Trials and Tribulations: Implications of Public Health Regulations on Clinical Practice

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IDPH Fast PHACTs
March 19, 2026

CME Accreditation Statement

The Illinois Department of Public Health, Medical Services Division is authorized to offer formal Continuing Medical Education (CME) programs to Illinois physicians licensed under (225 ILCS 60/) the Medical Practice Act of 1987. The formal programs must comply with the criteria in subsection (c)(3) of 68 Illinois Administrative Code, Section 1285.110, and all other criteria in this Section.

Live webinar attendance with completion of a post-webinar survey and quiz is required to obtain an attendance or CME certificate. The *post webinar survey is available to attendees for seven days after the session. Those who attend the webinar and complete the survey are eligible to receive a certificate of participation or continuing medical education credit as appropriate.*

Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records if requested by the Illinois Department of Financial and Professional Regulation. Additional professions attending webinars should confirm that the CME credit is applicable through their licensing organization.

Financial Disclosures

Name and Credentials	Role in Activity	Was there a relevant Financial Disclosure	List of Mitigated Disclosures
Arti Barnes, MD, MPH	Presenter	No	N/A
Somi Nagaraj, DNP, RN, HFSN	Presenter	No	N/A
Jonathan Harwood, MSN, RN	Presenter	No	N/A
David Hale-Arroyo	Staff	No	N/A

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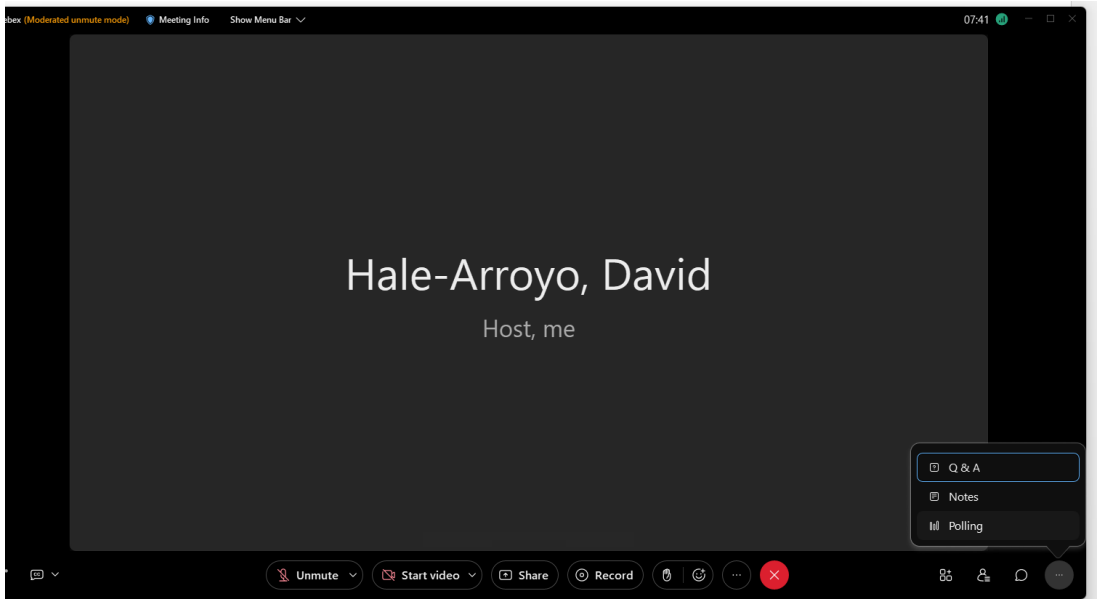
Housekeeping:

Webinar sessions are recorded and shared with all participants.

Live Chat has been disabled.

Questions during the Webinar should be entered into the Q&A option where the presentation team will provide responses. To access the Q&A function in Webex, select the three (…) on the right-hand bottom of the Webex screen and then click on the Q&A option (first option) to open the Q&A window:



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Objectives

- Increase awareness of IDPH regulatory oversight of healthcare facilities including hospitals, ASTCs and LTCFs
- Explore impact of various types of healthcare facility citations with focus on “immediate jeopardy” situations
- Enhance knowledge of clinician role in regulatory requirements at facilities.

Why are we here today? The Role of Clinicians in HealthCare Regulations

The Importance of Regulatory Compliance in Healthcare

- Avoid Legal Risks
- Improves Patient Care
- Protects Health Information
- Enhances Reputation
- Prevents Financial Loss

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Code or Law? What's the difference

- **Statutory law** (or law): created by legislative bodies (Congress/General Assembly)
- **Administrative code** (rules/regulations): created by executive branch agencies to provide detailed, actionable instructions on implementing those laws.

Title 77 of the Illinois Administrative Code:
PUBLIC HEALTH

Chapter I. Department of Public Health

Subchapter a. General Provisions - Powers and Duties

Subchapter b. Hospitals and Ambulatory Care Facilities

Subchapter c. Long-Term Care Facilities

Subchapter d. Laboratories and Blood Banks

Subchapter e. Vitals Records

Subchapter f. Emergency Services and Highway Safety

Subchapter g. Grants to Dental and Medical Students

Subchapter h. Local Health Departments

Subchapter i. Maternal and Child Health

Subchapter j. Vision and Hearing

Subchapter k. Communicable Disease Control and Immunization

Subchapter l. Chronic Diseases

Subchapter m. Food, Drugs and Cosmetics

Subchapter n. Recreational Facilities

Subchapter o. Pest Control

Subchapter p. Hazardous and Poisonous Substances

Subchapter q. Mobile Homes

Subchapter r. Water and Sewage

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https://www.idph.state.il.us/rulesregs/rules-index.htm

So...what do we really regulate? IDPH Regulatory Scope and Scale

Regulate *

- Healthcare facilities/services
  - Also provide specific designations
- Emergency Medical Personnel/ Systems
- CLIA (Lab) compliance and inspection
- School based health centers
- Food safety and certain environmental health hazards (plumbing and pest control)
- Body art and tanning facilities

Certify *

- Asbestos and lead abatement personnel
- Hearing and vision technicians
- Portable X ray services (Medicare)
- Out-Patient Physical Therapy/ Speech (Medicare)
- Community Health Workers
- Hospice agency (Medicare)
- Home health
- Comprehensive outpatient physical rehabilitation

- * non-exclusive list

https://dph.illinois.gov/resource-center/licensing-certification.html
https://dph.illinois.gov/topics-services/environmental-health-protection.html

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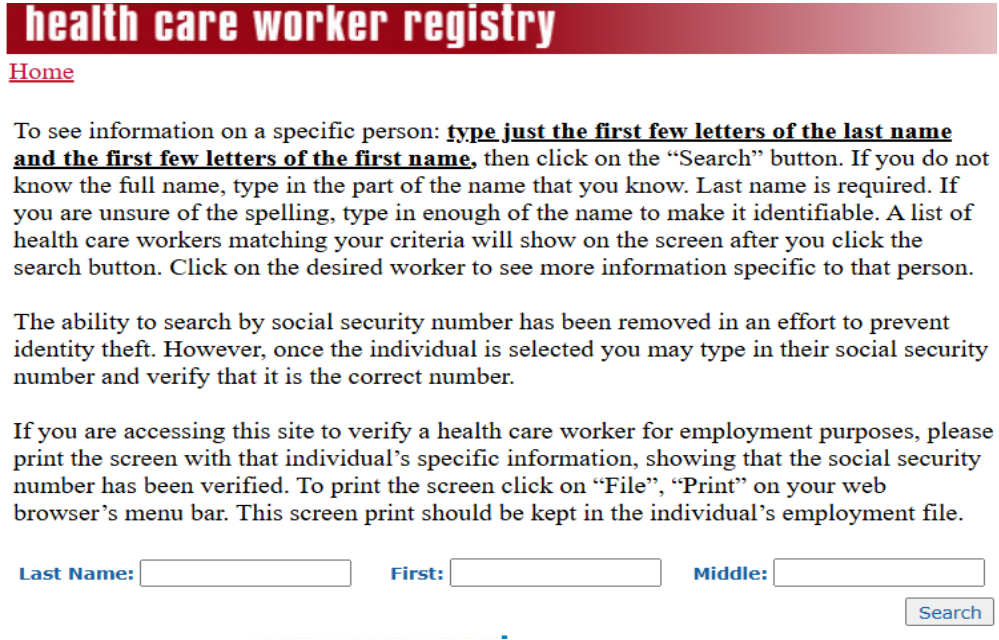
What we DON'T regulate!

