IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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March 12, 2019

Johnathan A. Bieritz, Registered Agent
Jennings Terrace
1320 North Route 59
Naperville, Illinois 60563

RE:	Complaint #:	IL00108553
	Survey Date:	January 15, 2019
	Docket #:	19-C0055
	Violation Type:	Level B, Administrative Warning

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Jennings Terrace.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Jennings Terrace/January 15, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. JENNINGS TERRACE, D/B/A, JENNINGS TERRACE, Respondent.	)))))))))	Docket No. NH19-C0055

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint IL00108553 Investigation conducted by the Department on January 15, 2019, at Jennings Terrace, 275 South LaSalle, Aurora, Illinois 60505. On March 12, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Sheltered Care Facilities Code, 77 Ill. Adm. Code 330 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

PLAN OF CORRECTION

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$ 2,200.00**, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 330.790a). The fine was doubled in this instance in accordance with 330.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 330.790).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
Attn: Sammye Geer
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 12th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. JENNINGS TERRACE, D/B/A, JENNINGS TERRACE, Respondent.	)))))))))	Docket No. NH19-C0055

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Johnathan A. Bieritz
Licensee Info:	Jennings Terrace
Address:	1320 North Route 59, Illinois 60563

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 12th day of March, 2019.

Sammye Geer

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. JENNINGS TERRACE, D/B/A, JENNINGS TERRACE, Respondent.	)))))))))	Docket No. NH 19-C0055

NOTICE OF VIOLATION(S)
ADMINISTRATIVE WARNING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "ADMINISTRATIVE WARNING" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint IL00108553 Investigation conducted by the Department on January 15, 2019, at Jennings Terrace, 275 South LaSalle, Aurora, Illinois 60505. On March 12, 2019, the Department determined that such violations constitute one or more Administrative Warning violations of the Act and the Sheltered Care Facilities Code, 77 Ill. Adm. Code 330 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof. **A Plan of Correction is not required for this notice.**

A Type "Administrative Warning" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 12th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. JENNINGS TERRACE, D/B/A, JENNINGS TERRACE, Respondent.	))))))))))	Docket No. NH 19-C0055

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "Administrative Warning" Violation(s) was sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Johnathan A. Bieritz
Licensee Info:	Jennings Terrace
Address:	1320 North Route 59 Naperville, Illinois 60563

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 12th day of March, 2019.

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004899	A. BUILDING: _____ B. WING _____	C 01/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENNINGS TERRACE	275 SOUTH LASALLE AURORA, IL 60505

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Investigation of Complaint 1970186/IL108553. Jennings Terrace is in compliance with 42 CFR Part 483, Requirements for Long Term Care facilities for this survey.	S 000		
S9999	Final Observations Statement of Licensure Violations: 3 of 3 Violations 330.790a) Section 330.790a) Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. This Regulation was not met as evidenced by: Based on interview and record review, the facility failed to have a policy for scabies infection. This has the potential to affect all 49 residents residing in the facility. The findings include: The facility's Daily Census Report dated January 10, 2019 shows a census of 49 residents residing	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 in the sheltered care area of the facility. The facility's list titled Scabies Line Listing dated, "Nov-18" shows 16 residents (R1-R16) have had symptoms of rash and itching since November 1, 2018. All residents have had multiple scabies treatments from November 7, 2018 to January 10, 2019. R1 and R4 had skin scrapings done on November 7, 2018, which were positive for scabies. On January 10, 2019 at 11:13 AM, V13 (Maintenance) was cleaning the hallway carpet. V13 said he does not clean carpet inside the resident's rooms. V13 said he is aware the facility has had a problem with scabies since October 2018. V13 said the problem has not improved. "I think we take the furniture out of the room for 3 days, and then laundry takes care of the bedding. We don't remove curtains." V13 denied there was a consistent procedure for maintenance employees to follow regarding scabies. On January 10, 2019 at 11:20 AM, V12 (Housekeeper) was cleaning several resident's rooms. V12 said, she cleans all the resident rooms in the sheltered care area of the facility. V12 said she changes the resident's bed sheets once a week. V12 said she puts all resident's sheets in one bag and when the bag is full, she drops the bag over the stairway railing down to the laundry room. V12 said, "I have not been instructed to do anything special for any residents. Everyone's sheets are in the plastic bag. We don't sort them or keep them separated. I put the dirty cleaning rags into one bag and they get washed at the end of the day. I have not been instructed to do anything special with them."	S9999		

