVED BY PROVIDER TYPE –2017</b>		
	<b>NUMBER</b>	<b>%</b>
<b><u>LONG-TERM CARE:</u> Skilled Nursing Facilities, Intermediate Care Nursing Facilities, Shelter Care Facilities, Community Living Facilities, Severe Mental Health Rehabilitation Facilities</b>	5,901	77.2
<b>Hospitals</b>	992	12.9
<b>ICF-IID/Under 22/CLF/State Owned Mental Health and Developmentally Disabled Facilities</b>	178	2.3
<b>Assisted Living Facilities</b>	311	4.1
<b>Home Health Agencies</b>	68	<1
<b>Ambulatory Surgical Treatment Centers</b>	6	<1
<b>Hospice</b>	32	< 1
<b>Portable X-rays</b>	0	<0
<b>Home Nursing</b>	3	<1
<b>Home Services</b>	43	<1
<b>Ambulance Companies/EMS/EMT</b>	18	<1
<b>Laboratories</b>	1	<1
<b>Unlicensed Facilities</b>	24	<1
<b>End Stage Renal Disease</b>	58	<1
<b>Rural Health</b>	1	<1
<b>Home Placement</b>	3	<1
<b>GRAND TOTAL</b>	<b>7,641</b>	<b>100</b>

## DIVISION OF LONG-TERM CARE FIELD OPERATIONS

Long-term care received the greatest number of complaints, 5,901 (77.2%), in 2017 and Hospitals with the second greatest number at 992 (12.9%). The number of complaints filed by the CCR continues to increase each year. The CCR took 238 more complaints in 2017 than in 2016.

The following table shows the number of complaints received for skilled nursing facilities in 2017 by Region:

REGION	TOTAL NUMBER OF COMPLAINTS
<b>1 – Rockford</b>	552
<b>2 – Peoria</b>	748
<b>4 – Edwardsville</b>	546
<b>5 – Marion</b>	256
<b>6 – Champaign</b>	429
<b>7 – West Chicago</b>	714
<b>8/9 – Bellwood</b>	2,583
<b>GRAND TOTAL</b>	<b>5,828</b>

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

PERFORMANCE METRICS	2017				TARGET
	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	
Number of complaint investigations meeting <b><u>Immediate Jeopardy:</u></b> criteria that were completed within mandated time frame (24 hour investigation)	99% 72/73	100% 65/65	90% 44/49	94% 29/31	<b>90%</b>
Number of complaint investigations meeting <b><u>Non-immediate Jeopardy High:</u></b> criteria that were completed within mandated time frame (7 day investigation)	80% 960/1201	66% 856/1296	66% 838/1269	91% 957/1055	<b>90%</b>
Number of complaint investigations meeting <b><u>Non-immediate Jeopardy Medium:</u></b> that were completed within mandated time frame (30 day investigation)	91% 283/310	89% 29/254	85% 153/180	75% 146/195	<b>90%</b>

## 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:

<b>VALIDITY OF ALLEGATIONS - 2017</b>	
<b>Valid</b>	3,133
<b>Invalid</b>	10,128
<b>Pending</b>	284
<b>GRAND TOTAL</b>	<b>13,545</b>

The following table shows the number of complaints in 2017 broken down by allegation type:

<b>ALLEGATIONS MADE TO THE CCR FOR LTC &amp; ICF-IID – 2017</b>	
<i>Reports of LTC Abuse and Neglect</i>	974
<i>Physical Abuse</i>	231
<i>Sexual Abuse</i>	103
<i>Verbal Abuse</i>	64
<i>Neglect</i>	433
<i>Mental Abuse</i>	352
<i>Injury of Unknown Origin</i>	401
<i>Sexual Assault – Resident-to-Resident</i>	64
<i>Verbal Assault</i>	64
<i>Physical Assault – Resident-to-Resident</i>	100
<i>Mental Assault – Resident-to-Resident</i>	61
<i>Involuntary Discharge</i>	230
<i>Involuntary Discharge – Substantiated</i>	96
<i>Involuntary Discharge – Unsubstantiated</i>	122
<i>Involuntary Discharge – Pending</i>	12
<i>Electronic Monitoring</i>	1
<i>Drug Diversion</i>	9
<i>Social Media Complaints</i>	24
<i>Re-Investigations Ordered by Legal</i>	5
<b>TOTAL CALLS</b>	<b>24,400</b>
<b>TOTAL COMPLAINTS</b>	<b>7,641</b>
<b>TOTAL LTC COMPLAINTS</b>	<b>5,901</b>
<b>TOTAL NON-LTC COMPLAINTS</b>	<b>1,730</b>