- Healthcare facilities like
  - Urgent cares
  - Ambulatory clinics
    - Except Rural Health Centers and birthing centers
  - Substance use disorder facilities (IDHS)
- Licensed Healthcare professionals (IDFPR)
- Public/municipal water (IEPA)
- Schools (ISBE) and Daycares (IDEC) but we inform vaccination requirements and school health forms
- Agricultural produce (DoAg)

...But we maintain a registry for unlicensed Health care workers (e.g. home health care aides, CNAs, personal care assistants, private duty nurse aides, day training personnel etc.
The health care worker registry provides information on training and any administrative findings per background checks.



https://hcwrpub.dph.illinois.gov/Search.aspx

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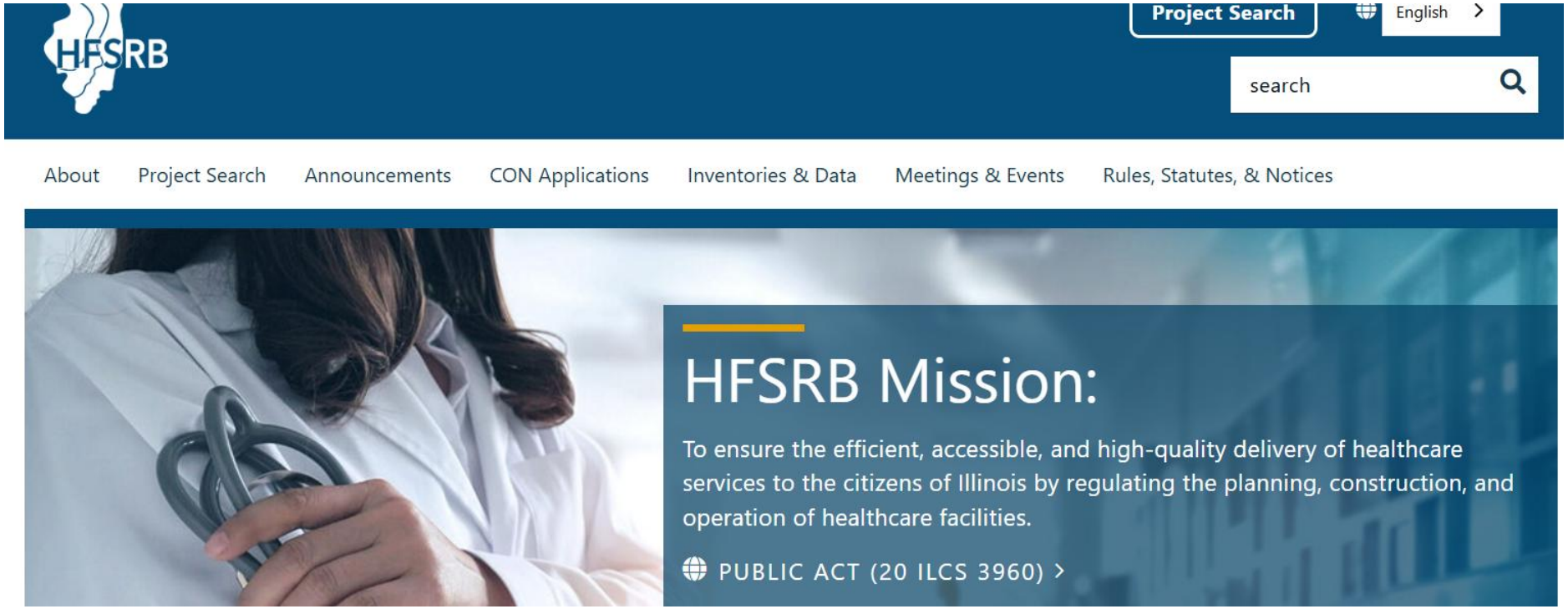
Healthcare Facilities and Services Review Board



Certificate of Need (CoN) program aimed at containing health care costs, **approves or disapproves applications for construction or expansion of health care facilities** to avoid unnecessary duplication of such facilities and promotes development of facilities in areas where needed.

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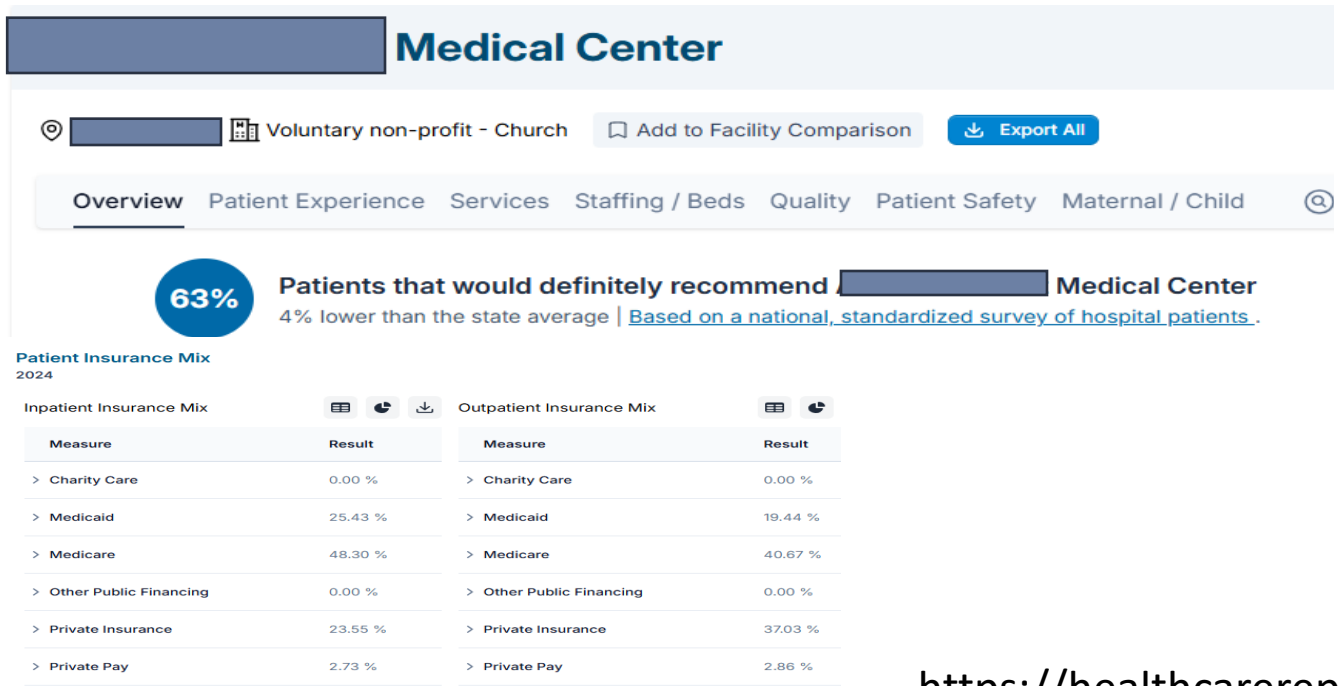
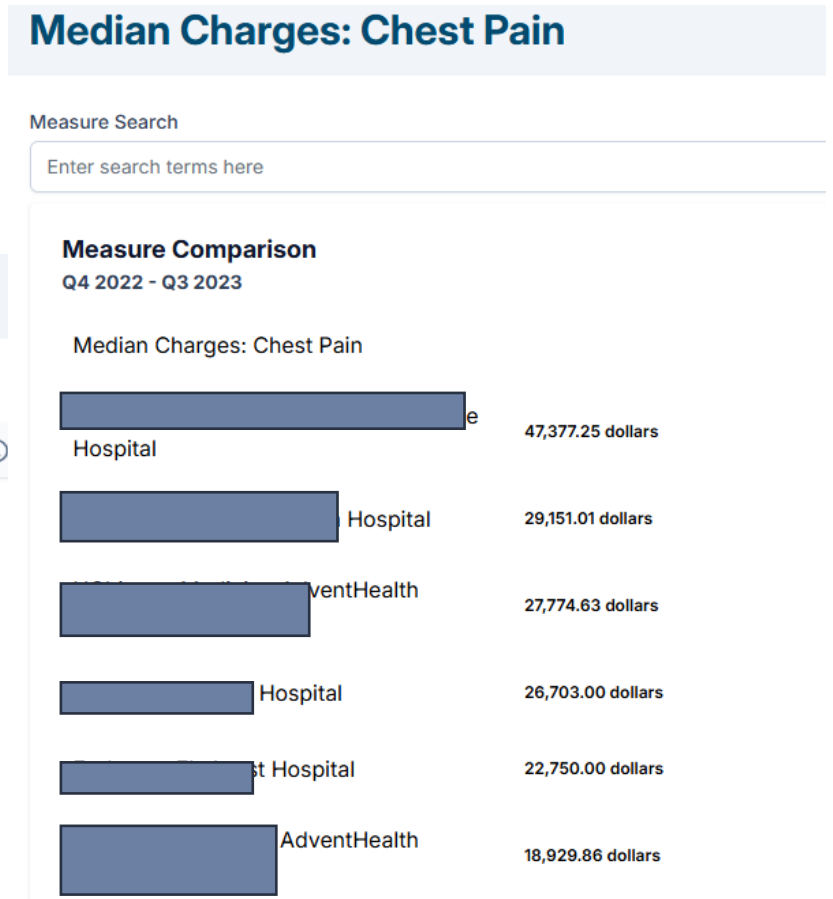
Seek and you shall find





https://healthcarereportcard.illinois.gov/search

Health Facilities Inventories and Data

This section of the Health Facilities and Services Review Board Web site contains completed inventories, surveys and other data sets. If you don't see the year or data set you need, try clicking to the next page or filtering which data sets show up. This site will be periodically updated and if you have any comments or questions, please visit our Contact Us Page.

