



JB Pritzker, Governor
Ngozi Ezike, MD, IDPH Director



JULY 1, 2021 ANNUAL REPORT

LONG-TERM CARE OFFICE OF HEALTH CARE REGULATION



LETTER FROM THE DIRECTOR

July 1, 2021

To the Honorable JB Pritzker, Governor, and Members of the General Assembly:

Thank you for the opportunity to present the Illinois Department of Public Health (IDPH) 2020 Long-Term Care Facility Annual Report. This report is prepared 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).

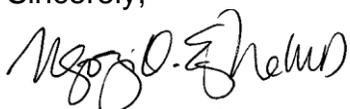
The IDPH Bureau of Long-Term Care is situated within the Office of Healthcare Regulation (OHCR) and is responsible for ensuring long-term care facilities comply with the provisions of applicable federal regulations and state statutes. A cooperative agreement between the IDPH and the Centers for Medicare & Medicaid Services (CMS) authorizes IDPH to conduct certification and complaint surveys to ensure facilities receiving Medicare and Medicaid funding abide by applicable federal regulations.

The Bureau of Long-Term Care licenses, inspects, and investigates complaints in a wide range of long-term care facilities, including nursing homes, assisted living facilities, and facilities providing care for individuals with developmental disabilities and those with specialized mental health rehabilitation needs. In addition to these activities, OHCR maintains the Healthcare Worker Registry, the Central Complaint Registry, and liaisons with CMS to provide ongoing training and certification of long-term care surveyors.

In response to the COVID-19 pandemic, IDPH implemented a number of immediate strategies to protect vulnerable individuals residing in the long-term care setting, including but not limited to, ensuring surveyors were provided with appropriate personal protective equipment (PPE) and offered COVID-19 tested prior to entering facilities. In addition to ongoing investigations of complaints, IDPH conducted focused infection control surveys in nursing homes in partnership with CMS to bring about rapid infection control compliance. IDPH also engaged with providers on a regular basis, issuing guidance and swiftly implementing emergency rule changes to further protect the health, safety, and welfare of individuals residing in the long-term care setting.

This report further details the activities and accomplishments of IDPH arising within the various divisions of the Bureau of Long-Term Care, including Administrative Rules, Assisted Living, Long-Term Care Field Operations, Training and Technical Unit, and Quality Assurance. I believe this report will prove to serve as a valuable resource to the General Assembly moving forward with important deliberations concerning health care and long-term care supports and services for the state of Illinois.

Sincerely,



Ngozi O. Ezike, M.D.

Director, Illinois Department of Public Health

MISSION OF THE OFFICE OF HEALTH CARE REGULATION

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 \$1.2 billion in state and federal funds, with headquarters in Springfield and Chicago. IDPH has seven regional offices; laboratories in Carbondale, Chicago, and Springfield; and approximately 1,200 employees. Each regional office operates and supports many ongoing programs and is prepared to respond to emergency situations as they arise. The Office of Health Care Regulation (OHCR) has an annual budget of approximately \$66 million. The primary funding sources are State General Revenue, federal allocation, and State Special Licensure Funds.

In concert with IDPH, OHCR's 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 OHCR, is responsible for ensuring 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, includes three divisions: Long-Term Care: Quality Assurance, Long-Term Care: Field Operations, and Assisted Living.

Programs and services specific to OHCR include health care provider licensure and/or certification. With a staff of nearly 440 (approximately one-third of the 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 certified nursing assistants (CNA).
- 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.

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.

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2020 ACCOMPLISHMENTS

DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES (ARP)

- Responded to more than 109,000 telephone and email requests for assistance and information regarding the Health Care Worker Registry
- Added 126,293 new criminal background checks to the registry.
- Added 9,019 Certified Nursing Assistants (CNAs) to the registry.
- Added 4,382 Direct Service Personnel (DSP) to the registry.
- Added administrative findings for abuse, neglect, or theft for 38 health care workers to the Registry.
- Processed 1,507 requests for the waiver of criminal convictions.
- Made a presentation at a Sealing and Expungement Workshop hosted by the Illinois Department of Employment Security. These workshops provide guidance for workers with previous criminal convictions that are potentially eligible for employment. The presentation included an overview of the Health Care Worker Waiver process and IDPH's review of waiver applications.
- In response to Executive Order 2020-12, which allowed for reinstatement of certain inactive CNAs, the registry developed an application and process to expedite the review of those applications.
- Due to staffing issues caused by the COVID-19 pandemic, the registry made significant changes to the Health Care Worker Waiver process to speed up the review of waiver applications. The waiver application was also updated to make it more user-friendly and to clarify instructions about the waiver process.
- Adopted numerous emergency amendments to the long-term facilities codes in response to the COVID-19 pandemic.
- Adopted permanent amendments to Skilled Nursing and Intermediate Care Facilities Code and the Specialized Mental Health Rehabilitation Facilities Code.

BUREAU OF LONG-TERM CARE (BLTC)

- Processed 583 license renewals.
- Successfully met the federal Centers for Medicare & Medicaid Services' (CMS) State Performance Standard for Special Focus Facilities (SFF) by appropriately selecting, monitoring, and recommending for graduation of facilities in the SFF program in an effort to improve the safety and quality of care of nursing home residents.
- During the COVID-19 pandemic, the BLTC conducted, reviewed, and processed 359 surveys to include certification and licensure annual surveys, complaint and incident investigations, and follow-up surveys.
- Abuse Prevention Review Team (APRT) received 47 referrals.

- The Abuse, Neglect, and Theft (ANT) Committee processed findings for two CNAs to be placed on the Health Care Worker Registry.
- Central Complaint Registry (CCR) processed 10,100 complaints.
- Hired 27 staff (13 staff were long-term care facility surveyors) to address staffing ratios required by Public Act 96-1372 (SB326).
- Assisted Living gave two virtual presentations to Leading Age surrounding IDPH's role in licensing and inspecting assisted living facilities.
- In 2020, 161 immediate jeopardy cases (IJ) were cited, and 329 directed plans of corrections were imposed. This is significantly higher than 2019 when IDPH cited 19 IJ cases and imposed five directed plans of corrections. The increases are mainly attributed to the COVID-19 Focused Infection Control Surveys that were completed in 2020.
- OHCR/Long-Term Care: Quality Assurance successfully activated an additional 114 eligible facilities as registered users on the electronic Plan of Correction system (ePOC) system to increase the total number of registered facilities to 686. The ePOC is an innovation that has increased efficiency in the survey process while reducing costs associated with postage and copying.

DIVISION OF LIFE SAFETY AND CONSTRUCTION (LSC)

- The division pivoted to a virtual platform to provide an annual life safety code presentation to an assisted living provider association during the COVID pandemic.
- The division's public service administrator (PSA) participated, as a voting member, in one National Fire Protection Association (NFPA) code development meeting via WebEx.

TRAINING AND TECHNICAL DIRECTION UNIT

- Completed Long-Term Care Survey Process training for Peoria regional office survey staff. All other region trainings were completed in 2019.
- Assisted IDPH's federal counterparts in conducting an in-person, two-day training of the Long-Term Care Survey Process for Bellwood surveyors and supervisors.
- Conducted the first COVID-19 Focused Infection Control Survey in Springfield.
- Training staff conducted a COVID-19 Infection Control Focused Survey in a hot spot Decatur facility.
- Provided three virtual training sessions and two training Q&A sessions for all regional supervisors and surveyors.
- Ensured regional supervisors and surveyors were trained on the proper use of N95 masks, including re-use and the decontamination process.
- Provided training to Illinois Emergency Management Agency (IEMA) contracted nurses to complete site visits and to conduct COVID-19 testing in hot spot facilities across the state.
- Training was provided to regional supervisors and surveyors on conducting infection control focused surveys and COVID-19 testing.
- Training was provided for the updated Long-Term Care Survey Process to all regional staff.

- OHCR received a 100% pass rate of Surveyor Minimum Qualifications Training (SMQT) certifying staff to conduct surveys independently.
- Collaborated with Telligen to provide virtual training to provider organizations outlining minimum data set (MDS) information changes.

ANNUAL REPORT STATUTORY AUTHORITY

NURSING HOME CARE ACT, (210 ILCS 45/3-804) (SEC. 3-804)

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

ABUSED AND NEGLECTED LONG-TERM CARE FACILITY RESIDENTS REPORTING ACT

(210 ILCS 30/6) (SEC. 6)

IDPH shall report annually to the General Assembly on the incidence of abuse and neglect of long-term care facility residents, with special attention to residents who have mental disabilities. 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; P.A. 97-813, eff. 7-13-12; P.A. 98-104, eff. 7-22-13, and P.A. 99-642, eff. 7-28-16.)

ID/DD COMMUNITY CARE ACT, (210 ILCS 47/3-804) (SEC. 3-804)

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 enforcement actions, including the number and needs of personnel so engaged, and the number of valid and invalid complaints filed with IDPH within the last calendar year. (Source: P.A. 96-339, eff. 7-1-10.)

MEDICALLY COMPLEX/DEVELOPMENTALLY DISABLED (MC/DD) ACT, (210 ILCS 46/3-804) (SEC. 3-804)

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 enforcement actions, including the number and needs of personnel so engaged, and 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 32/55)

IDPH shall annually report the total number of authorized electronic monitoring notification and consent forms received by facilities to the Office of the Attorney General. (Source: P.A. 99-430, eff. 1-1-16).

STATUTORY AUTHORITY FOR ADVISORY BOARDS

DEVELOPMENTALLY DISABLED FACILITY ADVISORY BOARD

The Developmentally Disabled Facility Advisory Board is mandated by Section 2-204 of the ID/DD Community Care Act (210 ILCS 47), which authorizes the director of the Illinois Department of Public Health to appoint a Developmentally Disabled Facility Advisory Board to consult with IDPH and the residents' advisory councils created under Section 2-203 of the Act.

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

The Long-Term Care Facility Advisory Board is mandated by Section 2-204 of the Nursing Home Care Act (210 ILCS 45), which authorizes the director of the Illinois Department of Public Health to appoint a Long-Term Care Facility Advisory Board to consult with IDPH and residents' advisory councils created under Section 2-203 of the Act.