## 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.

<b>NORTHERN</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Cases received/reviewed</b>	549	422	114
<b>Cases referred to APRT</b>	56	56	80
<b>SOUTHERN</b>			
<b>Cases received/reviewed</b>	268	200	93
<b>Cases referred to APRT</b>	79	56	87

## 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) have an understanding of 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) have an understanding of 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 facility in 2017 with monitoring continued for two (2) additional facilities from 2016. All of these facilities are licensed to provide intermediate and/or skilled care services. As of December 31, 2017, 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. The Finding of Abuse, Neglect, or

**DIVISION OF LONG-TERM CARE FIELD OPERATIONS**

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 2017.

<b>ABUSE, NEGLECT AND MISAPPROPRIATION OF RESIDENT PROPERTY FINDINGS-2017</b>	
Cases closed	11
Cases processed	33
Abuse	8
Neglect	3
Misappropriation of property	10
Removal of neglect findings	1

**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/MCFU) and IDPH has grown over the past few years. ISP/MCFU investigators are more involved in IDPH investigations which promotes cross-training of IDPH surveyors and ISP/MFCU investigators.

In 2017, 1,363 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 71 of IDPH's investigative packets to support and/or close their case. The ISP/MFCU had 0 convictions of long-term care abuse, neglect or theft cases. They opened 64 cases for patient abuse; six (6) of these cases were for drug diversion, theft or financial exploitation. Of the 1,363 cases (referred), they had two (2) fraud cases (opened) and 19 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 in regard to 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 2017, there were a total of 5,508 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.

<b>IDENTIFIED OFFENDERS IN LTCF</b>	
	<b>TOTAL NUMBER</b>
<b>2016</b>	4,453
<b>2017</b>	5,508

## 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
<b>2015</b>	29	6
<b>2016</b>	38	6
<b>2017</b>	92	16

### **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	
<b>ICF/IID 16 beds and under</b>	189
<b>ICF/IID 17 beds and more</b>	21
<b>State Operated Developmental Centers</b>	7
<b>Community Living Facilities (CLF)</b>	27
<b>Medically Complex Under Age 22</b>	10
<b>Skilled Nursing Care/ICF/ICFDD</b>	2
<b>TOTAL</b>	<b>256</b>

INTERMEDIATE CARE/INTELLECTUALLY DISABLED SURVEY/COMPLAINT/INCIDENT INVESTIGATION COUNT	
<b>Annual Licensure/Certification Surveys</b>	234
<b>Complaint Intakes received</b>	274
<b>Licensure/Certification Complaint Investigations/Follow-up Investigations</b>	172
<b>Medicaid IOC Reviews (DD only)</b>	228
<b>Licensure Probationary/Initial Surveys</b>	3
<b>Certification Initials</b>	3
<b>Incident Report Investigations</b>	107
<b>Special Surveys – Licensure/Bed Certification</b>	3
<b>TOTAL INVESTIGATIONS PERFORMED BY LONG TERM CARE</b>	<b>1,024</b>

## 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 2017, staff completed 234 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 2017, 274 complaints and 107 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 10 regulations for which deficiencies were cited as a result of annual surveys.