ILLINOIS
Health Facilities & Services Review Board

HOSPITAL PROFILE
2024

Hospital Name

Medicine

County, HAS designation, License #

Not Specified

https://hfsrb.illinois.gov/inventories-data.html

Hospital Utilization by Category

Clinical Service	CON Auth Beds	Peak Beds Set Up	Peak Census	Admissions	Inpatient Days	Observation Days	Avg LOS	Avg Daily Census	CON Occ Rate	Staffed Bed Occupancy
Medical/Surgical	**82**	**82**	**83**	**4,501**	**16,714**	**1,354**	**3.7**	**50**	**60.4%**	**60.4%**
0-14 years	—	—	—	0	0	—	—	0	—	—
15-44 years	—	—	—	1,172	3,372	—	2.9	9	—	—
45-64 years	—	—	—	1,233	4,400	—	3.6	12	—	—
65-74 years	—	—	—	724	3,014	—	4.2	8	—	—
75 years +	—	—	—	1,372	5,928	—	4.3	16	—	—
Pediatrics	0	0	0	0	0	0	—	0	—	—
Intensive Care	**12**	**12**	**12**	**858**	**2,170**	**9**	**2.5**	**6**	**49.7%**	**49.7%**
Direct Admission	—	—	—	858	2,170	—	2.5	6	—	—
Transfers	—	—	—	0	0	—	—	0	—	—

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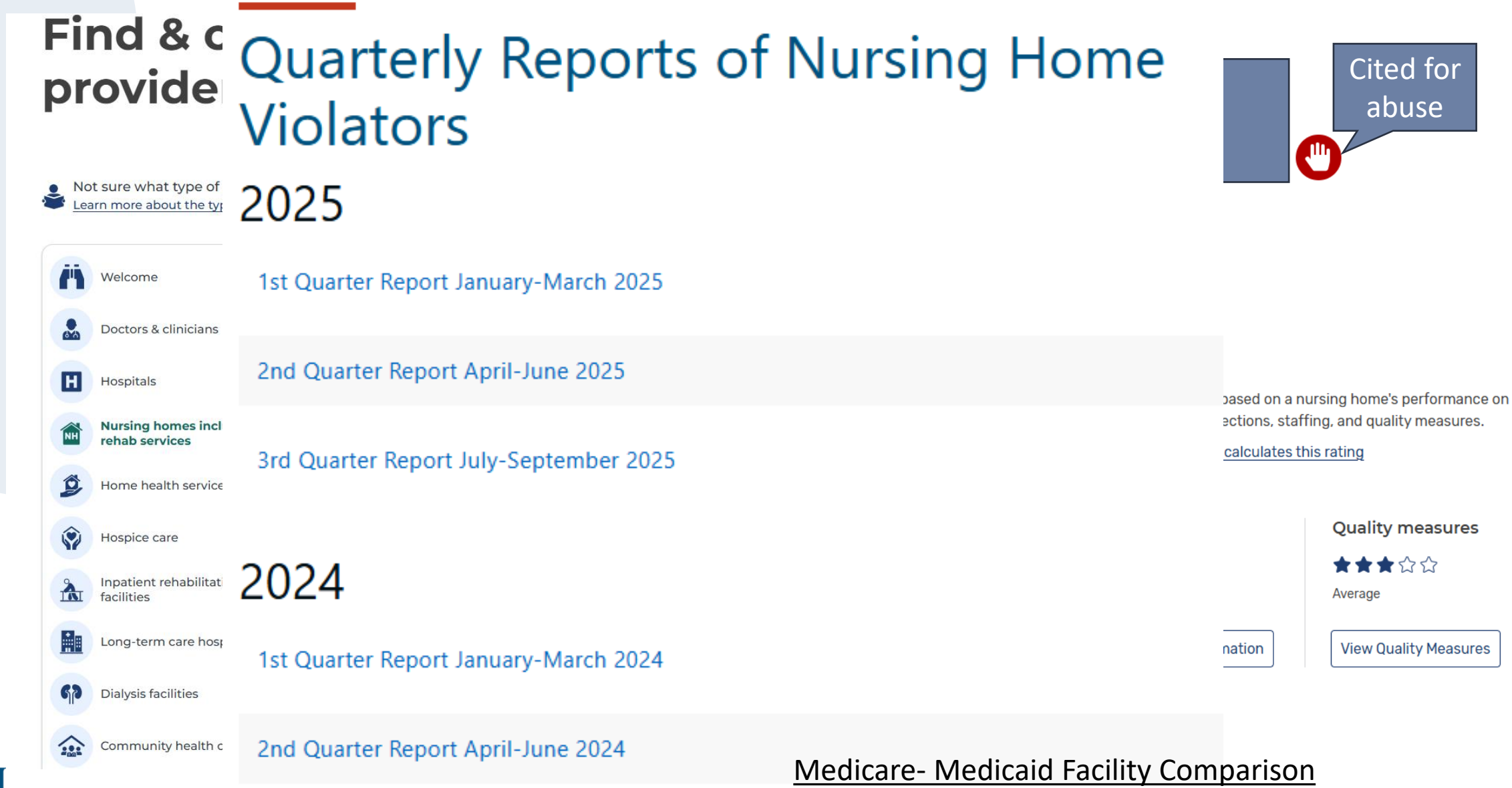
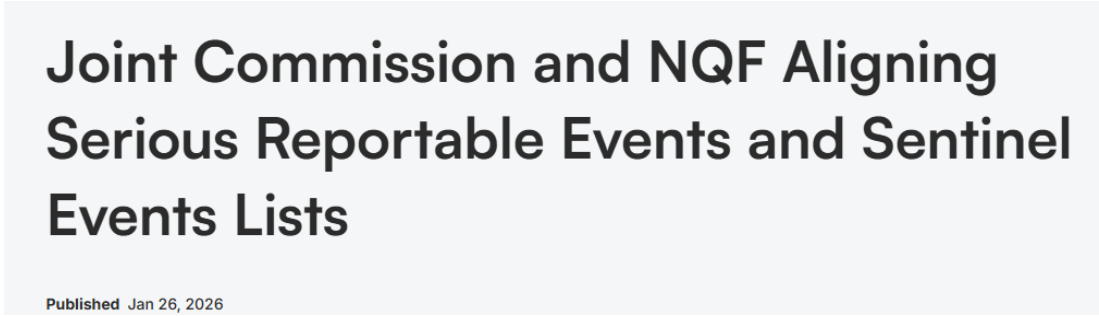


Medicare- Medicaid Facility Comparison

IDPH Nursing Home Violations Report

Adverse Healthcare Events Reporting Law

- In 2005, IL passed a law requiring hospitals and ambulatory surgical treatment centers to report to the Illinois Department of Public Health (IDPH) information on serious adverse events based on a list adopted by the National Quality Forum (NQF)
  - Procedural events
  - Device related
  - Criminal
  - Patient Protection
  - Care Management
  - Environmental
- This law is supportive and NOT punitive, and aims to help reach quality goals
- IDPH is establishing a platform to receive these reports



- The 2025 NQF list contains 28 Serious Reportable Events (SREs) of which 5 are new
  - MRI related thermal injury
  - Radiotherapy errors
  - Equipment fires during patient care
  - Neonatal harm
  - Unrecognized clinical deterioration

https://www.qualityforum.org/en/key-initiatives/updating-the-serious-reportable-events-sre-list

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Office of Health Care Regulation (OHCR) Health Care Facilities and Programs (HCF&P) Surveillance in Illinois

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March 19, 2026

Disclaimer

Office of Health Care Regulation (OHCR)
Health Care Facilities and Programs (HCF&P)
Training and Technical Division

Disclaimer: This Training is provided by the Illinois Department of Public Health (IDPH), Training and Technical Division. This training is intended for the Health Care Facilities and Programs, training purposes only. This training is not an official guidance. For official policies, guidance, rules, and regulations please refer to CMS Quality and Safety Oversight (QSO) Policy Memos, State Operations Manual (SOM), CMS and/or State Laws and Regulations.

The Center for Medicare and Medicaid Services' (CMS) Quality, Certification and Oversight Reports (QCOR) page due to system migrations, CMS has not been able to update the data since May 2022. Data provided in this presentation is from the Acute and Continuing Care Survey and Certification, dashboard from the iQIES (Internet Quality Improvement and Evaluation System) portal.

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Data Disclosure

Office of Health Care Regulation (OHCR)
Health Care Facilities and Programs (HCF&P)
Training and Technical Division

The Center for Medicare and Medicaid Services' (CMS) Quality, Certification and Oversight Reports (QCOR) page due to system migrations, CMS has not been able to update the data since May 2022.

Data provided in this presentation is from the Acute and Continuing Care Survey and Certification, dashboard from the iQIES (Internet Quality Improvement and Evaluation System) portal. Data reported in this presentation ranges from 01/2023 – 05/2025.

Beginning in May 2021, State Survey Agencies (SAs) and CMS locations began a phased transition to the Internet Quality Improvement and Evaluation System (iQIES), which is an internet-based system that includes survey and certification functions. iQIES consolidated and replaced functionality from the QIES, CASPER, and ASPEN legacy systems. This page will serve as a resource for SAs and CMS staff using iQIES.