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S9999	Continued From page 2 On January 10, 2019 at 11:51 AM, V2 (LPN-Licensed Practical Nurse) said she is the only nurse currently employed in the sheltered care area. V2 said, "I am not aware of a scabies policy." On January 10, 2019 at 2:26 PM, V1 (Administrator) said the facility does not have a policy addressing scabies infection and management. V1 provided an undated publication entitled "Scabies - Management of scabies in Illinois Healthcare & Residential Facilities." The publication shows information regarding transmission of scabies, signs and symptoms, diagnosis, controlling an outbreak, treatment, isolation of patients, environmental control and evaluation of control measures. V1 said she was using the publication as guidance in lieu of a policy but the publication is not a scabies infection policy. On January 14, 2019 at 10:02 AM, R3 said, "I still have an itchy rash. I just had my second treatment. This time I stayed in the room about three days. The first time I stayed in my room a week. No staff wear gowns when they come in room." On January 14, 2019 at 11:09 AM, R2 said, "I've had a rash for a couple of weeks. The rash is not better and still bothers me. My son used to do my laundry but now he can't. They want more control of the laundry, so they are doing my laundry now." (B) 330.2230c)	S9999		

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S9999	Continued From page 3	S9999		

Section 330.2230c) Laundry Services
c) If the facility provides laundry service for residents' personal clothing, it must be handled, transported and stored in a manner that will not allow contamination of clean linen or allow contamination by soiled linen. The facility shall assure that the personal clothing of each resident is returned to that individual resident after laundering.

This Regulation was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure residents' personal clothing was laundered in a manner to prevent microbial contamination.

This has the potential to affect all 49 residents residing in the facility.

The findings include:

The facility's Daily Census Report dated January 10, 2019 shows a census of 49 residents residing in the sheltered care area of the facility.

The facility's list titled Scabies Line Listing dated, "Nov-18" shows 16 residents (R1-R16) have had symptoms of rash and itching since November 1, 2018. All residents have had multiple scabies treatments from November 7, 2018 to January 10, 2019. R1 and R4 had skin scrapings done on November 7, 2018, which were positive for scabies.

On January 10, 2019 at 2:26 PM, V1 (Administrator) said the facility does not have a policy addressing scabies infection and management. V1 provided an undated publication entitled "Scabies - Management of

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S9999	Continued From page 4	S9999		

scabies in Illinois Healthcare & Residential Facilities." The publication shows information regarding transmission of scabies, signs and symptoms, diagnosis, controlling an outbreak, treatment, isolation of patients, environmental control and evaluation of control measures. V1 said she was using the publication as guidance in lieu of a policy but the publication is not a scabies infection policy.

The undated publication shows: "Environmental Control: Because outbreak reports have implicated laundry and clothes as probably sources of transmission, all bed linens, towels and clothes used by affected persons within 72 hours prior to treatment should be placed in plastic bags inside the patient's or resident's room, handled by gloved and gowned laundry workers and laundered at 50 degrees Celsius (122 degrees Fahrenheit). The hot cycle of a clothes dryer should be used for at least 10-20 minutes. Non-washable blankets and articles such as stuffed toys can be placed in a plastic bag for 7 days, dry cleaned, or tumbled in a hot clothes dryer for 20 minutes. It is not necessary to re-wash clean clothing that has not yet been worn. All bed linens, towels and clothes should be changed daily during the treatment period."

On January 10, 2019 at 11:37 AM, V9 (Housekeeping/Laundry Director) said the facility uses "word of mouth" to notify facility staff if a resident is in isolation. V9 said R1 was the facility's first case of scabies, "So we insisted on doing her laundry." V9 showed the facility's two washing machines used for cleaning laundry. V9 said the machines do not have the capability to show the washing machine water temperatures. V9 said the company used for servicing the washer and dryers was responsible for monitoring

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S9999	Continued From page 5	S9999		

the water temperatures.

On January 14, 2019 at 10:02 AM, R3 said, "I still have an itchy rash. I just had my second treatment. This time I stayed in the room about three days. The first time I stayed in my room a week. No staff wear gowns when they come in room. They took all of my clothing and washed it. I have not received some of my clothing back yet, including my bath robe."

On January 14, 2019 at 11:09 AM, R2 said, "I've had a rash for a couple of weeks. The rash is not better and still bothers me. My son used to do my laundry but now he can't. The facility wants more control of the laundry they said, so they are doing my laundry now."