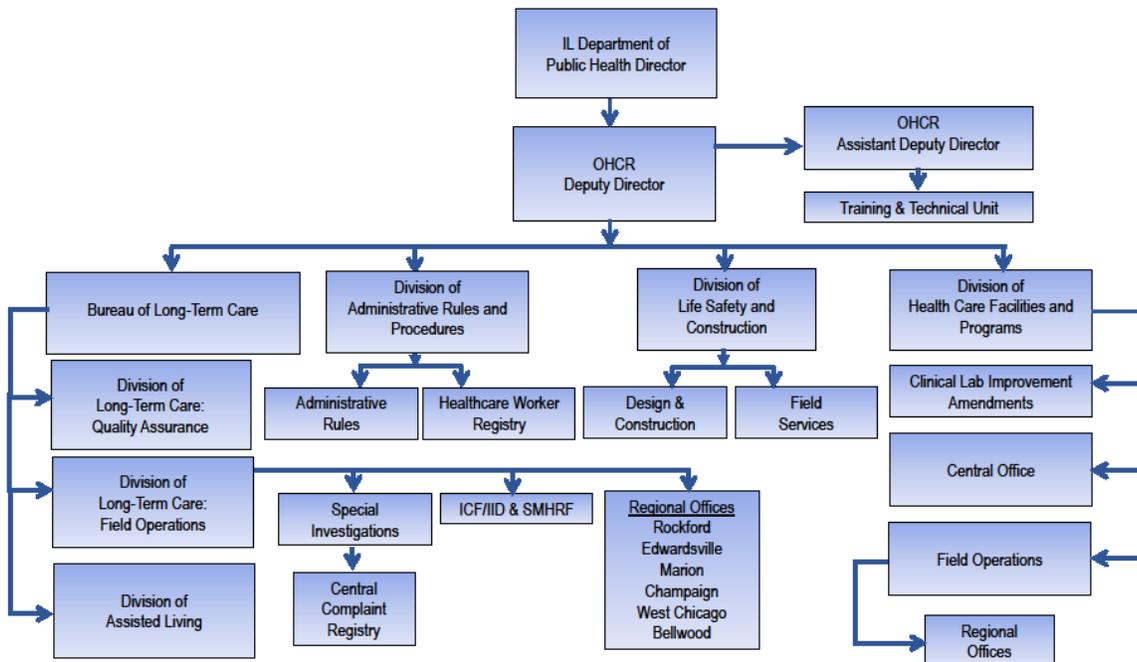
Section 2-204: "(c) The Advisory Board shall advise the Department of Public Health on all aspects of its responsibilities under this Act and the Specialized Mental Health Rehabilitation Act of 2013, including the format and content of any rules promulgated by IDPH of Public Health. Any such rules, except 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; P.A. 98-104, eff. 7-22-13; P.A. 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 the Training and Technical Direction Unit, 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’s responsibilities are to:

- Administer programs mandated under state licensure and federal certification requirements.
- Develop policy.
- Monitor progress of program implementation.
- Set legislative goals.
- Assess and prioritize office needs.
- Develop and approves budgets.
- Represent the director on boards and commissions, state and national organizations and workgroups.
- Analyze and recommend organizational changes for maximum utilization of resources.
- Interface with other offices, agencies, and the legislature.
- Provide support, direction, and guidance to OHCR division chiefs.



TRAINING AND TECHNICAL DIRECTION UNIT

The Training and Technical Direction Unit assists surveyors to attain the 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. The state training coordinator oversees training concerns, logistics, scheduling, as well as oversight of the CMS Surveyor Training website. The Training and Technical Direction Unit is dedicated to promoting positive holistic quality care outcomes for long-term care residents.

The work completed in 2020 involved:

- 1) Reviewing policy and procedures.
- 2) Analyzing training needs and processes.
- 3) Developing and implementing training materials.
- 4) Training surveyors, providers, and training the general public.

The Training and Technical Direction Unit responsibilities include:

- Approval of all advanced nursing assistant training programs (ANATP) and basic nursing assistant training programs (BNATP), instructors and evaluators.
- Approval of resident attendant (RA) programs and review of RA program submissions.
- Approval of temporary nursing assistant (TNA) programs and review of TNA program submissions.
- Identification and notification of nurse aide training site restrictions.
- Response to the Nurse Assistant Training and Competency Evaluation Program (NATCEP) waiver requests.
- The Training and Technical Direction Unit administers the daily operations of the BNATP and RA programs. The unit provides training and technical direction for newly employed surveyors across the state.

NURSE ASSISTANT TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP)

Competency testing for nursing assistants is achieved primarily by successful completion of an IDPH-approved BNATP.

	Basic Nurse Assistant	Advanced Nurse Assistant
Community Colleges	122	2
Vocational Schools	85	0
High Schools	101	0
Nursing Homes	42	0
Hospitals	2	0
Home Health Agencies	2	0
Grand Total	354	2

In 2020, while testing sites were closed for 45 days due to COVID-19, additional testing dates were offered, and testing pivoted to an on-line environment. When testing sites became operable, there was no effect on the number of certification exams offered. There were 15,165 students tested, of which 11,409 passed (75.0%), 1,598 failed (11.0%), and 2,158 were no shows (14%).

NATCEP RESTRICTIONS

Long-term care facilities are utilized as clinical practice sites for nurse aide training program students. Students learn related skills and apply that knowledge in providing care to residents in a facility. When a facility has certain sanctions imposed by the CMS, the facility is prohibited from serving as a clinical practice site. Further, the facility may also be restricted from conducting its own nurse aide training program. In 2020, 64 clinical practice site restriction notices were issued to facilities.

Facilities may request a waiver of the NATCEP restrictions to IDPH. The waivers are reviewed according to the guidelines set forth by federal CMS. In 2020, no waiver requests were received.

RESIDENT ATTENDANT (RA) PROGRAMS

RA programs train individuals to assist residents in a facility with eating, drinking, and limited personal hygiene. In 2020, the unit approved eleven new programs submitted by a skilled care facility. Requirements for RA programs are found in 77 Illinois Administrative Code, Section 300.662. Currently, there are 74 active programs in the state.

INSTRUCTOR TRAINING PROGRAMS

Part 395 Long-Term Care Assistants and Aides Training Programs Code requires instructors and evaluators teaching in NATCEP to be approved by IDPH prior to instructing students. In 2020, 153 instructors and evaluators were approved.

NEW SURVEYORS

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

Prior to attending State Basic Surveyor Orientation (BSO), a newly hired long-term care surveyor completes more than 75 hours of mandated webcasts related to the long-term care survey process and regulations and participates in at least three onsite annual certification surveys. A minimum of six to 12 months orientation time is required for a newly hired long-term care surveyor to become knowledgeable in the survey process. The time may vary depending on the learning needs of the new hire.

In 2020, due to the COVID-19 pandemic, state Basic Surveyor Orientation (BSO) sessions were conducted virtually. Twenty surveyors completed the state BSO. Topics covered in the BSO include complaint and investigation procedures training, immediate jeopardy, principles of documentation, infection control, involuntary discharges, and deficiency determination. The surveyor is also orientated on Automated Survey Processing Environment (ASPEN), which is a federal survey database/platform.

When state and federal courses are completed, surveyors are registered to complete the Surveyor Minimum Qualifications Test (SMQT). In 2020, all eight of the 20 newly hired surveyors who were eligible successfully completed the SMQT. Following SMQT, surveyor training continues in the form of webinars, computer-based training, face-to-face instruction, and educational emails to further the foundational skills and to provide the most up-to-date changes from CMS related to rule revisions and clarifications.

SUBPART S

Nursing facilities must comply with 77 Illinois Administrative Code 300, Subpart S Providing Services to Persons with Serious Mental Illness that allows for the admission of individuals under the age of 65 with a diagnosis of Severe Mental Illness (SMI). The Training and Technical Direction Unit did not receive any applications for Subpart S waivers in 2020.

FEDERAL SURVEYS

The Training and Technical Direction Unit utilizes Federal Oversight and Support Survey (FOSS) results to determine surveyor training needs. In 2020, CMS completed eight federal comparative surveys. Federal comparative surveys are independently conducted by regional office (RO) surveyors or CMS surveyor contractors within 60 days (usually) of the state's survey. CMS completes the surveys to assess survey agency (SA) performance in the interpretation, application, and enforcement of federal requirements. When CMS surveyors identify a deficiency not cited by IDPH surveyors, there is a determination of whether the deficiency existed at the time of the state survey, and if it should have been cited by the IDPH survey team.

In 2020, four (4) Resource Support Surveys (RSS) were conducted by CMS. The RSS provides guidance and direction to the survey team by the regional office surveyor(s). Upon completion of the RSS, CMS compiles a report that contains an analysis of the deficiencies cited by the survey team to be used for educational purposes. The Training and Technical Direction Unit analyzes the Federal Monitoring Survey (FMS)/RSS report(s) to identify training needs and to develop training tools to enhance surveyors' knowledge.

RESIDENT ASSESSMENT INSTRUMENT (RAI)/MINIMUM DATA SET (MDS)

Training and Technical Direction (TTD) staff provide RAI/MDS education, technical direction, and support to long-term care survey staff and providers on an ongoing individual case basis. TTD staff also provide group opportunities for RAI/MDS education and direction in person and by Webex.

The RAI/MDS is an assessment tool used in long-term care to identify residents' needs and is used to create and update the plan of care for each individual resident. The RAI/MDS is required by federal CMS for residents in Medicare and/or Medicaid certified nursing homes and is used for reimbursement determination.

Education and direction provided in 2020 centered on the changes to the assessment sections nursing homes are required to complete. These changes are important to both providers and long-term care survey staff. Currently, a member of the IDPH training team serves on the National RAI Panel to provide support to Illinois providers and to survey staff with questions related to RAI/MDS.

DEMENTIA COALITION

CMS implemented a National Dementia Partnership Program "with the mission to improve quality of care for nursing home residents living with dementia." The partnership consists of federal and state agencies, nursing homes, providers, advocacy groups, and caregivers. It continues to focus on the delivery of health care to individuals with dementia that is person-centered, comprehensive, and interdisciplinary. It also focuses on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate individuals. Utilizing a multidimensional strategy, the partnership promotes developing new approaches 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 (Telligen), and the Illinois Health Care Association are co-team leaders for the partnership to improve dementia care. Coalition meetings are conducted a

minimum of four 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.

BUREAU OF LONG-TERM CARE

The Office of Health Care Regulation Bureau of Long-Term Care is comprised of 283 staff headquartered throughout the state and separated into three divisions:

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

The Nursing Home Care Act (NHCA) authorizes IDPH to establish different levels of care. They are defined as the following:

- Skilled Nursing Care Facility (SNF): Provides skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. SNFs are for patients who need treatment required during the post-acute phase of illness or during recurrences of symptoms in long-term illness.
- Intermediate Care Facility (ICF): Provides basic nursing care and other restorative services under periodic medical direction. ICFs provide assistance to residents who have long-term illnesses or relatively stabled disabilities.

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

LONG-TERM CARE FACILITIES

A private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated or any similar institution operated by a political subdivision of the state of Illinois, which provides, through its ownership or management, personal care, sheltered care, or nursing for three or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing and intermediate care facilities (Nursing Home Care Act, 210 ILCS 45/1-113).

INTELLECTUAL DISABILITIES/DEVELOPMENTAL DISABILITIES (ID/DD)

The ID/DD Community Care Act (210 ILCS 47) provides for the licensure of intermediate care facilities for persons with developmental disabilities, whether operated for profit or not, which provides, through its ownership or management, personal care or nursing for three or more persons

not related to the applicant or owner by blood or marriage. Developmental disabilities are characterized by significant limitations in both intellectual functioning (intelligence) and in adaptive behavior (ID/DD Community Care Act, 210 ILCS 47).

MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED (MC/DD)

The MC/DD Act provides for the licensure of facilities for the medically complex persons with developmentally disabled individuals under the age of 22 (MC/DD Act, 210 ILCS 46).

COMMUNITY LIVING FACILITY (CLF)

Under the CLF Licensing Act (210 ILCS 35), a transitional residential setting which provides guidance, supervision, training, and other assistance to ambulatory mildly and moderately developmentally disabled adults with the goal of eventually moving these persons to more independent living arrangements. A CLF shall not be a nursing or medical facility and shall house no more than 20 residents, excluding staff.

SPECIALIZED MENTAL HEALTH REHABILITATION FACILITY (SMHRF)

Under the Specialized Mental Health Rehabilitation Act of 2013 (210 ILCS 49/1-102), a SMHRF is 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 (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.

In addition, under a cooperative agreement with the Centers for Medicare & Medicaid Services (CMS), IDPH conducts certification surveys to ensure facilities receiving Medicaid (state) or Medicare (federal) money abide by applicable federal regulations.

SHELTERED CARE FACILITY

Under the Nursing Home Care Act sheltered care facilities provide maintenance and personal care (Nursing Home Care Act, 210 ILCS 45/1-124).

NUMBER AND TYPE OF LICENSED AND/OR CERTIFIED BEDS		
TYPE OF FACILITY	2019	2020
SNF	81,545	81,742
ICF	9,875	9,729
ICF/DD	4,289	4,257
MC/DD	932	932
Community Living Facility	351	347
Sheltered Care	5,661	5,538
SMHRF	4,324	4,324
TOTAL BEDS	106,977	106,869

NUMBER AND TYPE OF LICENSED AND/OR CERTIFIED FACILITIES		
TYPE OF FACILITY	2019	2020
SNF Only	515	517
SNF/ICF	123	123
SNF/ICF/SC	17	16
SNF/ICF/ICF-DD	1	0
SNF/SC	36	35
SNF and MC/DD	1	1
MC/DD	9	9
ICF Only	17	16
ICF/IID 17 Beds or more	18	18
ICF/IID 16 Beds or less	189	176
ICF/SC	5	5
SC Only	37	37
CLF Only	25	25
Hospital-based LTC Units	21	18
Swing Beds	54	54
Supportive Residences	1	1
State Mental Health LTC Units	7	7
Specialized Mental Health Rehabilitation Facility	23	23
TOTAL FACILITIES	1,099	1,081

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. 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 a review of survey findings, onsite observations of survey performance, and review of complaints/incidents.

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

FREQUENCY DIMENSION

- *OFF-HOUR SURVEYS FOR NURSING HOMES*
No less than 10% of standard surveys begin during weekend or “off hours.” Of the 10%, 50% must be on the weekends.
- *FREQUENCY OF NURSING HOME SURVEYS*
Standard health surveys are conducted within prescribed time limits. If the maximum number of months between all standard surveys is less than or equal to 15.9 months and the statewide average interval is less than or equal to 12.9 months, the measure is scored as “**Met.**”
- *FREQUENCY OF NON-NURSING HOME SURVEYS TIER 1*
The SA conducts recertification surveys for non-deemed home health agencies (HHAs), ICFs/IID, non-deemed hospices, and validation surveys for deemed hospitals, according to the Tier 1 Requirements in the FY 2018 Mission and Priority Document and the Final State Medicare Allocations Memorandum. The measure is scored as “**Met.**”
- *TIMELINESS OF UPLOAD INTO CASPER OF STANDARD SURVEYS FOR NON-DEEMED HOSPITALS AND NURSING HOMES*
If the average is less than or equal to 70 calendar days for data entry of both nursing home and non-deemed hospital (including non-deemed CAHs) surveys, this measure is scored as “**Met.**”

QUALITY DIMENSION

- *DOCUMENTATION OF DEFICIENCIES FOR NURSING HOMES, ESRD FACILITIES, ICF/IIDS AND NON-DEEMED HHA'S AND HOSPITALS.*

If the score for each requirement for nursing homes and non-nursing homes is greater than or equal to 85%, 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% or higher (without rounding up), this measure is scored as “**Met.**”

- *PRIORITIZING AND TIMELINESS COMPLAINTS AND FACILITY SELF-REPORTED INCIDENTS*

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

ENFORCEMENT DIMENSION

- *E1 TIMELINESS OF PROCESSING IMMEDIATE JEOPARDY (IJ) CASES*

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

- *E2 TIMELINESS OF MANDATORY DENIAL OF PAYMENT FOR NEW ADMISSIONS (DPNA)*

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

THE DIVISION OF LONG-TERM CARE: QUALITY ASSURANCE

The Division of Quality Assurance (QA) is comprised of six sections: Certification, Licensure, FOIA/Hearing/Files, Support Services, Quality Review, and Technical Support. QA is responsible for processing licensure and certification surveys for long-term care facilities, such as skilled nursing, shelter care, veterans' homes, intermediate care for the intellectually disabled, community living, specialized mental health rehabilitation facilities, supportive living, and MC/DD. Surveys are conducted by the Division of Field Operations survey staff as mandated by the state long-term care statutes and the federal CMS state operational manuals in accordance with federally mandated timeframes.

The Certification Section is responsible for processing and tracking initial certifications and annual recertifications of long-term care facilities. Additionally, the Certification Section is responsible for processing and tracking Life Safety Code Waiver requests; bed certification changes; changes of ownership and information, terminations and closures; and Title XIX Collections and Civil Money Penalties. The Licensure Section processes applications for the licensure of new facilities, changes of ownership, licensure renewal applications, and bed level/services changes. Additionally, the Licensure Section provides statistical reports and collaborates/supports with the Certification Section to process various facility requests.

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

SPECIAL FOCUS FACILITIES (SFF)

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

To graduate from the SFF program, a facility must have two consecutive full surveys showing improvement. As a facility graduates from the program, a new facility is selected to replace it. Illinois had one SFF graduate from the program in 2020. One SFF voluntarily closed before graduation in 2020.

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

In 2020, the Division of Quality Assurance handled 640 FOIA requests. The breakdown of types of requests are:

- 169 were for non-survey related information (i.e., not contained in the statement of deficiencies, floor layout of facilities, license information, etc.).
- 166 were unable to be fulfilled due to lack of information available (e.g., either there was no complaint regarding the resident or facility requested).
- 305 for the statement of deficiencies for a complaint investigation.

FEDERAL AND STATE HEARINGS

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

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

In 2020, the Division of Quality Assurance processed 200 hearing requests:

- 60 from individual(s) not satisfied with survey results.
- 140 by facility attorneys.

LICENSURE PROGRAM

More than 1,000 facilities are regulated under the Illinois Nursing Home Care Act (NHCA), the ID/DD Community Care Act, the Medically Complex/Developmentally Disabled (MC/DD) Act, the Specialized Mental Health Rehabilitation Act, the Community Living Facilities Licensing Act, and/or federal requirements for Medicare (Title XVIII) and/or Medicaid (Title XIX) participation. Of these facilities, 828 are licensed under the NHCA. Of those 828 facilities, the majority (93.48%) 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 and Construction, and successful completion of a survey by staff from the Division of Field Operations. The table below summarizes licensure activity:

APPROVED LICENSURE ACTIONS		
ACTION	2019	2020
Change of Ownership	97	66
Replacement Facility	1	1
New Facility	1	4
Bed / Service Change	38	5
Closure	15	9

STATE VIOLATIONS

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

- If after receiving the report specified in subsection (c) of Section 3-212 the Director, or his designee, determines that a facility is in violation of this Act or of any rule promulgated there under, he shall serve a notice of violation upon the licensee within ten (10) days, thereafter. Each notice of violation shall be prepared in writing and shall specify the nature of the violation, and the statutory provision or rule alleged to have been violated (210 ILCS 45/3-301).
- Each violation shall be determined to be either a level 'AA', a level 'A', a level 'B', or a level 'C' violation, or administrative warning. The level 'AA' is the most severe.

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 of the Illinois Administrative Code (Section 3-303.2(a) of the Nursing Home Care Act).

In 2020, IDPH issued a total of 352 state licensure violations. IDPH imposed fines totaling \$4,006,750 in 196 out of the 352 violations. Also, in fiscal 2020, IDPH collected \$1,008,940 in state licensure fines. The table below illustrates the level of state licensure violations imposed in 2020 and the trend of state licensure violations issued in a three-year period from 2018 to 2020.

STATE LICENSURE VIOLATIONS PER YEAR			
Levels of Action	2018	2019	2020
"AA" Level	4	7	9
"A" Level	104	125	119
Repeat "A" Level	0	0	0
"B" Level	264	261	183
Repeat "B" Level	1	1	1
"C" Level	84	60	17
Administrative Warnings	114	75	23

PILOT PROGRAM FOR DEFICIENCIES RELATED TO FACILITY-INITIATED DISCHARGES

Critical steps have been implemented by IDPH to ensure long-term care facilities responded to the threat of disease caused by the COVID-19, including, but not limited to, IDPH directed plans of correction. CMS developed specific criteria authorizing the imposition of remedies to encourage facilities to quickly return to compliance when cited for deficient practices in infection prevention and control. Starting with all surveys conducted in June 2020, the Quality Review Section developed and imposed a directed plan of correction for every survey citing noncompliance with infection prevention and control regulations.

TWO-YEAR LICENSES

The Nursing Home Care Act, ID/DD Act, and the MC/DD Act allow IDPH to issue two-year licenses to qualifying facilities. During 2020, IDPH issued a total of 583 renewal licenses. 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 License	2-Year License	Monthly Total
January	36	12	48
February	48	18	66
March	14	20	34
April	24	17	41
May	38	19	57
June	26	17	43
July	27	19	46
August	34	24	58
September	18	22	40
October	37	17	54
November	27	21	48
December	27	21	48
TOTAL	356	227	583

CHANGES IN LICENSURE

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

In 2020, bed changes resulted in skilled care beds decreasing by 12, and intermediate care beds decreasing by 17. Four new facilities increased skilled care beds by 312 and one replacement facility was licensed with 185 skilled care beds. Nine long-term care facilities closed, resulting in a reduction of 411 skilled care beds, 109 intermediate care beds, 14 sheltered care beds, and 32 intermediate care for developmentally disabled beds.

ADVERSE LICENSURE ACTIONS

Based on the number and/or level of violations, adverse licensure action(s) that may be taken include:

CONDITIONAL LICENSE

IDPH issues conditional licenses for violations as specified in the Nursing Home Care Act (210 ILCS 45/3-305):

- (1) A licensee who commits a Type "AA" violation as defined in Section 1-128.5 is automatically issued a conditional license for a period of six months to coincide with an acceptable plan of correction and assessed a fine up to \$25,000 per violation.
- (2) A licensee who commits a Type "A" violation as defined in Section 1-129 is automatically issued a conditional license for a period of six months to coincide with an acceptable plan of correction and assessed a fine of up to \$12,500 per violation.