RANK	TAG NUMBER	TAG DESCRIPTION	NUMBER OF CITATIONS	PERCENTAGE OF PROVIDERS CITED
1	W104	Governing Body Exercises Control	74	17.8%
2	W154	Staff Treatment of Clients	68	16.4%
3	W153	Staff Treatment of Clients	57	13.7%
4	W331	Nursing Services	56	13.5%
5	W369	Drugs Administration	44	10.6%
6	W249	Program Implementation	43	10.4%
7	W149	Staff Treatment of Clients	41	9.9%
8	W368	Drug Administration	33	8%
9	W263	Program Monitoring and Change	33	8%
10	W120	Services Provided with Outside Sources	32	7.7%

## 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 2017.

TAG NUMBER	TAG DESCRIPTION
<b>W154</b>	Staff Treatment of Clients
<b>W104</b>	Governing Body
<b>W153</b>	Staff Treatment of Clients
<b>W331</b>	Nursing Services
<b>W149</b>	Staff Treatment of Clients
<b>W111</b>	Client Records
<b>W368</b>	Drug Administration
<b>W148</b>	Communication with Clients and Parents

The following table identifies the number of complaints 2017 and citations associated with most frequently cited regulations.

NUMBER OF COMPLAINTS	NUMBER OF CITATIONS
<b>187</b>	<b>130</b>

The following table provides a breakdown for the 184 complaints investigated.

	NUMBER OF SUBSTANTIATED	PERCENTAGE OF SUBSTANTIATED	NUMBER OF UNSUBSTANTIATED	PERCENTAGE OF UNSUBSTANTIATED
<b>ANONYMOUS</b>	32	56.0%	26	44.0%
<b>NON-ANONYMOUS</b>	65	50.0%	64	50.0%
<b>TOTAL</b>	<b>97</b>	<b>52.0%</b>	<b>90</b>	<b>48.0%</b>

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 2017. 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.

### **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.

<b>SMHRF FACILITY AND SERVICE COUNT</b>	
<b>Licensed SMHRF Facilities</b>	<b>21</b>
<b>Facilities Pending SMHRF Licensure</b>	<b>3</b>
<b>SERVICES PROVIDED BY LICENSED SMHRF FACILITIES</b>	
<b>Recovery and Rehabilitation Support Units</b>	<b>21</b>
<b>Crisis Stabilization Units</b>	<b>0</b>
<b>Transitional Living Units</b>	<b>0</b>
<b>Triage Center</b>	<b>0</b>

## DIVISION OF ASSISTED LIVING

### Assisted Living

The Division of Assisted Living regulates 454 licensed establishments regulated 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 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.

Assisted Living 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 continues to increase to meet the need of our aging baby boomers that might need care and oversight in these licensed establishments.

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 2017, the Division of Assisted living processed 39 FOIA requests.

In 2017, 314 complaints were received and investigated. In 2017, IDPH collected fines due to Code non-compliance for annual and complaint surveys totaling \$37,500. 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
2015	389	15,806
2016	423	17,425
2017	454	17,596

**DIVISION OF ASSISTED LIVING**

The table below outlines for total number of complaints received in 2017:

<b>COMPLAINTS RECEIVED IN 2017</b>	
<b><i>NUMBER OF SUBSTANTIATED</i></b>	<b>41</b>
<b>TYPE 1</b>	2
<b>TYPE 2</b>	21
<b>TYPE 3</b>	18
<b><i>NUMBER OF UNSUBSTANTIATED</i></b>	<b>163</b>
<b><i>SUBSTANTIATED, NO VIOLATION</i></b>	<b>12</b>
<b><i>PARTIALLY SUBSTANTIATED, NO VIOLATION</i></b>	<b>27</b>
<b><i>PENDING INVESTIGATIONS</i></b>	<b>71</b>
<b>TOTAL COMPLAINTS</b>	<b>314</b>

## **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 2017, ARP was comprised of nine (9) staff, including the Division Chief and his administrative assistant, one (1) professional staff and four (4) clerical staff who are devoted solely to the Registry, and two (2) professional staff who work on administrative rules and legislative issues for OHCR.

### **Legislative Actions**

House Bill 0223, enacted on August 24, 2017, as PA 100-0293, amended the Nursing Home Care Act to provide that an identification wristlet may be employed for any resident upon a physician's order. Also allowed facilities to require residents of Alzheimer's disease units to wear a wristlet if they have a history of wandering.