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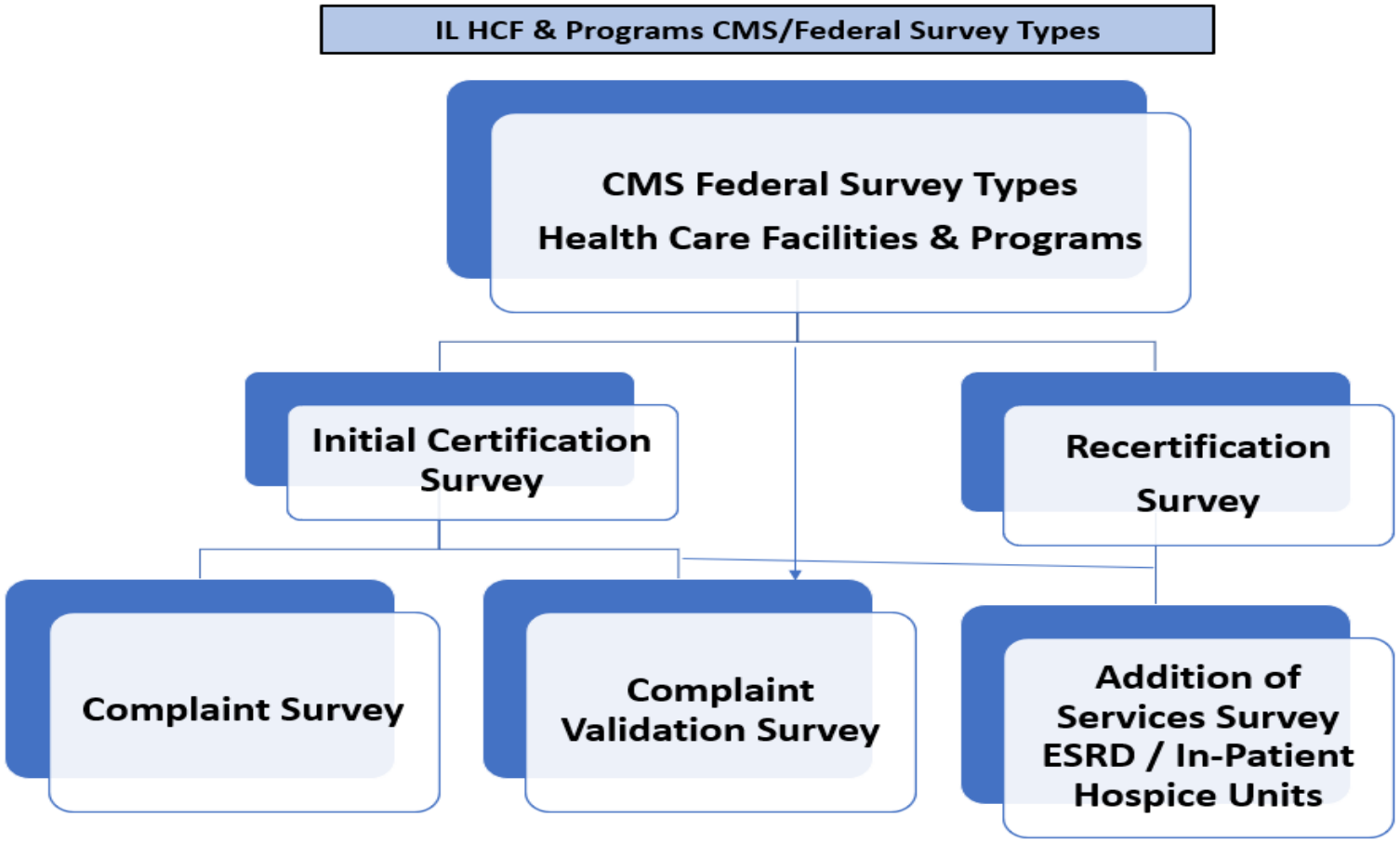
Office of Health Care Regulation
HCF & Programs Surveys

HCF & Programs CMS/Federal Survey Types



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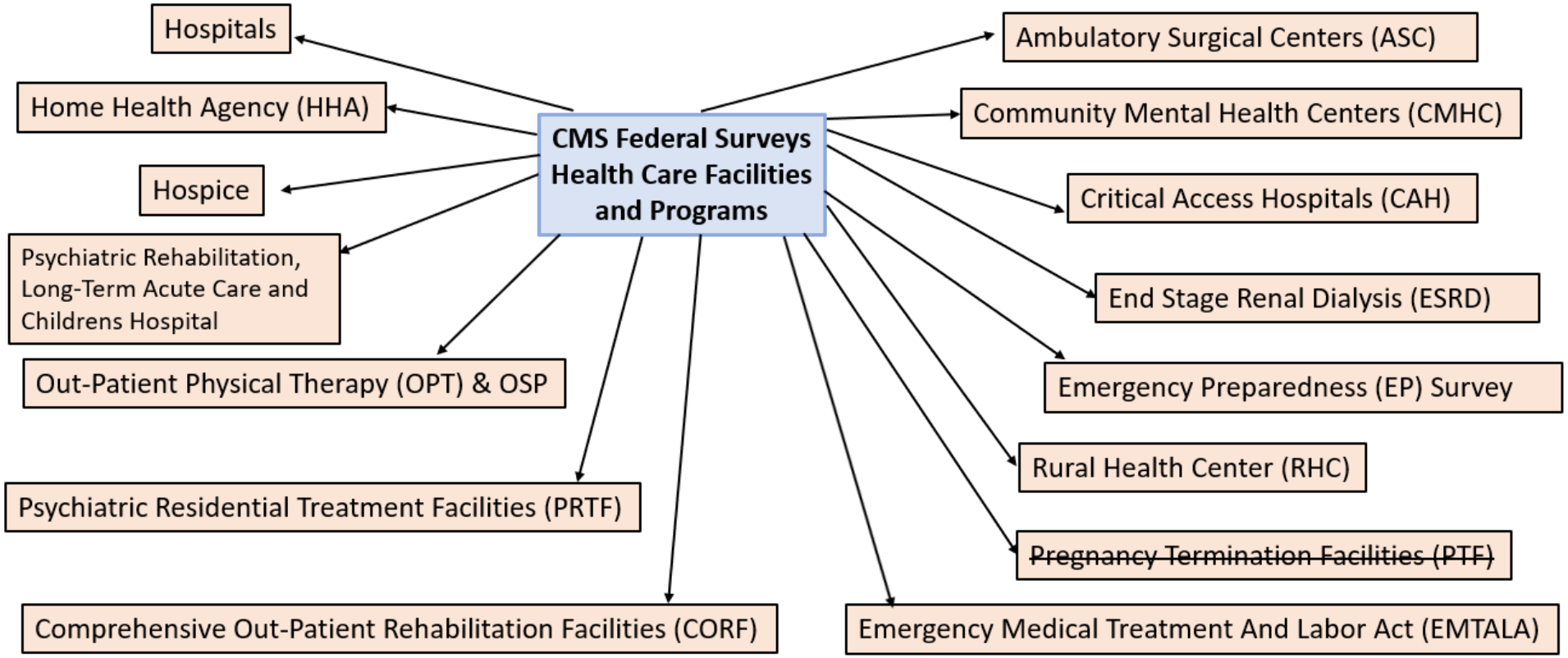
CMS/Federal Survey 14 Programs/Categories



IL HCF & Programs CMS/Federal Survey 14 Programs/Categories

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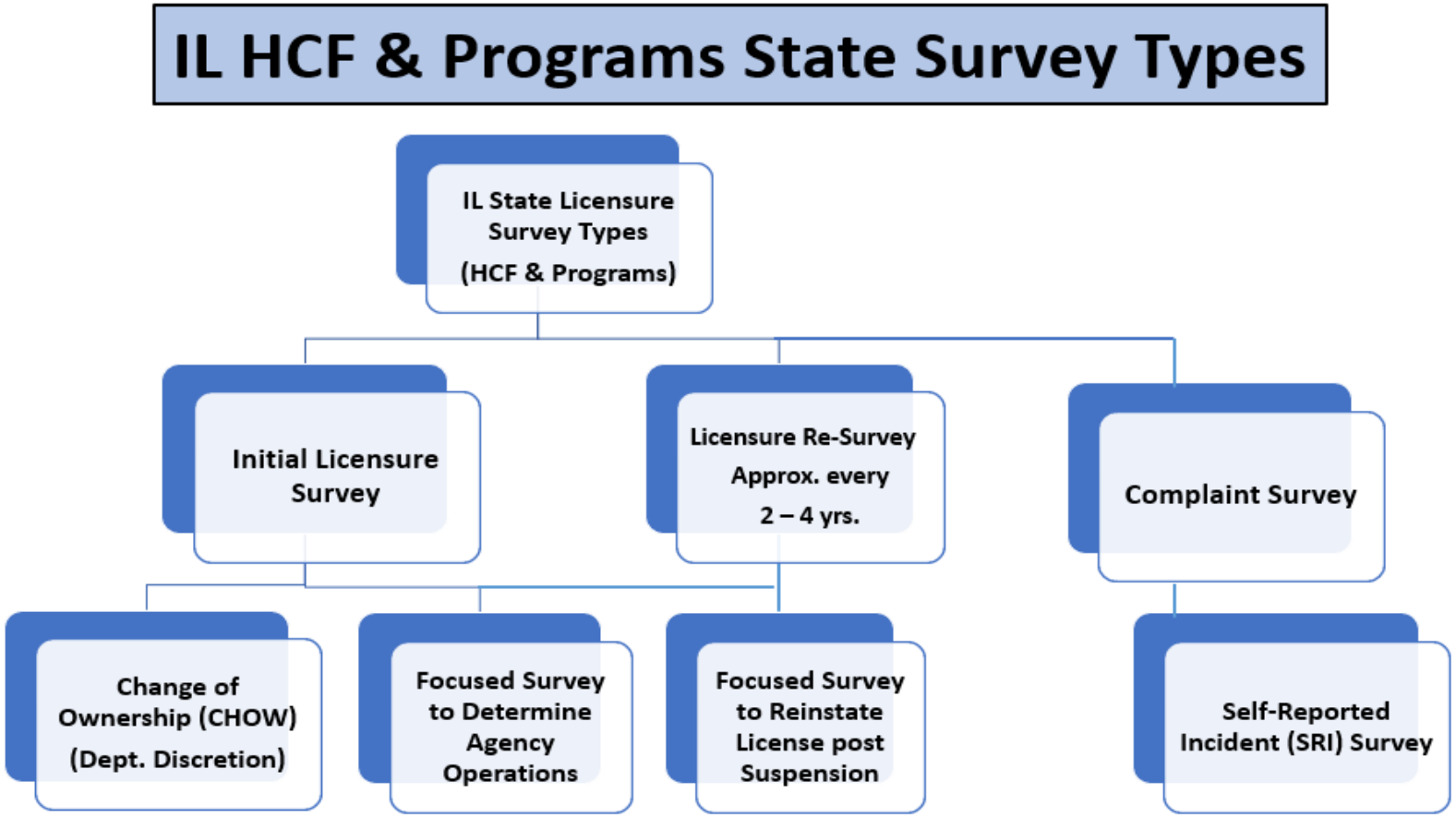
Illinois State Survey Types