On January 14, 2019 at 11:30 AM, V10 (Director of Maintenance) said, "I didn't start checking water temperatures on the washing machines until mid-December, when the scabies issues persisted. I started taking water temperatures on December 13. The blending valve was going bad. I couldn't keep the temperature upstairs below 110 degrees. If I turned up the hot water for the washing machines, I couldn't keep the temperatures in the resident care area below 110 degrees. In mid-December the blending valve was replaced. I never did water temperatures prior to that." V10 said he was not familiar with how to measure the water temperature inside the washing machines, so he disconnects the hot water hose connected to the washing machines and measures the hot water temperature feeding the machine. V10's water temperature logs showed temperature ranges of 110 to 123 degrees Fahrenheit for the period December 13, 2018 to January 12, 2019. V10 said he was not aware if the facility's washing machines mixed

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S9999	Continued From page 6 cold water with the hot water during wash cycles. On January 14, 2019 at 12:07 PM, V11 (EcoLab Hospitality Territory Manager) said, "I have noticed the facility's water isn't hot enough when I make my monthly service visits. During my monthly service visits in November, and December 2018 and January 2019, the water temperatures in the washing machines measured between 97 degrees and 121 degrees Fahrenheit. The water sample cannot be taken from the hot water hose. The water sample must be taken from the washing machine while the machine is running because there is a mixture of hot and cold water in the machine. If the water temperature needs to be 122 degrees Fahrenheit during the wash cycle to kill scabies, the facility's washing machines do not get hot enough to do that." (AW) 330.4220f) Section 330.4220f) Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act). This Regulation was not met as evidenced by: Based on observation, interview, and record	S9999		

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review the facility failed to provide medications to a resident as ordered by the physician.

This applies to 2 of 3 residents (R2, R3) reviewed for medication administration in the sample of 16.

The findings include:

1. On January 14, 2019 at 10:19 AM, V2 (LPN-Licensed Practical Nurse) provided medication cards, stored in the facility's medication room, for R2. R2's medication sheet in the medical record shows an order for Pantoprazole Sodium (proton pump inhibitor) 40 mg. twice daily by mouth. R2's medication card for Pantoprazole Sodium 40 mg. (milligrams) showed R2 missed doses of the Pantoprazole. One dose was missed on January 3, 2019 at 7:00 PM and a second dose on January 9, 2019 at 7:00 PM. V2 said she was not sure why R2 did not receive the medications on those days. "Perhaps she was out of the building or something. I am not here at that time, so I would have to look into that."

On January 14, 2019 at 11:09 AM, R2 said, "They give me my medications four times a day. Sometimes they remind me and sometimes they don't. They bring me the medication in a little medicine cup. I was not aware I missed medications."

The EMR (Electronic Medical Record) shows R2 was admitted to the facility in June 2017 with multiple diagnoses including hepatitis C, history of liver transplant, and atrial fibrillation.

2. On January 14, 2019 at 10:26 AM, V2 (LPN) reviewed R3's medication orders and packaged medications. V2 provided medication cards,

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stored in the facility's medication room, for R3. R3's medication orders showed an order for "Carvedilol (Beta blocker cardiac medication) 3.125 mg. by mouth twice daily. Hold for heart rate less than 60." V2 said, she thought the Carvedilol medication was a PRN (as needed) medication. R3's medication cards showed multiple missed doses of the Carvedilol. V2 said the facility does not keep documentation to show what the R3's pulse was prior to medication administration or the reason the medication was held. R3's Carvedilol medication cards showed R3 did not receive the 8:00 AM dose on 12/29, 12/30, and 12/31/18, 1/2, 1/3, 1/4, 1/5, 1/6, 1/7, 1/8, 1/9, 1/12, 1/13, 1/14/19. R3's Carvedilol medication cards showed R3 did not receive the 5:00 PM dose on 12/25, 12/17, 12/28, 12/29, and 12/30/18, 1/1, 1/4, 1/5, 1/6, 1/7, 1/8, 1/9, 1/10, 1/11, and 1/13/19.

The EMR shows R3 was admitted to the facility in September 2018 with multiple diagnoses including, coronary artery disease, history of cerebrovascular accident, hypertension, diabetes, glaucoma, history of seizure, history of back pain, and history of kidney stones.

On January 14, 2019 at 1:31 PM, V1 (Administrator) said residents should be assisted to take their medications as ordered by the physician. If the resident is out of the building at the time of the medication administration, facility staff should ensure the resident receives the medication as ordered by the physician. If the resident has an order for the medication to be held if the pulse is less than 60, V1 would expect the facility staff to document why the medication wasn't given if the medication was held.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004899	A. BUILDING: _____ B. WING _____	C 01/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JENNINGS TERRACE	275 SOUTH LASALLE AURORA, IL 60505

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 (AW)	S9999		

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: JENNINGS TERRACE COMPLAINT #: 0108553
LIC. ID #: 0010371
DATE COMPLAINT RECEIVED: 01/08/19 16:20:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	2
106	COMMUNICABLE DISEASE	1
110	MEDICATIONS NOT CONTROLLED	1
117	THEFT	2
118	RESIDENT RIGHTS	2
409	POLICY AND PROCEDURES	1

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department 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 allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department 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.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.