House Bill 0481, enacted on August 24, 2017, as PA 100-0297, amended the Nursing Home Care Act to allow an individual to satisfy CNA supervised clinical experience requirement at an Assisted Living Establishment licensed under the Assisted Living and Shared Housing Act; required the Department to adopt rules to require that its Health Care Worker Registry identify where an individual received his or her clinical training.

Senate Bill 0626, enacted on August 18, 2017 as PA 100-0217, provides that upon the application by a facility, the Director of Public Health may grant waivers from statutory and regulatory staffing requirements to facilities to those that meet certain criteria.

### **Administrative Rules Actions**

Amendments removing the requirement for facility owners to include their social security numbers on new and annual licensure renewal forms were proposed for the Skilled Nursing and Intermediate Care Facilities Code, the Sheltered Care Facilities Code, and the Illinois Veterans' Homes Code in 2017. These amendments were adopted on November 15, 2017, for the Skilled Nursing and Sheltered Care codes, and were adopted on January 5, 2018, for the Veterans' Homes Code. Amendments to the Long-Term Care Assistants and Aides Training Programs Code, modifying the student-lab instructor ratio, also were proposed and will be adopted in 2018. ARP also worked on drafting amendments for numerous administrative rules, which are in the pipeline for completion and promulgation in 2018.



## Division of ADMINISTRATIVE Rules and Procedures

These drafts included:

- Update of the five (5) nursing home codes to eliminate the requirement for long-term care facility owners to provide their social security numbers on license applications
- Update of all long-term care codes to incorporate the 2012 edition of the NFPA 101, pursuant to new guidelines from federal CMS
- Revision of the Intermediate Care for the Developmentally Disabled Facilities Code to add informed consent provisions for administering psychotropic medications and for the use of physical restraints for residents of ID facilities
- Modification of the student-lab instructor ratio in the Long-Term Care Assistants and Aides Training Programs Code
- Overhaul of Health Care Worker Background Check Code to implement changes from Public Act 99-872 and Public Act 100-432
- Overhaul of Subpart A and other Sections in the Long-Term Care for Under Age 22 Facilities Code to implement changes from Public Act 99-0180

### **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 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. In 2017, the HCWR Staff handled almost 22,000 telephone and over 36,000 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.

## DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

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	
<b>Active Basic Nursing Assistant Training Programs</b>	<b>316</b>
<b>CNA Competency Testing</b>	
Passed	12,415
Failed	2,469
No Show	968
Total Registered to Test*	<b>15,852</b>
<b>Direct Service Personnel (DSP) Added</b>	<b>5,788</b>
<b>Total number of CNAs on the Registry as of 12/31/2017</b>	<b>304,896</b>
<b>Total number of DSPs on the Registry as of 12/31/2017</b>	<b>114,603</b>

\* 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.

REPORTED ADMINISTRATIVE FINDINGS	
<b>Abuse</b>	<b>62</b>
<b>Neglect</b>	<b>2</b>
<b>Misappropriation of property</b>	<b>8</b>
<b>Financial Exploitation</b>	<b>8</b>
<b>Total Administrative Findings</b>	<b>80</b>

## DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

### **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.

IDPH will evaluate the information submitted with the waiver application and make a determination 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 States' 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 employees hired on or after January 1, 2006, 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.

## DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

The following table depicts the number of background checks and waiver requests performed and/or granted in 2017:

<b>BACKGROUND CHECKS AND WAIVER REQUESTS</b>	
Background Checks Added to the Registry	<b>108,552</b>
Total Background Checks on the Registry	<b>557,275</b>
Waivers	
Granted	<b>1,313</b>
Denied	<b>155</b>
Total Waivers Processed	<b>1,468</b>
Waivers Revoked	<b>11</b>

## DIVISION OF LIFE SAFETY AND CONSTRUCTION

### **Life Safety & Construction**

The Division of Life Safety and Construction (LSC) is made up of two sections - Design and Construction and Field Services. The Design and Construction Section conducts plan reviews and inspections of licensed and certified health care facilities including complaint/incident investigations. The Field Services Section conducts annual life safety code surveys at certified Long-Term Care (LTC) facilities, as well as initial certification surveys and complaint/incident investigations.