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State Survey 15 Programs / Categories

State Licensure Programs/Surveys (15 Categories)

(See hyperlinks to Administrative Code under references)

State Licensure Programs/Surveys
Ambulatory Surgical Treatment Center Licensure
Birthing Centers Licensure
Children's Community Based Health Care Centers
Community Based Residential Rehabilitation Center
Free Standing Emergency Centers
Home Services Licensure
Home Services Placement Licensure

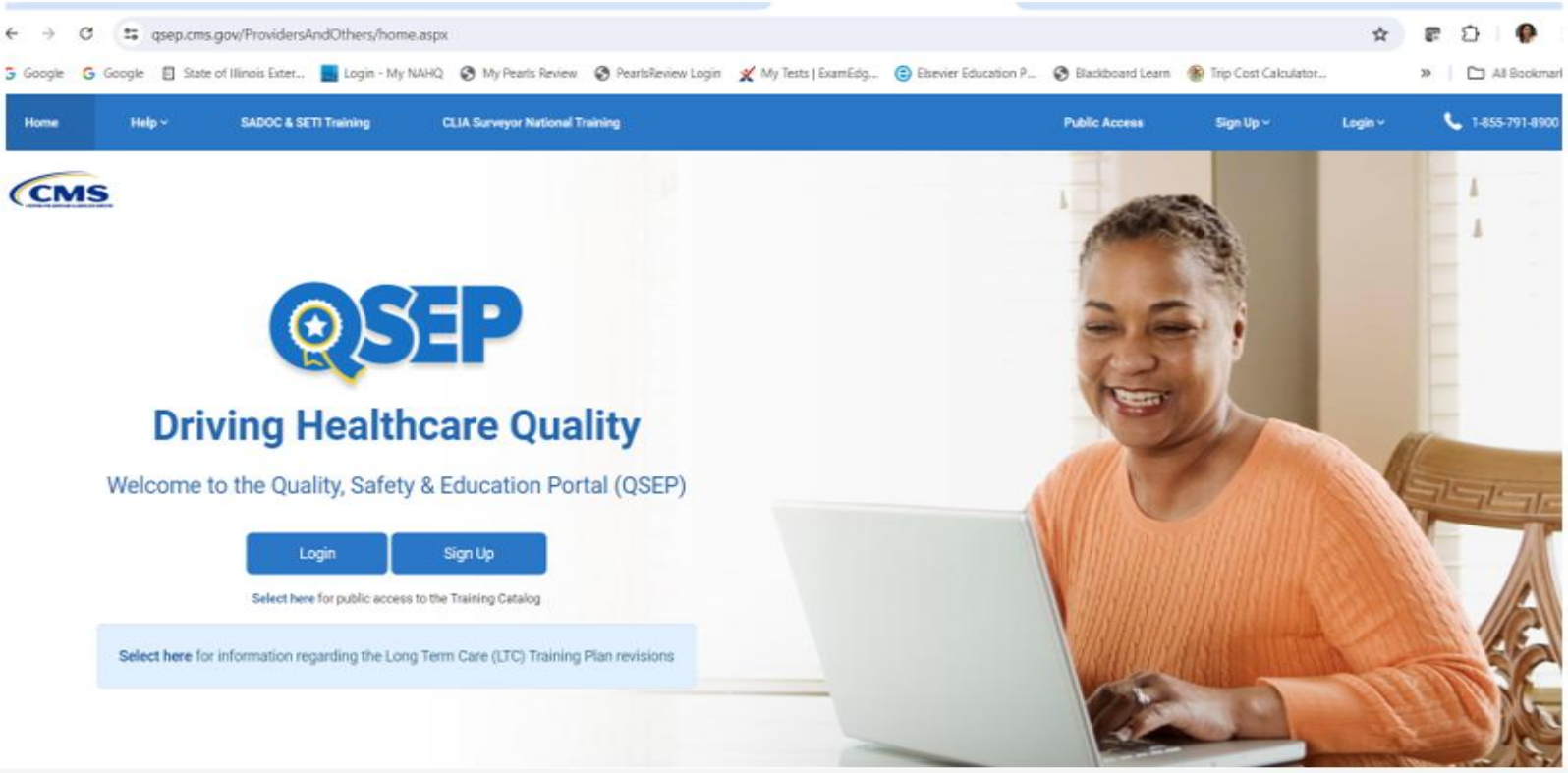
State Licensure Programs/Surveys
Home Health Licensure
Home Nursing Licensure
Home Nursing Placement Licensure
Hospice Licensure
Hospice Residence Survey
Hospital Licensure
Postsurgical Recovery Care
Subacute Care

Quality, Safety, and Education Portal (QSEP): Overview

Quality, Safety, and Education Portal (QSEP): Overview

(See direct link to this site under references)

State Agencies and CMS Surveyors learning site for all kinds of programs that are overseen by CMS – Medicare and Medicaid Services.



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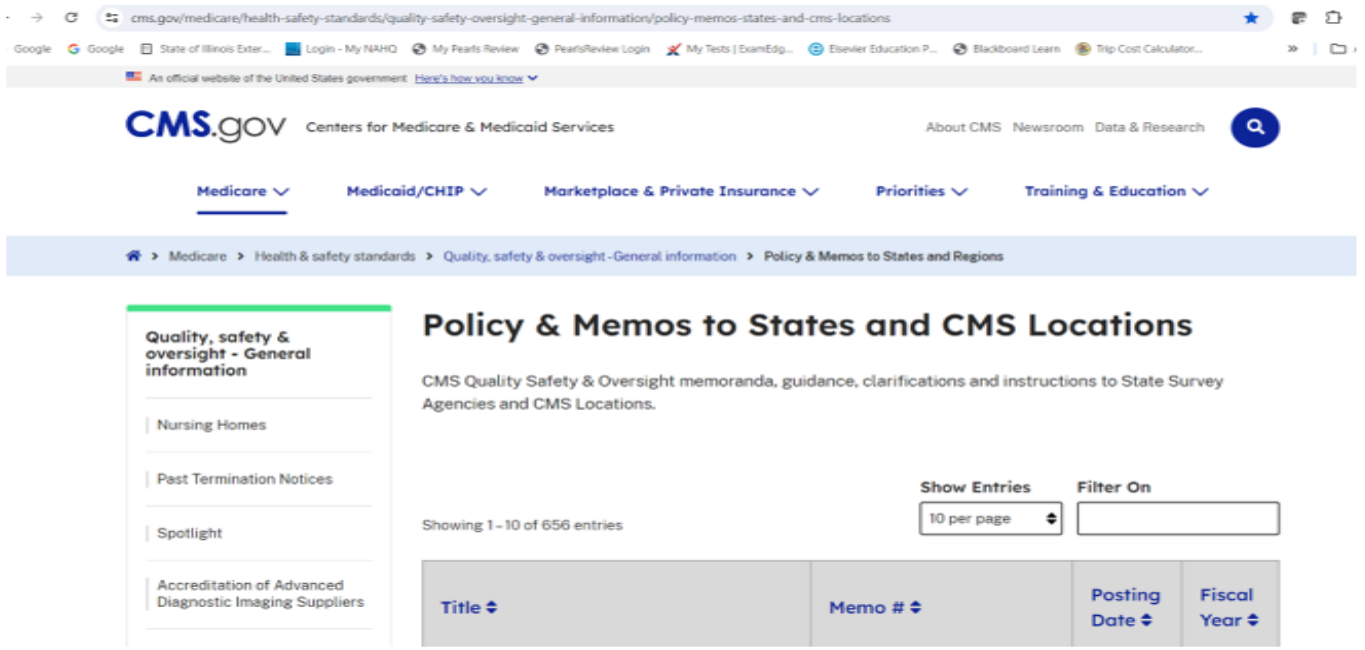
CMS.gov Policy and Memos to All States and CMS Surveyors

CMS.gov Policy and Memos to States and CMS Surveyors:

(See direct link to this site under references)

The QSO (Quality and Safety Oversight) memos helps the State Agencies and CMS surveyors to keep abreast of their knowledge regarding all the CMS rules and regulations along with any changes.