LICENSE REVOCATION OR DENIAL

IDPH may deny an application for license for:

- (1) Failure to meet any of the minimum standards set forth by this act or by rules and regulations promulgated by IDPH under this act.
- (2) Conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or if a corporation, the conviction of the corporation or any of its officers or stockholders, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude, during the previous five years as shown by a certified copy of the record of the court of conviction.
- (3) Personnel insufficient in number or unqualified by training or experience to properly care for the proposed number and type of residents.
- (4) Insufficient financial or other resources to operate and conduct the facility in accordance with standards promulgated by IDPH under this act and with contractual obligations assumed by a recipient of a grant under the Equity in Long-term Care Quality Act and the plan (if applicable) submitted by a grantee for continuing and increasing adherence to best practices in providing high-quality nursing home care.
- (5) Revocation of a facility license during the previous five years, if such prior license was issued to the individual applicant, a controlling owner, or controlling combination of owners of the applicant; or any affiliate of the individual applicant or controlling owner of the applicant and such individual applicant, controlling owner of the applicant, or affiliate of the applicant was a controlling owner of the prior license; provided, however, that the denial of an application for a license pursuant to this subsection must be supported by evidence that such prior revocation renders the applicant unqualified or incapable of meeting or maintaining a facility in accordance with the standards and rules promulgated by IDPH under this act.

- (6) That the facility is not under the direct supervision of a full-time administrator, as defined by regulation, who is licensed, if required, under the Nursing Home Administrators Licensing and Disciplinary Act.
- (7) That the facility is in receivership and the proposed licensee has not submitted a specific detailed plan to bring the facility into compliance with the requirements of this act and with federal certification requirements, if the facility is certified, and to keep the facility in such compliance.

ADVERSE LICENSURE ACTIONS	2019	2020
Conditional License	130	138
Revocation or Denial of License	0	0
Suspension	0	0

FEDERAL CERTIFICATION DEFICIENCIES IN NURSING HOMES

Federal enforcement regulations established a classification system for certification deficiencies based on the severity of the problem and the scope, or the number of residents upon whom the non-compliance had or may have an impact. The four levels of severity, in ascending order, are potential for minimal harm, potential for more than minimal harm, actual harm, and immediate jeopardy. The scope of deficiencies is classified as isolated, pattern, or widespread (e.g., an “H” level deficiency would represent a problem where several residents were actually harmed because of the facility’s non-compliance with regulations). The 12 levels of scope/severity are identified using the letters A through L. The following is the scope/severity grid established to classify federal deficiencies. Immediate jeopardy (IJ) deficiencies represent the most serious examples of non-compliance that can occur in long-term care facilities. These deficiencies represent non-compliance that has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

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

FEDERAL CERTIFICATION ACTIONS

Skilled nursing facilities (SNFs), nursing facilities (NFs), and dually participating facilities (SNF/NFs) are required to maintain compliance with Medicare and Medicaid requirements. To avoid enforcement actions, including termination of their provider agreements, facilities have a responsibility to correct any deficiencies cited as a result of a federal survey. Application of federal

enforcement remedies is based upon the seriousness of the deficiency(s). Below is a brief description of remedies:

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

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

FEDERAL CMS CERTIFICATION CIVIL MONEY PENALTIES (CMPs) IMPOSED	
Medicare, Medicare/Medicaid Facilities (Dually Certified)	\$12,461,215.35
Medicaid only Facilities	\$ 434,500.00
Total CMPs Imposed	\$12,895,715.35

Under the direction of CMS, IDPH imposes Discretionary Denial of Payment of New Admissions (DDPNA), instead of recommending a civil money penalty for surveys that meet specific criteria determined by CMS. The benefit of imposing DDPNA, in these instances, is that it encourages rapid return to compliance.

INFORMAL DISPUTE RESOLUTION (IDR)

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

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

In 2020, IDRs were requested for 378 deficiencies cited on 259 surveys. Most of these requests (92%) were for IDPH to conduct the IDRs. IDPH conducted IDRs for 350 deficiencies cited on 240 surveys. The independent contractor completed IDRs on 28 deficiencies cited on 19 surveys. The results from the independent contractor are reviewed and processed by a Quality Assurance supervisor. IDPH makes the final decision on contracted IDRs.

IMMEDIATE 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 IIDR process is available to a facility at no charge as IDPH assumes the cost. IDPH's current contractor for IIDRs is Maximus. In 2020, eight IIDR requests were processed for eight federal tags, which are numbered deficiencies that correspond to the specific violation within the Code of Federal Regulations.

LTC:QA/MONITORS AND RECEIVERSHIPS

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

- *FY20 FINES (7/1/19 – 6/30/20)*

- Long-Term Care Monitor/Receivership: \$ 1,621,506.57 (Fund 285, 210 ILCS 45/3-501)
- Federal Medicaid/Medicare Fines Received: \$ 4,041,387.96 (Fund 063/371)

- *FY20 EXPENDITURES (7/1/19 – 6/30/20)*

- Civil Monetary Penalties: \$0
- Long-Term Care Monitor/Receivership: \$ 19,525,177.91 (23 IDPH staff salaries, fringe benefits, and travel)
- Equity and LTC Quality Fund: \$0 (Fund 372)

- *FY19 FINES (7/1/18 – 6/30/19)*

- Long-Term Care Monitor/Receivership: \$ 1,751,835.29 (Fund 285, 210 ILCS 45/3-501)
- Federal Medicaid/Medicare Fines Received: \$ 2,994,545.00 (Fund 063/371)

- *FY19 EXPENDITURES (7/1/18 – 6/30/19)*

- Civil Monetary Penalties: \$ 0
- Long-Term Care Monitor/Receivership: \$ 21,134,602.23 (IDPH staff salaries, fringe benefits, and travel)
- Equity and LTC Quality Fund: \$0 (Fund 372)

THE 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 2020, The Bureau of Long-Term Care (BLTC) conducted, reviewed, and processed 359 surveys. 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 U. S. 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 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. The Nursing Home Care Act requires a facility employee or agent who becomes aware of abuse or neglect of a resident to immediately report the matter to IDPH and the facility administrator.

The intent of the SIU 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.

SIU: CENTRAL COMPLAINT REGISTRY (CCR)/HOTLINE

The CCR was established in May 1984 and acts as a repository for concerns or complaints across multiple programs (29) within IDPH. It 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 days, or 30 days).

IDPH is mandated to investigate all complaints alleging abuse or neglect within seven days after the receipt of the complaint, except when complaints of abuse or neglect indicate a 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 IDPH regional office for scheduling and subsequent investigation.

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

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

Complaints are received in a variety of ways, including the hotline, email, facsimile, or mail. When a complaint is filed, the individual making the complaint has the option to file the complaint anonymously. In 2020, there were 1,305 LTC, 49 ICF/DD, and 51 Specialized Mental Health Rehabilitation Facility (SMHRF) complaints filed anonymously. If a complainant chooses to provide contact information, a surveyor will contact them to discuss the information provided when the complaint was filed and to obtain any additional information. It is critical that the caller is identified as the individual who filed the complaint.

Complainants may call to:

- Inquire about the status of the complaint.
- Request a call back 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.
- Request instructions on how to file an appeal and request a hearing.

The CCR receives many calls in addition to those reporting a complaint, including requests for information on previously filed complaints, information on how the process works, and questions concerning matters outside of IDPH’s jurisdiction. Calls outside of IDPH’s jurisdiction are referred to the appropriate agency (e.g., HFS, DHS, Labor Board).

In 2020, 10,100 complaints were filed versus 9,568 in 2019. This represents a 5% increase from 2019. The table below shows the number of complaints and percentage of complaints received in 2020 by provider type.

NUMBER OF COMPLAINTS AND PERCENTAGE RECEIVED BY PROVIDER TYPE		
	NUMBER	%
<u>LONG-TERM CARE:</u>		
Skilled Nursing Facilities, Intermediate Care Nursing Facilities, Shelter Care Facilities	7,869	78.0
Hospitals	1,072	10.7
ICF-IID/MCDD/CLF/State Owned Mental Health, Developmentally Disabled Facilities and Community Living Facilities	193	2.0
Assisted Living Facilities	490	4.9
Home Health Agencies	34	<1
Ambulatory Surgical Treatment Centers	20	<1
Hospice	19	< 1
Home Nursing	3	<1
Home Services	24	<1
Ambulance Companies/EMS/EMT	17	<1
Unlicensed Facilities	9	<1
End Stage Renal Disease	61	<1
Rural Health	2	<1
Free-Standing Emergency Centers	1	<1
Specialized Mental Health Rehabilitation Facilities (SMHRF)	286	2.9
GRAND TOTAL	10,100	~100

In 2020, long-term care received the greatest number of complaints, 7,869 (78%), while hospitals received 1,072 (10.7%). Also, in 2020, due to the COVID-19 executive orders and the constraints presented to long-term care facilities, the number of complaints increased by 787.

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

PERFORMANCE METRICS	2020				TARGET
	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	
Number of complaint investigations meeting <u>immediate jeopardy</u> : criteria that were completed within mandated time frame (24-hour investigation)	58%	92%	100%	97%	90%
	7/12	12/13	35/35	34/35	
Number of complaint investigations meeting <u>non-immediate jeopardy high</u> : criteria that were completed within mandated time frame (7-day investigation)	80%	6%	41%	65%	90%
	851/1,058	68/1,087	503/1,228	876/1,357	
Number of complaint investigations meeting <u>non-immediate jeopardy medium</u> : that were completed within mandated time frame (30-day investigation)	77%	30%	48%	80%	90%
	602/781	228/764	265/555	246/306	

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 and regulations) relating to the complaint allegations. A complaint allegation is considered “invalid” if IDPH determines that there is no credible evidence there was a deficiency (non-compliance with the act or rules and regulations) relating to the complaint allegation. The following table shows the number of complaints in 2020 by critical allegation types.