The Advisory Committee Concerning Construction of Facilities (20 ILCS 2310/2310-560) mandates the Division of LSC to oversee reviews and decisions for informal dispute resolution (IDR) requests. This committee was formed to review disputes over code interpretations. The Committee consists of 13 members comprised of LSC staff, architects, an IL Hospital Licensing Board representative, a Provider representative, engineers, and an interior designer. In 2017, no requests were received for informal dispute resolution review.

The Division of LSC's web page contains information regarding forms and rules for Ambulatory Surgical Treatment Center (ASTC) licensure, Hospital licensure and Nursing Home licensure as it relates to the Division of LSC, Frequently Asked Questions, and Policies and Procedures. The URL is:

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

### **Design and Construction Section**

Sixty-three long-term care projects were reviewed for fees totaling \$209,951.05 for total project costs of \$84,127,755.77 and 290 non-long-term care projects with plan review fees totaling \$1,148,837.95 for total project costs of \$515,215,518.73.

The Facility Plan Review Fund allows IDPH to charge a fee for facility plan reviews. The Nursing Home Care Act (NHCA) and the ASTC Act 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 difference between fees paid for plan review and the estimated amount required to support the process comes from the General Revenue Fund.

The Acts require acceptable plan review submissions to be completed within 30 days for design development and 60 days for construction/working. Item-to-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 inspection by

## DIVISION OF LIFE SAFETY AND CONSTRUCTION

architectural, mechanical, electrical and clinical disciplines. LSC conducted 141 licensure inspections for LTC facilities, and 297 licensure inspections for non-LTC facilities and 118 certification surveys. In addition, the LSC conducted 37 initial licensure surveys for the Division of Assisted Living for life safety/physical environment.

The Design and Construction Section completed POC review and initial life safety code approval of 21 facilities that applied to become a Special Mental Health Rehabilitation Facility (SMHRF). This Section also completed desk reviews of bed upgrades for long-term care facilities. These beds were upgraded from sheltered and intermediate to skilled nursing beds or added without CON required. LSC approved 15 requests for upgrades and additions, resulting in 439 beds upgraded from sheltered or intermediate to skilled nursing beds.

### **Field Services Section**

The Field Services Section is responsible for conducting life safety code nursing home surveys and life safety code/physical environment complaint surveys on behalf of the Centers for Medicare and Medicaid Services (CMS). Field Services conducted 1,807 surveys and cited 6,765 deficiencies. This includes 952 annual surveys for life safety, 814 life safety code follow up to annual surveys, 25 complaint surveys, 14 complaint survey follow ups, and two (2) initial CMS certification surveys. In addition, Field Services completed reviews of 917 Plans of Correction (POCs) in conjunction with the onsite inspections.

The Field Services Section tracks reports of fire incidents. In this reporting period, 20 fires were reported to the Division. One (1) death and one (1) employee injury was reported due to these incidents. The statistics on fire incidents are as follows:

CAUSE FIRE/NUMBER		DETECTION TYPE/NUMBER		EXTINGUISHMENT TYPE/NUMBER	
Electrical	<b>1</b>	Staff	<b>10</b>	Staff	<b>16</b>
Kitchen	<b>3</b>	Fire Alarm	<b>6</b>	Fire Department	<b>3</b>
Unknown	<b>1</b>	Heat Detector	<b>1</b>	Sprinkler	<b>1</b>
Laundry/Dryer	<b>4</b>	Smoke Detector	<b>1</b>		
Mechanical	<b>1</b>	Resident/Family	<b>2</b>		

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 them with the procedures to follow in emergency situations, can be attributed to the reduction in the severity of fire incidents and reported injuries. LSC staff, architects, electrical systems specialists, and mechanical/fire protection specialists review initial construction and major remodeling plans to ensure compliance with state licensure rules and the National Fire Protection Association (NFPA) Life Safety Code.

**APPENDICES**

**APPENDIX A**

**Administrative Rules Promulgated Under the Authority of the Nursing  
Home Care Act [210 ILCS 45]  
and**

**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 MC/DD Act**

Long-Term Care for Under Age 22 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)

**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)

## APPENDICES

### APPENDIX B

#### **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)*

- 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).