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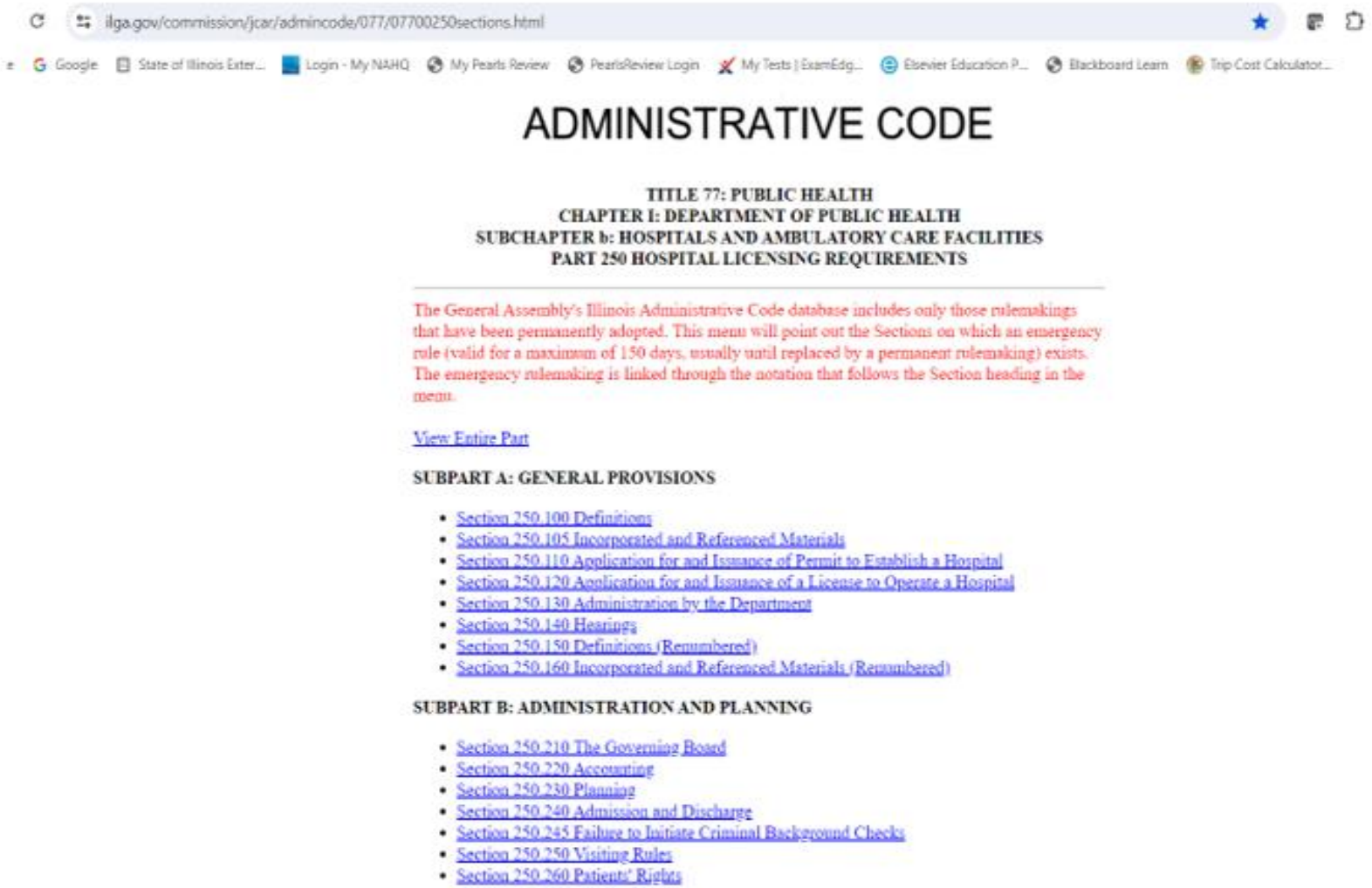
Illinois Administrative Code: Title 77: Public Health Part 250: Hospitals



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Medicare State Operations Manual (SOM)

Medicare State Operations Manual

Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. **Click on the corresponding letter in the "Appendix Letter" column to see any available file in PDF.**
- To return to this page after opening a PDF file on your desktop. Use the browser "back" button. This is because closing the file usually will also close most browsers

a. Access Appendices: A- Z -Opening using the hyperlink posted under references.

https://www.cms.gov/files/document/som-appendix.pdf

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Medicare State Operations Manual (SOM)

Appendix Letter	Description
A	Hospitals
AA	Psychiatric Hospitals
B	Home Health Agencies
C	Laboratories and Laboratory Services
D	Portable X-Ray Service
E	Outpatient Physical Therapy or Speech PathologyServices-Interpretive Guidelines
F	*Community Mental Health Center (CMHC)*
G	Rural Health Clinics (RHCs)
H	End-Stage Renal Disease Facilities
I	Life Safety Code
J	Intermediate Care Facilities for Individuals with Intellectual Disabilities
K	Comprehensive Outpatient Rehabilitation Facilities

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Medicare State Operations Manual (SOM)

Appendix Letter	Description
L	Ambulatory Surgical Services Interpretive Guidelines and Survey Procedures
M	Hospice
N	Psychiatric Residential Treatment Facilities (PRTF) Interpretive Guidance
P	Survey Protocol for Long-Term Care Facilities
PP	Interpretive Guidelines for Long-Term Care Facilities
Q	Determining Immediate Jeopardy
R	Resident Assessment Instrument for Long-Term Care Facilities
S	Mammography Suppliers - **Deleted**
T	Swing-Beds – ***Deleted (See Appendix A and Appendix W)***
U	Responsibilities of Medicare Participating Religious Nonmedical Healthcare Institutions
V	Responsibilities of Medicare Participating Hospitals In Emergency Cases
W	Critical Access Hospitals (CAHs)
X	Survey Protocol and Interpretive Guidelines for Organ Transplant Programs
Y	Organ Procurement Organization (OPO)
Z	Emergency Preparedness for All Provider and Certified Supplier Types

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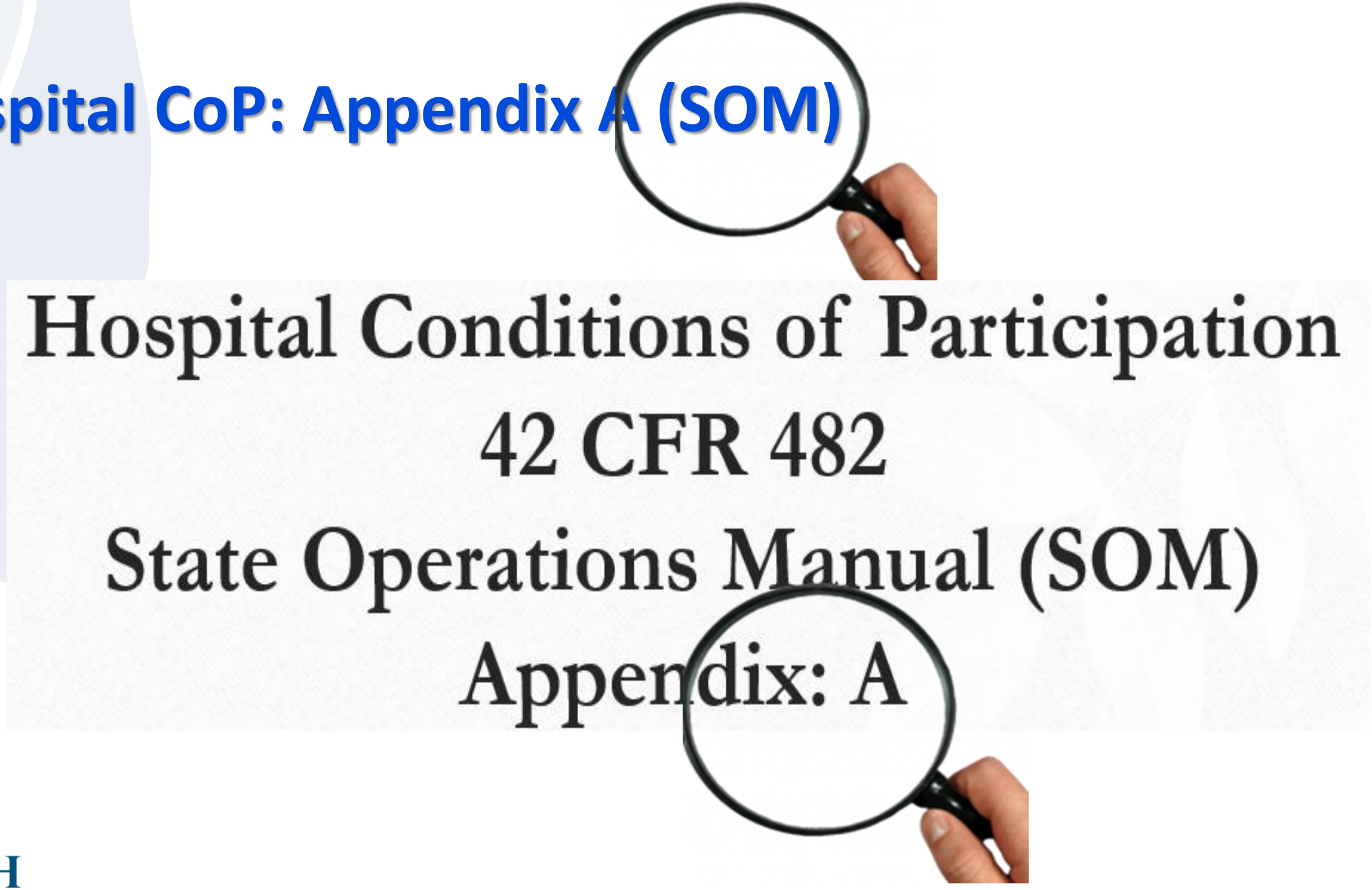
Hospital CoP: Appendix A (SOM)



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CoP: 42 CFR 482 - Hospitals

Hospitals are required to be in compliance with the Federal requirements set forth in the Medicare Conditions of Participation (CoP) in order to receive Medicare/Medicaid payment.