CRITICAL ALLEGATIONS MADE TO THE CCR FOR LTC & ICF-IID – 2020	
<i>Reports of LTC Abuse and Neglect</i>	1,336
<i>Physical Abuse</i>	376
<i>Sexual Abuse</i>	128
<i>Verbal Abuse</i>	101
<i>Mental Abuse</i>	307
<i>Sexual Assault – Resident-to-Resident</i>	76
<i>Verbal Assault – Resident-to-Resident</i>	11
<i>Physical Assault – Resident-to-Resident</i>	164
<i>Mental Assault – Resident-to-Resident</i>	30
<i>Involuntary Discharge</i>	110
<i>Involuntary Discharge – Substantiated</i>	24
<i>Involuntary Discharge – Unsubstantiated</i>	65
<i>Involuntary Discharge – Pending</i>	21
<i>Electronic Monitoring</i>	1
<i>Retaliation</i>	96
<i>Social Media Complaints</i>	4
<i>Re-Investigations Requested by Legal</i>	2
TOTAL CALLS	15,972
TOTAL COMPLAINTS	10,100
TOTAL LTC, SMHRF & ICF/DD COMPLAINTS (<i>Skilled Nursing, Intermediate Care Nursing, Shelter Care, Specialized Mental Health Rehabilitation (SMHRF), Developmentally Disabled, MC/DD, and Community Living Facilities</i>)	8,348
TOTAL Non- LTC, SMHRF & ICF/DD COMPLAINTS (<i>ASSISTED LIVING, HOSPITALS, HOSPICE, ESRDS, ASTCS, HOME HEALTH AGENCIES, HOME SERVICE AGENCIES, HOME PLACEMENT AGENCIES, HOME NURSING AGENCIES, RURAL HEALTH CENTERS, FREE STANDING EMERGENCY CENTERS, PORTABLE X-RAYS, SUB-ACUTES, EMS / AMBULANCE, AND UNLICENSED FACILITIES</i>)	1,752

INCIDENTS

77 ILLINOIS ADMINISTRATIVE CODE PART 300 REQUIREMENTS UNDER SECTION 300.690

The facility shall maintain a file of all written reports of each incident and accident affecting a resident:

- 1) 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.
- 2) The facility shall notify IDPH 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.
- 3) The facility shall, by fax or phone, notify the appropriate IDPH 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 appropriate IDPH regional office by phone only.

For the purposes of this section, "notify the appropriate IDPH regional office by phone only" means to talk with an IDPH 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 appropriate IDPH regional office, it shall notify IDPH's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to IDPH within seven days after the occurrence. All incidents received by IDPH are reviewed and triaged based on the seriousness of the incident.

SIU: 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 the allegation to be valid or when an unnecessary resident death is investigated in conjunction with a 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 IDPH region's review team that has primary case management responsibility, if the deceased resident is one of the following:

- 1) A person whose death is reviewed by IDPH during any regulatory activity, regardless of whether there were any federal or state violations.

- 2) A person whose care IDPH received a complaint about alleging that the resident’s care violated federal or state standards that contributed to the resident’s death.
- 3) A resident whose death is referred to IDPH 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 Abuse Prevention Review Team Act (210 ILCS 28).

The Abuse Prevention Review Team Act (210 ILCS 28) 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 IDPH, Illinois State Police, state’s Attorney’s office, Office of the Attorney General, and the Illinois Department of Financial and 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 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. However, in 2020, there were only three of the scheduled eight meetings held due to COVID-19.

NORTHERN	2019	2020
Cases received/reviewed	692	817
Cases referred to APRT	70	32
SOUTHERN		
Cases received/reviewed	308	315
Cases referred to APRT	71	15

SIU: MONITOR/RECEIVERSHIP PROGRAM

Placement of monitors is allowed through the Nursing Home Care Act (25 ILCS 45), the MC/DD Act (210 ILCS 46), and the ID/DD Community Care Act (210 ILCS 47) or as authorized by federal Centers for Medicare & Medicaid. IDPH may place a monitor in a facility under any of the following conditions:

- 1) The facility is operating without a license.
- 2) IDPH has suspended, revoked, or refused to renew the existing license of the facility.
- 3) The facility is closing or has informed IDPH that it intends to close and adequate arrangements for the relocation of residents have not been made at least 30 days prior to closure.
- 4) 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 Skilled Nursing and Intermediate Care Facilities code requires that a monitor must:

- 1) Be in good physical health.
- 2) Understand the needs of long-term care facility residents as evidenced by one year of experience in working, as appropriate, with elderly or developmentally disabled individuals in programs such as patient care, social work, or advocacy.
- 3) Understand the act and this part that 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.
- 6) Have two years full-time work experience in the Illinois long-term care industry.

The monitor (under the supervision of IDPH) will:

- 1) Visit the facility as directed by IDPH.
- 2) Review all records pertinent to the condition for which the monitor was placed.
- 3) Provide IDPH with written and oral reports detailing the observed conditions of the facility.
- 4) Be available as a witness for hearings involving the condition that resulted in their placement as a 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.

In 2020, one monitor was placed in a facility that is licensed to provide intermediate and/or skilled care services. Monitor reports are critical components of IDPH's 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.

SIU: 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. In 2020, there were nine unlicensed complaints filed.

Unlicensed Complaints Filed	Number of Unlicensed Complaints for 2020
Facility Licensed (verified with AL)	1
Facility Renewal of License in Process Converting to Licensed Facility (AL aware)	1
Facilities Complaint Allegations were Invalid	3
Supportive Living Facility Referred to HFS	1
Facility Referred to Illinois Department of Aging, Allegations not under IDPH Jurisdiction to Investigate	1
Facility Scheduled for Revisit	1

SIU: 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 sent to the aide via certified mail.

The finding of abuse, neglect, or misappropriation is then designated on the Health Care Worker Registry together with 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:

- 1) Screening and training of employees.
- 2) Screening of residents and families.
- 3) Protection of residents.
- 4) The prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, and the misappropriation of property to prevent occurrences of abuse, neglect, and theft.
- 5) Providing a safer environment for residents.

SIU: 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). ISP/MFCU investigators are more involved in IDPH investigations, which promotes cross-training of IDPH surveyors and ISP/MFCU investigators. IDPH continues to maintain a growing relationship with local law enforcement, state's attorneys, the FBI, and coroners. IDPH staff has attended association meetings, conferences, and informational one-on-one meetings to respond to issues and to concerns about preventing abuse and neglect in long-term care facilities. Because of the 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 are becoming more comfortable interacting with providers.

In 2020, 262 incidents and complaints of abuse/neglect, theft, and/or fraud were referred by the Special Investigations Unit to ISP/MFCU. Thirty-seven (37) reports were then reviewed by ISP/MFCU to determine which to investigate for possible criminal action. Of these, ISP/MFCU requested documents from 29 of IDPH's investigative packets to support and/or close their case(s).

SIU: IDENTIFIED OFFENDERS IN FACILITIES (IOF)

State law requires long-term care facilities (LTCF) 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, are serving a term of parole, on mandatory supervised release, or on probation for a felony offense.

The Illinois State Police (ISP) and the Illinois Department of Corrections (DOC) 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 ISP, 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 2020, there were a total of 2,275 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.

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. In 2020, there were 38 fingerprint waiver requests approved and six denied.

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.

INTERMEDIATE CARE FACILITIES (ICF) INDIVIDUALS WITH INTELLECTUAL DISABILITIES (IID)

In 1994, responsibility for the Inspection of Care (IOC) was transferred to IDPH from the Illinois 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 2020, staff completed 237 annual certification and licensure surveys for skilled nursing facilities and nursing facilities. There were 125 annual certification licensure surveys conducted for MC/DD. It should be noted that some facilities have a two-year license and do not require an annual license

survey. Of the 380 complaints received through the Nursing Home Hotline, 117 were found to be substantiated and 261 were unsubstantiated.

There were 190 complaint surveys conducted. Tag numbers W104 (Governing Body), W154 (Staff Treatment of Clients), and W149 (Staff Treatment) are just a few of the most frequently cited federal regulations for which deficiencies were cited during complaint surveys in 2020. Tags represent a numerical system for citing associated deficiencies.

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

SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES (SMHRF)

The Specialized Mental Health Rehabilitation Act of 2013 ("SMHRA") authorizes IDPH to license and survey long-term care facilities federally designated as institutions for mental disease (IMD) that specialize in providing rehabilitation services to individuals with serious mental illnesses (SMI). There are currently 23 licensed SMHRFs in Illinois.

In 2014, Part 380 rules were adopted (Specialized Mental Health Rehabilitation Facilities Code). The six 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. IDPH conducts annual surveys at each SMHRF. In 2020, 576 complaint allegations were received by IDPH regarding SMHRFs. There were 286 complaint surveys conducted; 47 were found to be substantiated and 398 were found unsubstantiated.

THE DIVISION OF LONG-TERM CARE: ASSISTED LIVING

The division has regulatory authority for 522 licensed establishments under the Assisted Living and Shared Housing Act (210 ILCS 9). 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.

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

Due to COVID-19, from the middle of March 2020 until August 1, 2020, routine assisted living surveys were suspended. Survey activity resumed after all surveyors were fitted for N95 masks and provided with full PPE. During this time frame, surveyors continued to conduct infection control surveys and desk reviews of complaints pursuant to IDPH's regulatory authority.

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 business days or a date which is mutually agreed upon by IDPH and the requestor. IDPH can request an additional five 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 2020, the Division of Assisted Living processed 73 FOIA requests.

In 2020, 493 complaints were received and investigated. Of these investigated, 69 were substantiated and 265 were unsubstantiated. There were 21,177 incident and accident reports submitted and reviewed by IDPH. The total fines collected due to non-compliance with code rules for annual and complaint surveys was \$33,500.

The table outlines for the total number of complaints received in 2020

COMPLAINTS RECEIVED IN 2020	
<i>Number of Substantiated</i>	69
<i>Number of Unsubstantiated</i>	265
<i>Substantiated, No Violation</i>	76
<i>Pending Investigations</i>	83
TOTAL COMPLAINTS	493

THE DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES (ARP)

The long-term care administrative rules, which are maintained by the Division of Administrative Rules and Procedures (ARP), fall under the authority of six acts. Three sets of rules are under the authority of the Nursing Home Care Act; one rule is under the authority of the ID/DD Community Care Act; one rule is under the authority of the MC/DD Act; one rule is under the authority of the Nursing Home Care Act, the ID/DD Community Care Act, and the MC/DD Act; one rule is under the authority of the Specialized Mental Health Rehabilitation Act of 2013; one rule is under the authority of the Community Living Facilities Act; and one rule is under the authority of the Assisted Living and Shared Housing Act (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 2020, ARP was comprised of 11 staff, including the division chief and an administrative assistant, one professional staff and six clerical staff who are devoted solely to the registry, and two professional staff who work on administrative rules and legislative issues for OHCR.

ADMINISTRATIVE RULES ACTIONS

Division of Administrative Rules and Procedures staff continue to work with program staff to identify necessary amendments for long-term care administrative rules to address new or revised statutory requirements, identify best practices, and industry requests that have been proposed through the Long-Term Care Facilities Advisory Board. During 2020, ARP and program staff worked on draft amendments to the Skilled Nursing and Intermediate Care Facilities Code to address new requirements pursuant to Public Act 101-0010 and other updates to align with statute. In addition to these amendments, ARP staff worked on a variety of emergency amendments and rules to authorize suspension of certain requirements and include new requirements in response to the COVID-19 pandemic.