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

## APPENDICES

### APPENDIX C

#### **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.

**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.
  - 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)

## APPENDICES

### APPENDIX D (Continued)

#### **IL Administrative Code Title 77 Section 300.272**

##### **Determination to Issue a Notice of Violation or Administrative Warning**

- 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)

**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)

#### 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.

<b>APPENDICES</b>
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**APPENDIX E** *(Continued)*

**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)

## APPENDICES

### APPENDIX F

#### **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

#### Summary of Long-Term Care Facility Federal Survey Process

<b>Task 1</b>	<b>Offsite Survey Preparation</b>
1)	Review Quality Measure reports that indicate potential problems or concerns that warrant further investigation.
2)	Review Department files (including previous surveys, incidents, complaints, information on waivers/variances, CASPER 3 and 4) for facility-specific information and make appropriate copies for team members.
3)	Contact the ombudsman.
4)	Pre-select potential residents to be reviewed.
<b>Task 2</b>	<b>Entrance Conference/Onsite Preparatory Activities</b>
1)	Inform administrator of the survey and introduce team members.
2)	Team coordinator conducts entrance conference; other team members proceed to initial tour.
3)	Give copies of the Quality Measure, CASPER 3 and 4 reports and explain.
4)	Inquire about special features of the facility's care and treatment programs, organization, and resident case-mix.
5)	Determine if facility has a functioning quality assessment and assurance committee and its characteristics.
6)	Request information and required forms from facility.
7)	Determine if the facility uses paid feeding assistants.
8)	For any survey outside the influenza season (October 1 – March 31), determine who is responsible for coordination and implementation of the facility's immunization program and a list of current residents who were in the facility during the previous influenza season.
9)	Post signs announcing that a survey is being performed.
10)	Contact the resident council president, provide a list of questions for the council, and arrange for date, time, and private meeting space for interview with resident council.
11)	Request a list of residents with diagnosis of dementia and who are receiving antipsychotics or have received a PRN order for antipsychotics over the last 30 days (this is to ensure the sample includes an adequate number of residents who are receiving antipsychotic medication). Also ask the Administrator or Director of Nursing to describe how the facility provides individualized care for resident with dementia. Ask to see policies related to the use of antipsychotic medications in residents with dementia.
<b>Task 3</b>	<b>Initial Tour</b>
1)	Tour facility to allow introduction of surveyors to residents and staff.
2)	Gather information on concerns that were pre-selected, new concerns discovered onsite and whether residents pre-selected are still present.
3)	Identify resident characteristics and other candidates for the sample.
4)	Get an initial overview of facility care and services and a brief look at the facility's kitchen.
5)	Identify nursing staff on duty.

## APPENDICES

### APPENDIX G (Continued)

#### Summary of Long-term Care Facility Federal Survey Process

<b>Offsite Survey Preparation</b>	
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</b>	
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
<b>Initial Pool Process</b>	
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

<b>Sample Selection</b>	
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

## APPENDICES

### APPENDIX G (Continued)

#### Summary of Long-term Care Facility Federal Survey Process

	<b>Investigations</b>
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
	<b>Ongoing and Other Survey Activities</b>
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 task as necessary if there are concerns: Personal Funds, Environment, Resident Assessment.
	<b>Potential Citations</b>
1)	Record final citation and severity decision making
2)	Determine if an extended survey needs to be conducted

	<b>Exit Conference</b>
1)	Conduct exit conference with the facility to inform the facility of survey teams observations and preliminary findings
2)	Provide the facility with the opportunity to discuss and supply additional information, as necessary

## APPENDICES

### APPENDIX H

#### **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	

<b>APPENDICES</b>
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**APPENDIX I** *(Continued)*

<b>Illinois Compiled Statutes Citation</b>	<b>Offense</b>	<b>Additional Offense Added Effective</b>
[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

<b>Illinois Compiled Statutes Citation</b>	<b>Offense</b>	<b>Additional Offense Added Effective</b>
[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