The goal of a hospital survey is to determine if the hospital is in compliance with the CoP set forth at 42 CFR Part 482.

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Hospital CoPs

42 CFR 482.11	Compliance with Federal, State, and Local Laws
42 CFR 482.12	Governing Body
42 CFR 482.13	Patient Rights
42 CFR 482.21	Quality Assurance and Performance Improvement
42 CFR 482.22	Medical Staff
42 CFR 482.23	Nursing Services
42 CFR 482.84	Medical Record Services
42 CFR 482.25	Pharmaceutical Services
42 CFR 482.26	Radiologic Services
42 CFR 482.27	Laboratory Services
42 CFR 482.28	Food and Dietetic Services
42 CFR 482.41	Physical Environment

Hospital CoPs (contd.)

42 CFR 482.42	Infection Control
42 CFR 482.43	Discharge Planning
42 CFR 482.45	Organ, Tissue, and Eye Procurement
42 CFR 482.51	Surgical Services
42 CFR 482.52	Anesthesia Services
42 CFR 482.53	Nuclear Medicine
42 CFR 482.54	Outpatient Services
42 CFR 482.55	Emergency Services
42 CFR 482.56	Rehabilitation Services
42 CFR 482.57	Respiratory Services
42 CFR 482.60	Psychiatric Hospital
42 CFR 489.20 -489.24	EMTALA

Survey Protocol Quick View

Tasks in the Survey Protocol

Task 1 – Off-Site Survey Preparation
Task 2 – Entrance Activities
Task 3 – Information Gathering/Investigation
Task 4 – Preliminary Decision Making and Analysis of Findings
Task 5 – Exit Conference
Task 6 – Post-Survey Activities

Evidence Collection:
Observations, Document Review and Interviews

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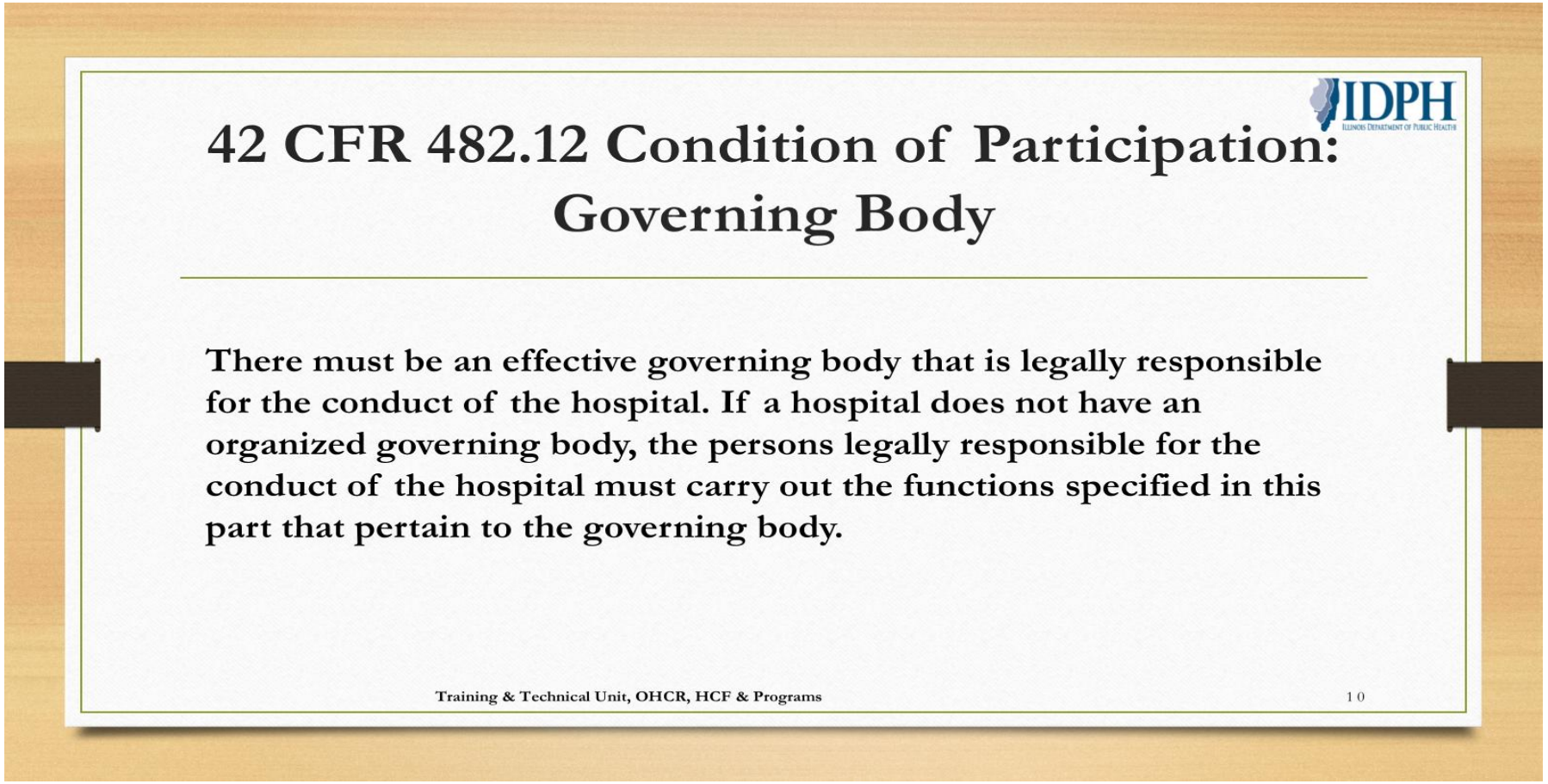
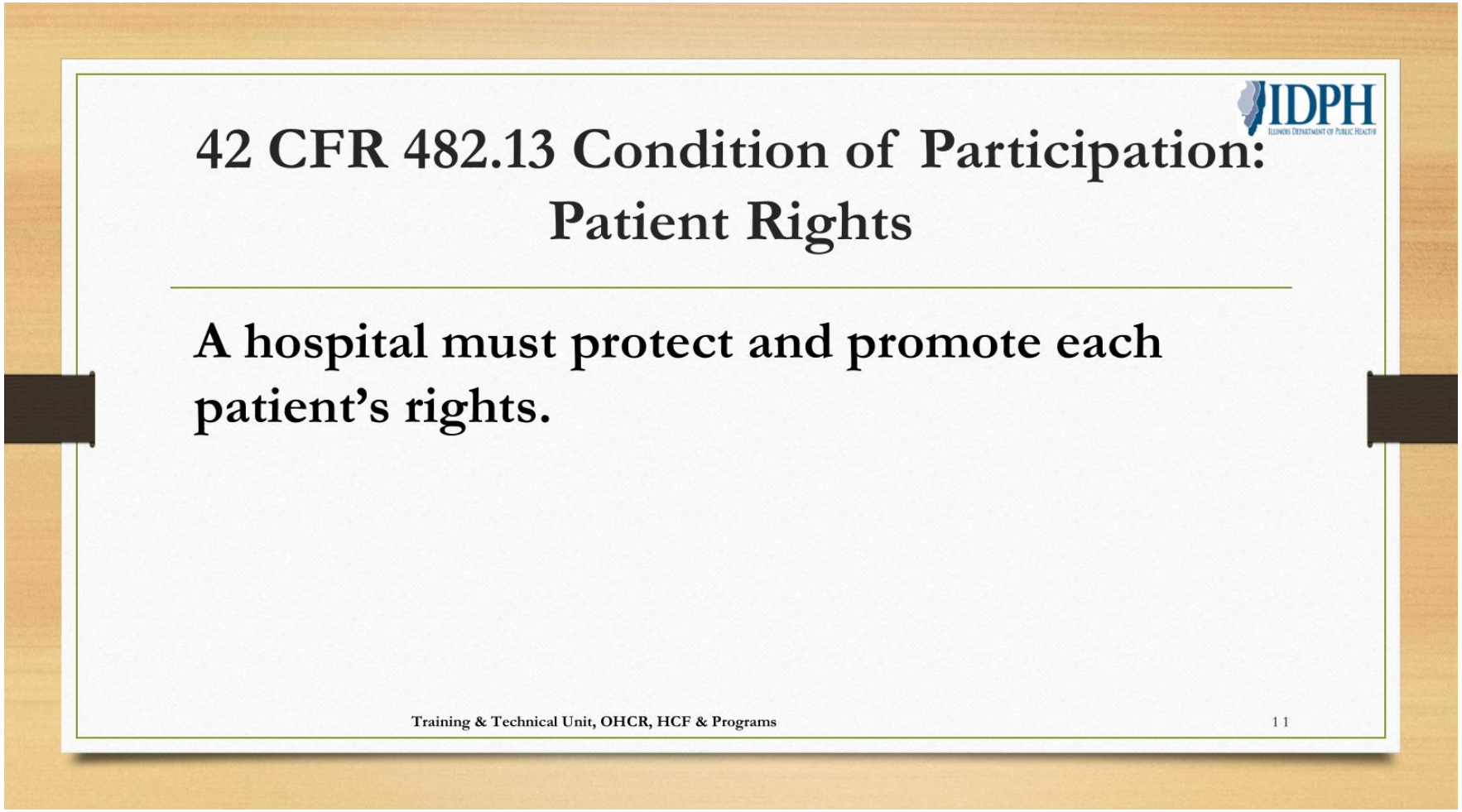
Common CoPs in Hospitals

Common CoPs in Hospitals



What are some common Conditions of Practice (CoP) reviewed in Hospitals?