Numerous COVID-19 emergency amendments and rules were adopted during 2020:

- Temporary Nursing Assistants – 77 Ill. Adm. Code 395.
- Military and out-of-state CNA requirements - 77 Ill. Adm. Code 395.
- Suspension of requirement that CNA be active on Health Care Worker Registry; military and out-of-state CNAs - 77 Ill. Adm. Code 955.
- Extended requirement for fingerprint collection from 10 working days to 30 working days - 77 Ill. Adm. Code 955.
- Infection control/COVID testing in long-term care facilities:
 - 77 Ill. Adm. Code 295
 - 77 Ill. Adm. Code 300
 - 77 Ill. Adm. Code 330
 - 77 Ill. Adm. Code 340
 - 77 Ill. Adm. Code 350
 - 77 Ill. Adm. Code 370
 - 77 Ill. Adm. Code 380
 - 77 Ill. Adm. Code 390

- Suspension of probationary license provisions, surveys/inspections and licensure survey process, and involuntary transfer and discharge provisions:
 - 77 Ill. Adm. Code 295
 - 77 Ill. Adm. Code 300
 - 77 Ill. Adm. Code 330
 - 77 Ill. Adm. Code 340
 - 77 Ill. Adm. Code 350
 - 77 Ill. Adm. Code 380
 - 77 Ill. Adm. Code 390

- Suspension of provisions related to 120-day training requirement for CNAs: 77 Ill. Adm. Code 300

- COVID-19 training requirements:
 - 77 Ill. Adm. Code 295
 - 77 Ill. Adm. Code 300
 - 77 Ill. Adm. Code 330
 - 77 Ill. Adm. Code 340
 - 77 Ill. Adm. Code 350
 - 77 Ill. Adm. Code 370
 - 77 Ill. Adm. Code 380
 - 77 Ill. Adm. Code 390

In addition to the emergency amendments and rules, amendments were also adopted to the Specialized Mental Health Rehabilitation Facilities (SMHRF) Code to implement Task O-11 of the Implementation Plan Amendment under the Williams Consent Decree. The SMHRF Code amendments address residents’ rights to explore options to live in community-based settings without retaliation. The rule was updated to require that facilities post non-retaliation posters and to include the posters as a compliance element in facility surveys.

Amendments to the Skilled Nursing and Intermediate Care Facilities Code, implementing Public Act 101-0010, received a “no objection” in December 2020 from the Joint Committee on Administrative Rules and were adopted January 8, 2021. The amendments provide for increased IDPH oversight, including increased penalties for facilities licensed under the Nursing Home Care Act and 77 Ill. Adm. Code 300 in obtaining informed consent from residents prior to administering psychotropic drugs. The rulemaking also provides for increased IDPH oversight and fines for violations of the minimum staffing ratios in the act, and for signage in facilities found in violation of the staffing requirements.

HEALTH CARE WORKER REGISTRY

The Health Care Worker Registry (HCWR) Section's principal responsibility is to provide information to health care employers about unlicensed health care workers, including certified nursing assistant (CNA) certification; CNA administrative findings of abuse, neglect or theft; criminal background checks; disqualifying convictions; waivers that 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 email inquiries.

In 2020, the HCWR staff handled more than 17,000 telephone calls, and more than 92,000 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 and access to resident's financial, medical, or personal records. For the facility to hire the individual, a fingerprint-based fee applicant (Fee-App) background check must be conducted by an approved IDPH Livescan vendor. The individual may not work with disqualifying convictions unless the individual has been granted a waiver of those convictions. If the individual is to be hired as a CNA, the facility must verify the individual has met proper training and competency test requirements. The individual cannot have any administrative findings of abuse, neglect, or theft.

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

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

HEALTH CARE WORKER REGISTRY STATISTICS	
Active Basic Nursing Assistant Training Programs	359
Direct Service Personnel (DSP) Added	4,382
Total number of CNAs on the Registry as of 12/31/2020	339,945
Total number of DSPs on the Registry as of 12/31/2020	128,032

* 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. There was a total of 38 administrative findings: 29 abuse, one neglect, three misappropriation of property, and five financial exploitations.

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

Due to issues caused by the COVID-19 pandemic, the Health Care Worker Registry made significant changes to the Health Care Worker Waiver process to speed up the review of waiver applications. The waiver application was also updated to make it more user-friendly and to clarify instructions about the waiver process.

The following table depicts the number of background checks and waiver requests performed and/or granted in 2020.

BACKGROUND CHECKS AND WAIVER REQUESTS	
Background Checks Added to the Registry	126,293
Total Background Checks on the Registry	936,274
Waivers Granted	1,358
Waivers Denied	149
Total Waivers Processed	1,507
Waivers Revoked	6

THE DIVISION OF LIFE SAFETY AND CONSTRUCTION (LSC)

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

The division's web page contains information on forms and rules for ambulatory surgical treatment center's (ASTC) licensure, hospital licensure, and nursing home licensure as it relates to the Division of Life Safety and Construction (LSC) "Frequently Asked Questions" and policies and procedures. The link can be found at: <http://www.dph.illinois.gov/topics-services/health-care-regulation/life-safety-construction>.

DESIGN AND CONSTRUCTION SECTION

Due to the COVID-19 pandemic, health care construction and renovations were far below normal as facilities were dealing with the crisis. Forty-five long-term care projects were reviewed for fees totaling \$155,867 for total project costs and 127 non-long-term care projects with plan review fees totaling \$823,702.

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

The Nursing Home Care Act, Hospital Licensing Act, and Ambulatory Surgical Treatment Center Act require a plan review to be completed within 30 days (design development drawings) and 60 days (working drawings) once the drawings have been submitted. Provider submitted item-by-item responses must be reviewed within 45 days after receipt. Most projects require onsite surveys prior to use or occupancy and must be completed within 15 working days to 30 calendar days after acceptance of the facility's project completion certifications, depending on facility type. Some projects require onsite inspections by architectural, mechanical, electrical, and clinical disciplines.

Once life safety code surveyors were fitted with the proper PPE, the division was able to conduct three initial onsite life safety code inspections of new facilities to increase the number of beds available for housing COVID-19 patients. Additionally, many health care facilities were modifying their facilities, on a temporary basis, to safely house the influx of COVID-19 patients. The division was instrumental in reviewing and approving the providers' plans and safety requirements for these temporary COVID-19 units.

The Design and Construction Section also completed plan reviews for provider submitted modifications of the physical environment to upgrade sheltered or intermediate care beds to skilled care beds that resulted in additional skilled care nursing beds being available. The division was able to issue a desk approval of these modifications without conducting an onsite inspection to expedite the process during the COVID-19 pandemic.

FIELD SERVICES SECTION

The Field Services Section is responsible for conducting required life safety code nursing home surveys and complaint surveys on behalf of the Centers for Medicare & Medicaid Services (CMS). In 2020, due to COVID-19, CMS suspended all annual certification survey activity at nursing homes. During the suspension, only infection control and complaint surveys were conducted.

The Field Services Section tracks reports of fire incidents in long-term care facilities. In 2020, seven fires were reported to the IDPH; no deaths, nor injuries to resident or staff resulted. The statistics on the fire incidents are as follows:

CAUSE FIRE NUMBERS		DETECTION TYPE NUMBERS		EXTINGUISHMENT TYPE NUMBERS	
Kitchen	2	Staff	4	Staff	6
Dryer	1	Fire Alarm	2	Fire Department	1
Mechanical	3	Heat Detector	0	Sprinkler	0
Trash	1	Smoke Detector	0		
Unknown	0	Resident/Family	1		

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

ELECTRONIC MONITORING IN LONG-TERM CARE FACILITIES

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

NUMBER OF ELECTRONIC MONITORING APPLICATIONS FOR 2020

Electronic Monitoring Applications Approved	90
Electronic Monitoring Applications Denied	2
<i>Total of Electronic Monitoring Applications Received</i>	92

FIGURE 1:

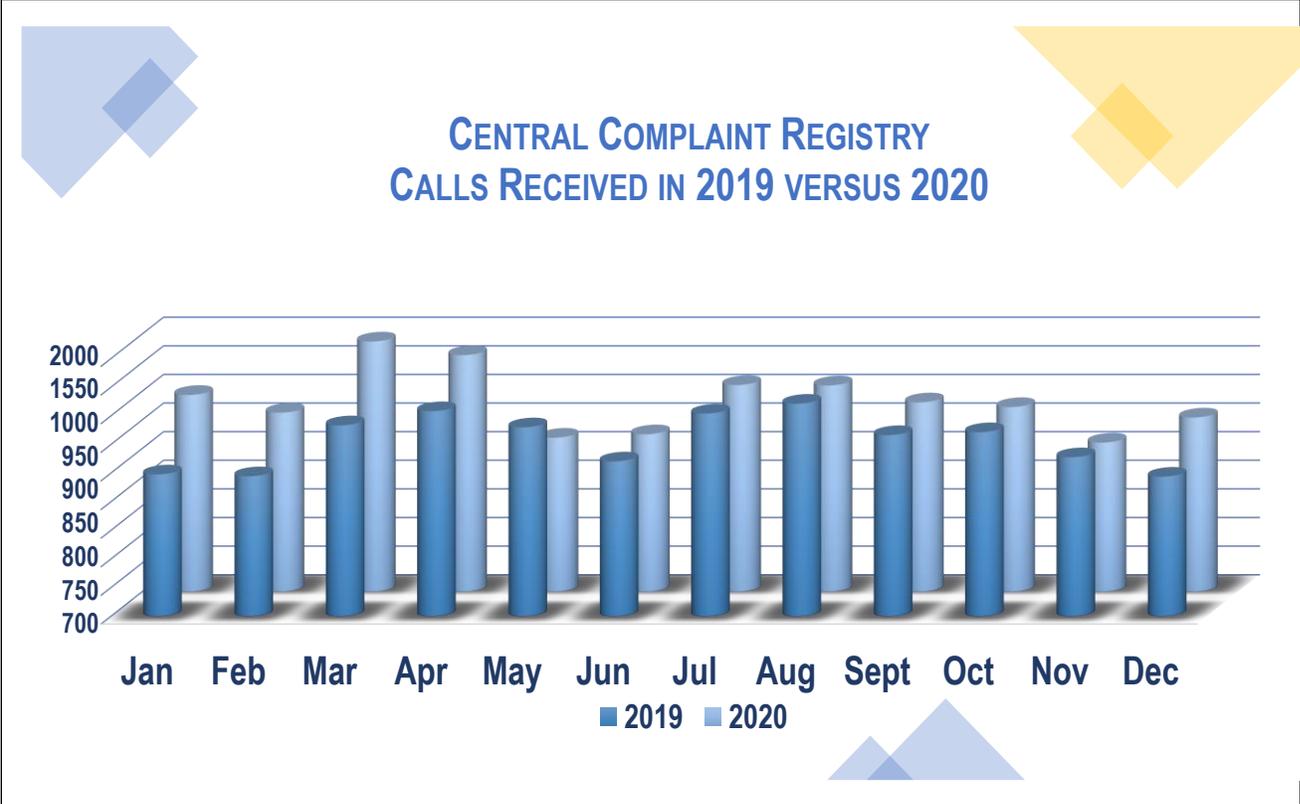


FIGURE 2:

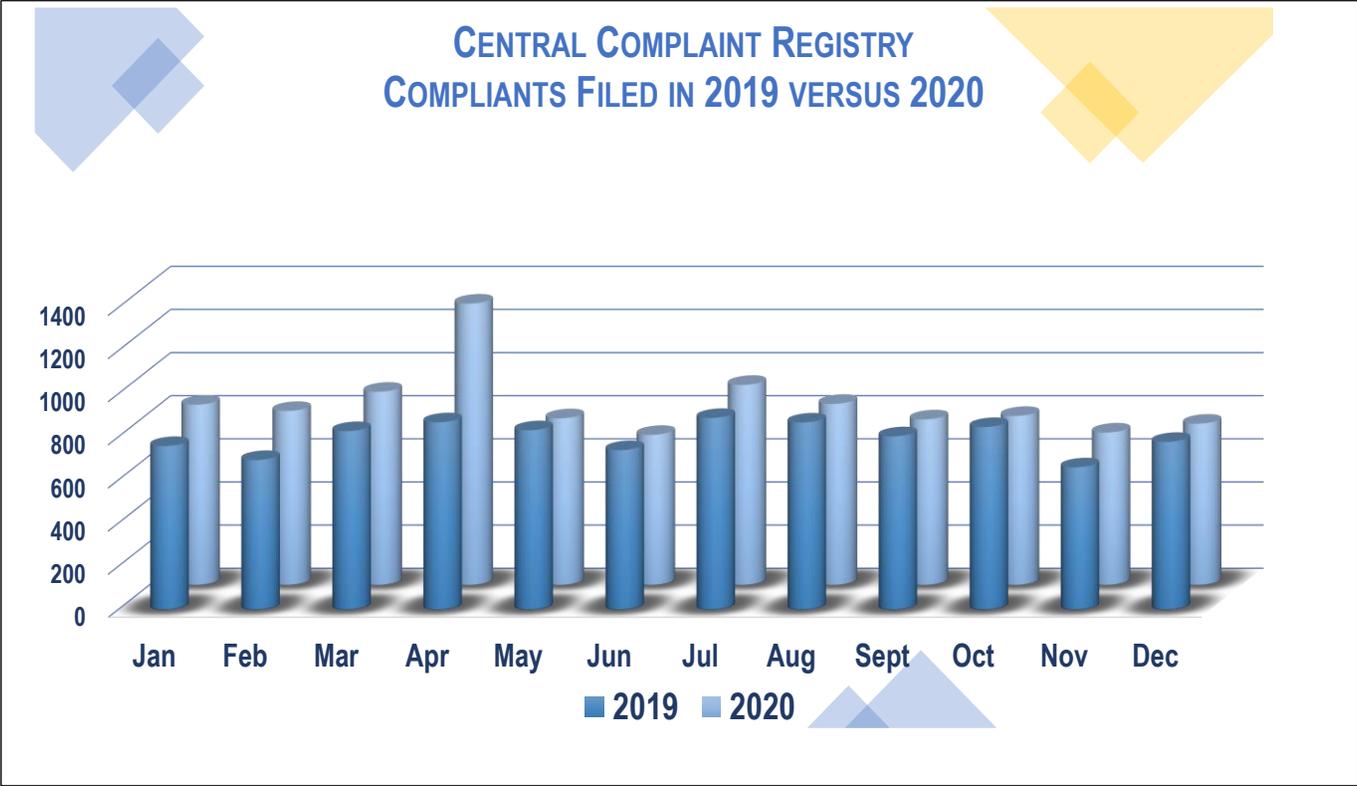
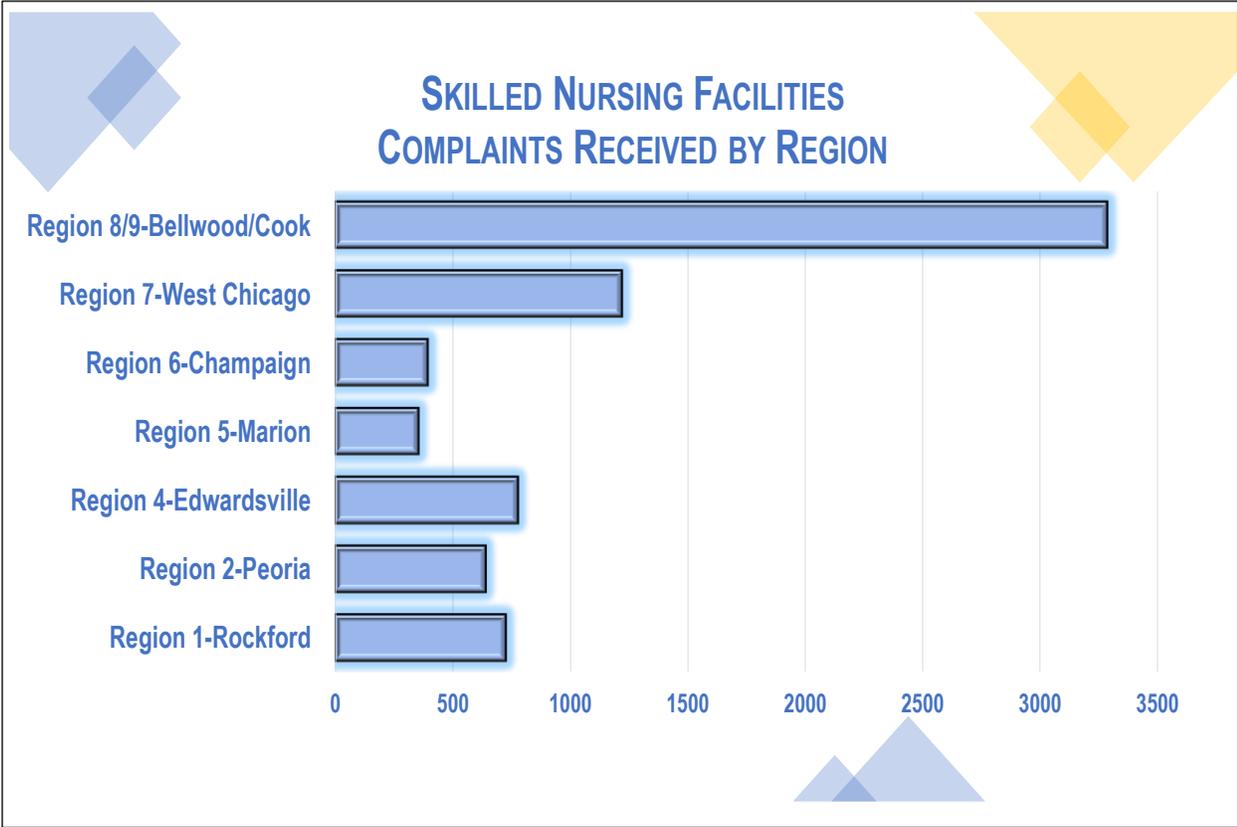


FIGURE 3:



APPENDICES

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APPENDIX A:

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

- *Skilled Nursing and Intermediate Care Facilities Code, (77 Ill. Adm. Code 300)*
- *Sheltered Care Facilities Code, (77 Ill. Adm. Code 330)*
- *Illinois Veterans Homes Code, (77 Ill. Adm. Code 340)*
- *Central Complaint Registry, (77 Ill. Adm. Code 400)*

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

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

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

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

Administrative 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)*

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

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

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

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

Administrative Rules promulgated under the Authority of the Community Living Facility Licensing Act [210 ILCS 35]

- *Community Living Facilities Code, (77 Ill. Adm. Code 370)*

Administrative Rules promulgated under the Authority of the Nursing Home Care Act, the MC/DD Act, and the ID/DD Community Care Act

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

Authorized Electronic Monitoring in Long-Term Care Facilities Act , [210 ILCS 32]

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

APPENDIX B: Nursing Home Care Act, [210 ILCS 45/1-113]

Definition of Facility or Long-Term Care Facility

"Facility" or "long-term care facility" means a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code, or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for three 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 Illinois Department of Human Services as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act;
- 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; or
- 15) A medical foster home, as defined in 38 CFR 17.73, that is under the oversight of the U. S. Department of Veterans Affairs.

APPENDIX C: Assisted Living/Illinois 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 is 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 IDPH unless the establishment has taken corrective action within a time frame agreed upon between IDPH 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.

APPENDIX D: Long-Term Care Facility/IL Administrative Code Title 77 Section 300.272

Determination to Issue a Notice of Violation or Administrative Warning

- a) Upon receipt of a report of an inspection, survey, or evaluation of a facility, the director or his or her designee will 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. All information, evidence, and observations made during an inspection, survey, or evaluation will be considered findings or deficiencies (Section 3-212(c) of the Act).

- b) In making this determination, the director or his or her designee will consider any comments and documentation provided by the licensee within 10 days after receipt of the copy 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 or her designee will base his or her determination on the following factors:
 - 1) The severity of the finding. The director or his or her designee will consider whether the finding constitutes a technical non-substantial error or whether the finding is serious enough to constitute an actual violation of the intent and purpose of the act or this part.

 - 2) The danger posed to resident health and safety. The director or his or her 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. The director or his or her designee will consider comments and documentation provided by the facility evidencing that steps have been taken to correct reported 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 or her designee will consider whether the same finding or a similar finding relating to the same condition or occurrence has been included in previous reports and the facility has allowed the condition or occurrence to continue or to recur (Section 3-212(c) of the Act).

- d) If the director or his or her designee determines that the report's findings constitute a violation or violations that do not directly threaten the health, safety, or welfare of a resident or residents, IDPH 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 75 days after completion of each inspection, survey, and evaluation (Section 3-212(c) of the Act).