<u>Illinois Compiled Statutes Citation</u>	<u>Offense</u>	<u>Additional Offense Added Effective</u>
[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)

<b>Illinois Compiled Statutes Citation</b>	<b>Offense</b>	<b>Additional Offense Added Effective</b>
[720 ILCS 5/24-1.2]	Aggravated Discharge of a Firearm	
[720 ILCS 5/24-1.2-5]	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]		
[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	

<b>APPENDICES</b>
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**APPENDIX K** *(Continued)*

<b>Illinois Compiled Statutes Citation</b>	<b>Offense</b>	<b>Additional Offense Added Effective</b>
[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

#### LONG-TERM CARE FEDERAL TRAINING

TRAINING	LOCATION	DATE (S)	NUMBER OF ATTENDEES
State Training Coordinators Meeting	Maryland	Sept 12-14	1
SETI Conference	Maryland	May 17-19	2
LONG TERM CARE SURVEYOR ORIENTATION	Ohio Maryland	April 3-7 June 19-23	17 1

## APPENDICES

### APPENDIX M

Administrative Code

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

Centers for Medicare & Medicaid Services (CMS)

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

Clinical Lab Improvement Amendments (CLIA)

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

CNA Approved Training Programs

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

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 Facilities & Programs

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

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>

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](http://www.hfsrb.illinois.gov/hfsrbinvent_data.htm)

Nursing Homes

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

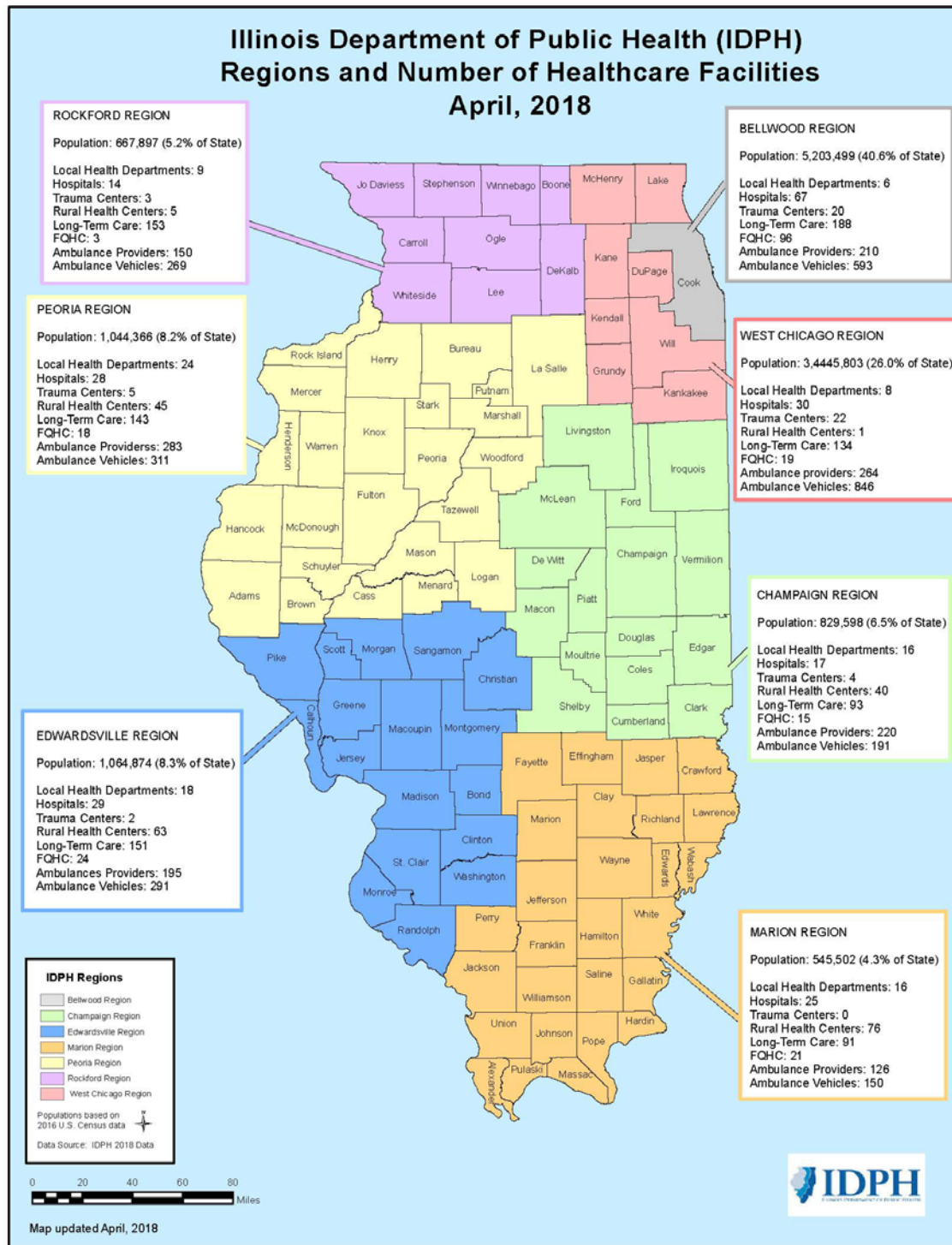
<https://ltc.dph.illinois.gov/webapp/LTCApp/ltc.jsp>

Office of Health Care Regulation

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

# REGIONAL MAP

## APPENDIX N



## CONTACT INFORMATION

### APPENDIX O

PROGRAM	PROGRAM DESCRIPTION
<p><b>Long-Term Care Field Operations (LTC FO)</b>                      525 W. Jefferson St., 5<sup>th</sup> 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><b>Quality Assurance (QA)</b>                      525 W. Jefferson St., 5<sup>th</sup> 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><b>Assisted Living (AL)</b>                      525 W. Jefferson St., 5<sup>th</sup> 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><b>Health Care Facilities &amp; Programs (HCFP)</b>                      525 W. Jefferson St., 4<sup>th</sup> floor                      Springfield, IL 62761                      Tel: 217-782-7412                      Fax: 217-782-0382</p>	<p>Home Health, hospitals; dialysis, ambulatory surgery, rural health centers; CLIA, Home Services, Home Nursing Services, Home Placement, Hospice, healthcare credentialing; Sexual Assault Survivors Emergency Treatment Act, Alternative Health Care.</p>
<p><b>LTC SIU Central Complaint Registry (CCR)</b>                      525 W. Jefferson St., Ground Floor                      Springfield, IL 62761                      Tel: 800-252-4343, Fax: 217-524-8885                      Email: <a href="mailto:DPH.CCR@illinois.gov">DPH.CCR@illinois.gov</a></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><b>Training &amp; Technical Direction</b>                      525 W. Jefferson St., 4<sup>th</sup> floor                      Springfield, IL 62761                      Tel: 217-785-5132                      Fax: 217-785-9182</p>	<p>Coordinates and assists with Basic Surveyor Training; training Office of Health Care Regulation staff; guidance and training to all Regional staff and provides training to the Long-term Care Industry. Administers the Nurse Aide Training Program, including approvals of instructors and new programs.</p>

## CONTACT INFORMATION

### APPENDIX O (Continued)

PROGRAM	PROGRAM DESCRIPTION
<b>Administrative Rules &amp; Procedures (ARP) Health Care Worker Registry (HCWR) 525 W. Jefferson St., 4<sup>th</sup> floor Springfield, IL 62761 Tel: 1-844-789-3676, Fax: 217-524-0137 <a href="https://hcwrpub.dph.illinois.gov/Search.aspx">https://hcwrpub.dph.illinois.gov/Search.aspx</a></b>	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.
<b>Life Safety &amp; Construction (LSC) 525 W. Jefferson St., 4<sup>th</sup> floor Springfield, IL 62761 Tel: 217-785-4264, Fax: 217-782-0382 Email: <a href="mailto:dph.design.standards@illinois.gov">dph.design.standards@illinois.gov</a></b>	Physical Plant plan reviews, new construction, building modification, Life Safety Code interpretation, licensure and federal life safety code surveys.

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