(Source: Amended at 43 Ill. Reg. 3536, effective February 28, 2019)

APPENDIX E: Long-Term Care Facility/Illinois 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).*
- 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.*
- 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)

APPENDIX F: Long-Term Care Facility/Illinois Administrative Code Title 77 Section 300.277

Administrative Warning

- A) If IDPH 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, IDPH 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:
- A description of the nature of the violation.
 - A citation of the specific statutory provision or rule that the Department alleges has been violated.
 - 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 IDPH 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*, IDPH shall notify the facility of the finding. The facility shall then *submit a written plan of correction* as provided in Section 300.278. IDPH 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)

APPENDIX G: Long-Term Care Facility/Summary of Long-Term Care Facility Federal Survey Process (State Operations Manual)

A.	Offsite Survey Preparation
1)	Review Quality Measure reports that indicate potential problems or concerns that warrant further investigation, Casper 3, results of standard survey, complaints since last standard survey, facility reported incidents (FRI) since last standard survey, waivers/variances.
2)	Contact the ombudsman.
3)	Assign all units.
4)	Assign complaints/FRI.
5)	Team reviews offsite information.
B.	Facility Entrance
1)	Inform administrator of the survey and introduce team members.
2)	Team coordinator conducts entrance conference; other team members proceed to assigned areas.
3)	Follow the Entrance Conference Worksheet.
4)	Request signs to be posted announcing that a survey is being performed.
5)	Provide facility with copy of Casper 3.
6)	Request information on the worksheet.
7)	Request required forms be completed by the facility.
8)	Conduct brief initial visit to kitchen.
C.	Initial Pool Process
1)	Briefly screen all residents in assigned area.
2)	Identify eight (+/-) 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.
D.	Sample selection.
1)	Sample will include only active residents marked for further investigation.
2)	Discuss concerns for each sampled resident.
3)	Ensure concerns will be covered by final sample.
4)	Finalize sample.
5)	Unnecessary medication review will be system generated.
6)	Closed records will be system generated.
7)	Review task and surveyor assignment and re-assign as necessary.
E.	Investigations
1)	Investigate all concerns identified as requiring further investigation.
2)	Access and utilize the critical element pathways for care areas.
3)	Utilize a more in-depth interview, observation, and record review.
4)	Investigate concern thoroughly so a compliance decision can be made.
F.	Ongoing and Other Survey Activities
1)	Complete closed record reviews.
2)	Complete dining, infection control, SNF beneficiary protection notification review, kitchen, medication administration, medication storage, resident council meeting, sufficient and competent nursing staffing.
3)	Complete triggered tasks as necessary if there are concerns: personal funds, environment resident assessment.
G.	Potential citations/Exit Conference
1)	Record final citation and severity decision making.
2)	Determine if an extended survey needs to be conducted.
3)	Conduct exit conference with the facility to inform the facility of survey teams' observations and preliminary findings.
4)	Provide the facility with the opportunity to discuss and supply additional information, as necessary.

APPENDIX H: Long-Term Care Facility/Section 300.661 Health Care Worker Background Check

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

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

**APPENDIX I: PART 955 Health Care Worker Background Check Code/Section 955 Appendix A
Offenses that are Always Disqualifying Except through the Appeal Process**

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
5/8-1.1	Solicitation of Murder	1/1/98
5/8-1.2	Solicitation of Murder for Hire	1/1/98
5/9-1	First Degree Murder	7/1/95
5/9-1.2	Intentional Homicide of an Unborn Child	7/1/95
5/9-2	Second Degree Murder	7/1/95
5/9-2.1	Voluntary Manslaughter of an Unborn Child	7/1/95
5/9-3	Involuntary Manslaughter and Reckless Homicide	7/1/95
5/9-3.1; 5/9-3.4	Concealment of Homicidal Death	7/1/95 8/25/17
5/9-3.2	Involuntary Manslaughter and Reckless Homicide of an Unborn Child	7/1/95
5/9-3.3	Drug Induced Homicide	7/1/95
5/10-1	Kidnapping	7/1/95
5/10-2	Aggravated Kidnapping	7/1/95
5/11-6	Indecent Solicitation of a Child	1/1/98
5/11-9.1	Sexual Exploitation of a Child	1/1/98
5/11-9.1A; 150/5.1	Permitting Sexual Abuse of a Child	8/25/17
5/11-9.2	Custodial Sexual Misconduct	8/25/17
5/11-9.3	Presence of Sex Offender in School Zone	8/25/17
5/11-9.4-1	Presence of Sexual Predator or Sex Offender near Public Park	8/25/17
5/11-9.5	Sexual Misconduct with a Person with a Disability	7/24/06
5/11-14.4(a)	Promoting Juvenile Prostitution	7/25/15
5/11-19.2	Exploitation of a Child	1/1/98
5/11-20.1	Child Pornography	1/1/98
5/11-20.3; 5/11-20.1B	Aggravated Child Pornography	7/1/11
5/12-3.3	Aggravated Domestic Battery	1/1/04
5/12-3.05; 5/12-4	Aggravated Battery	1/1/98 7/1/95
5/12-4.1	Heinous Battery	1/1/98
5/12-4.2	Aggravated Battery with a Firearm	7/1/95
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
5/12-4.3	Aggravated Battery of a Child	7/1/95
5/12-4.4	Aggravated Battery of an Unborn Child	7/1/95
5/12-4.4a(a)	Abuse or Neglect of a Long-Term Care Facility Resident	8/25/17

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
5/12-4.4a(b)	Criminal Abuse or Neglect of an Elderly Person or a Person with a Disability	8/25/17
5/12-4.6	Aggravated Battery of a Senior Citizen	7/1/95
5/12-4.7	Drug Induced Infliction of Great Bodily Harm	7/1/95
5/11-1.20; 5/12-13	Criminal Sexual Assault	7/1/95
5/11-1.30; 5/12-14	Aggravated Criminal Sexual Assault	7/1/95
5/11-1.40; 5/12-14.1	Predatory Criminal Sexual Assault of a Child	7/1/95
5/11-1.50; 5/12-15	Criminal Sexual Abuse	7/1/95
5/11-1.60; 5/12-16	Aggravated Criminal Sexual Abuse	7/1/95
5/12-19	Abuse and Criminal Neglect of a LTC Facility Resident	7/1/95
5/12-20.5	Dismembering a Human Body	8/25/17
5/12-21	Criminal Abuse or Neglect of an Elderly Person or Person with a Disability	7/1/95
5/16-1.3; 5/17-56	Financial Exploitation of an Elderly Person or a Person with a Disability	7/1/95
5/18-2	Armed Robbery	7/1/95
5/18-4	Aggravated Vehicular Hijacking	1/1/98
5/18-1(b); 5/18-5	Aggravated Robbery	1/1/98
5/19-6	Home Invasion	8/25/17
5/20-1.1	Aggravated Arson	7/1/95
150/5.1	Permitting Sexual Abuse of a Child	1/1/04

APPENDIX J: PART 955 Appendix B Disqualifying Offenses that may be Considered for a Rehabilitation Waiver.

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

APPENDIX K: Disqualifying Offenses Considered for a Waiver by Application Submission

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

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[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,	
[720 ILCS 570/401.1]	Controlled Substance Trafficking	
[720 ILCS 570/404]	Distribution, Advertisement or Possession with Intent to Manufacture or Distribute a Look-Alike Substance	
[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	

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

APPENDIX L: WEBSITE ADDRESSES AND LINKS

Administrative Code

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

Centers for Medicare & Medicaid Services (CMS)

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

CNA Approved Training Programs

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

Community Living Facilities Licensing Act

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1223&ChapAct=2>

Filing a complaint

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

Forms and Publications

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

Health Care Worker Registry

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

Illinois Department of Public Health

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

Illinois General Assembly

<http://www.ilga.gov>

Intellectually Disabled/Developmentally Disabled Community Care Act

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3127&ChapterID=21>

Life Safety and Construction

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

Long-Term Care Facility Profiles

<https://www2.illinois.gov/sites/hfsrb/InventoriesData/FacilityProfiles/Pages/default.aspx>

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

<https://www.ilga.gov/legislation/publicacts/99/099-0180.htm>

Nursing Home Care Act

<https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1225&ChapterID=21>

Nursing Homes

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

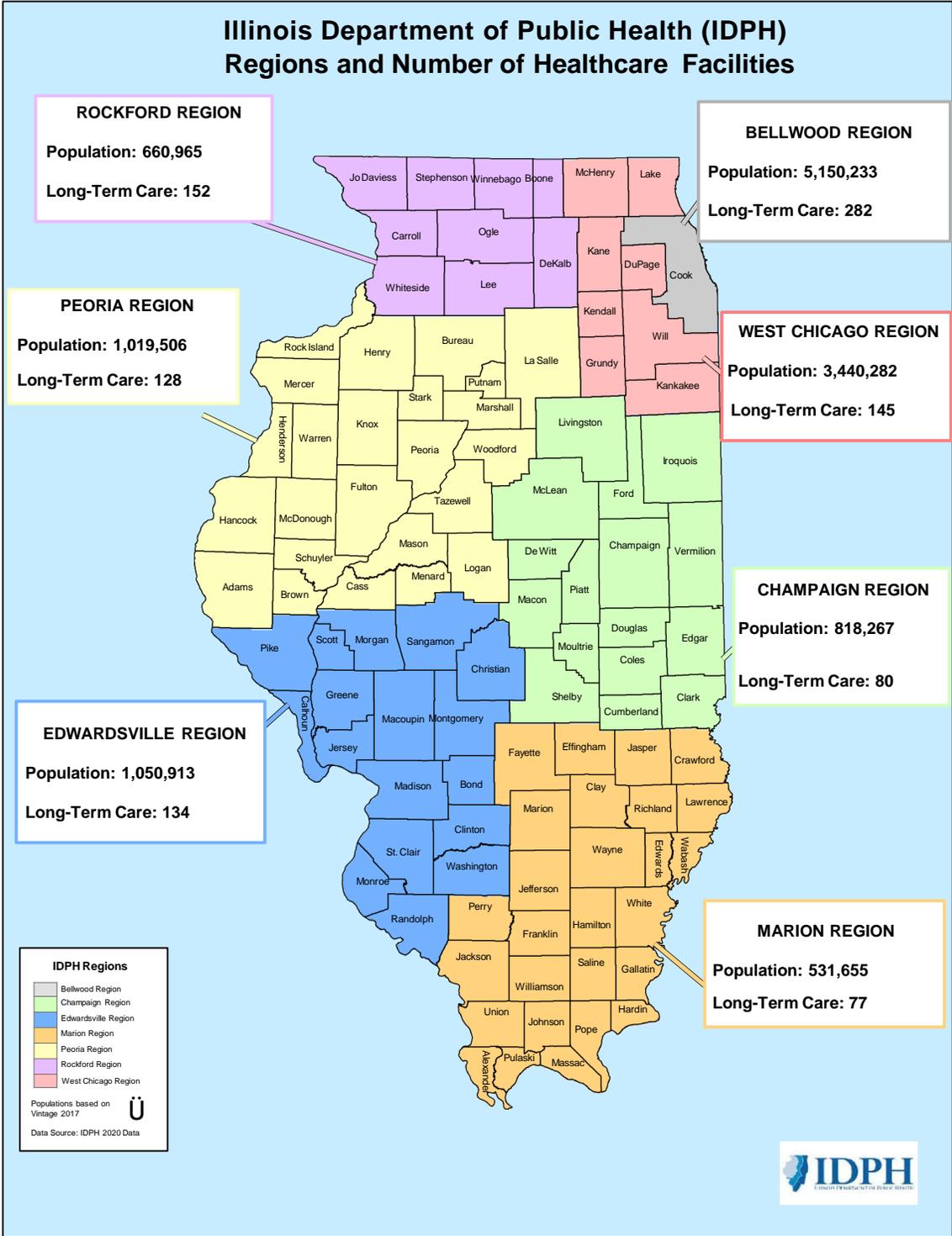
Office of Health Care Regulation

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

Specialized Mental Health Rehabilitation Facility Act

<https://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=021000490HArt.+1&ActID=3500&ChapterID=21&SeqStart=100000&SeqEnd=700000>

APPENDIX M: REGIONAL MAP



APPENDIX N: CONTACT INFORMATION

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

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