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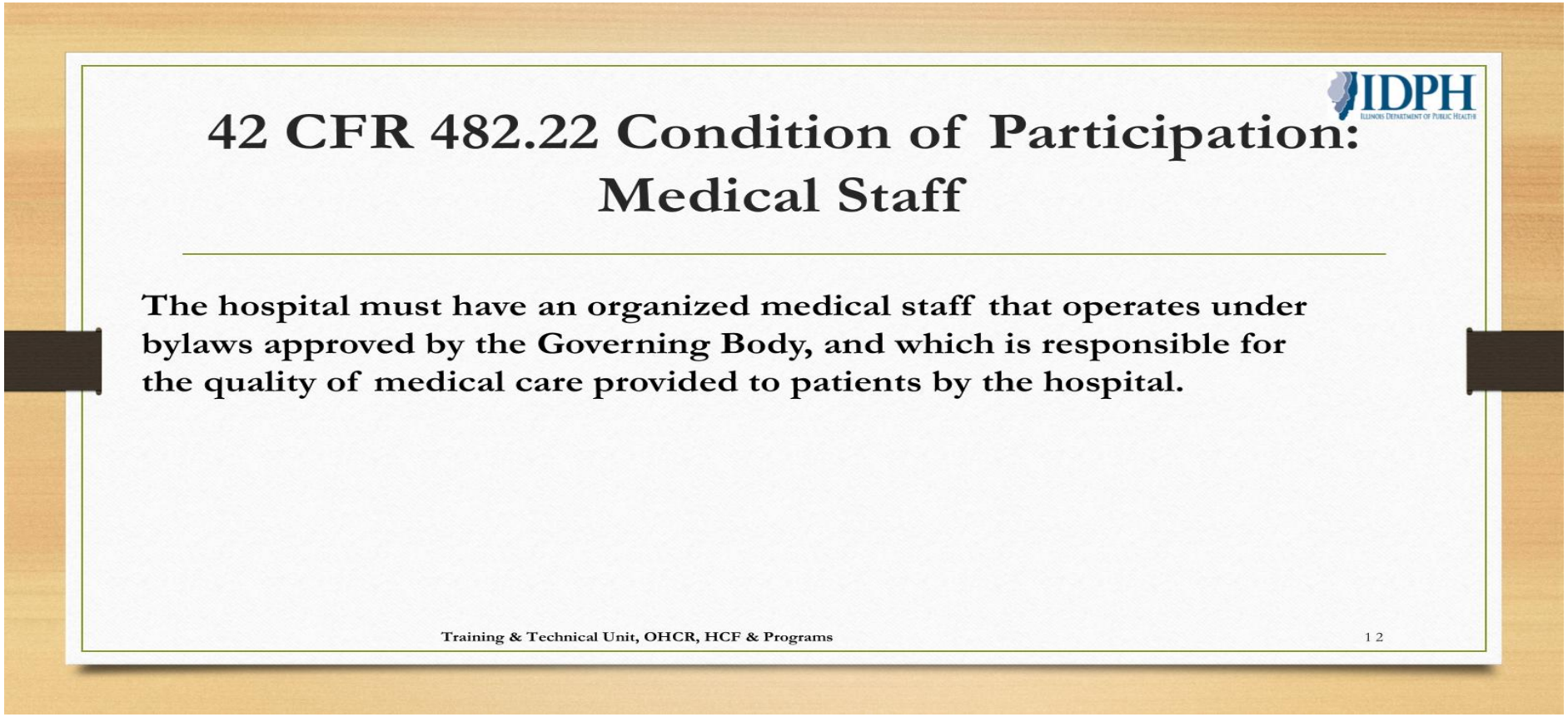
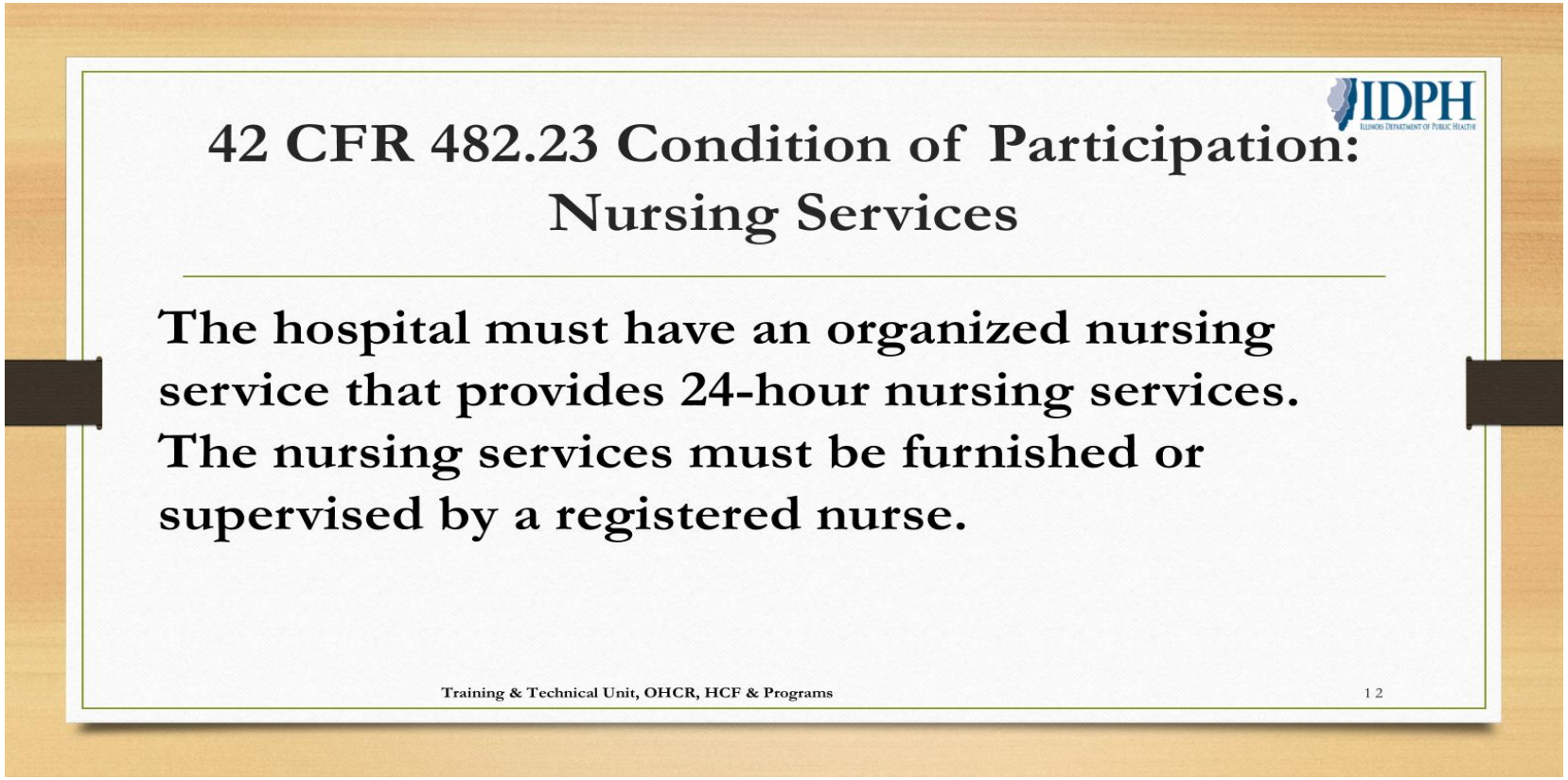
Common CoPs in Hospitals



Common CoPs in Hospitals



Immediate Jeopardy

What is Immediate Jeopardy?

State Operations Manual

Appendix Q – Core Guidelines for Determining Immediate Jeopardy

Immediate Jeopardy (IJ) represents a situation in which noncompliance *by providers, suppliers, or laboratories (hereinafter referred to as "entities")* has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment, or death. These situations must be accurately identified by surveyors, thoroughly investigated, and resolved by the entity as quickly as possible. In addition, noncompliance cited at IJ is the most serious deficiency type and carries the most serious sanctions for entities. An *IJ* situation is one that is clearly identifiable due to the severity of its harm or likelihood for serious harm and the immediate need for it to be corrected to avoid further or future serious harm.

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Key Components of Immediate Jeopardy

The regulatory definitions noted in section II above form the basis for identifying three key components that are essential for surveyors to use in determining the presence of IJ. These components include:

- **Noncompliance:** An entity has failed to meet one or more federal health, safety, and/or quality regulations;

  AND

- **Serious Adverse Outcome or Likely Serious Adverse Outcome:** As a **result** of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk;

  AND

- **Need for Immediate Action:** The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring.

Immediate Jeopardy Template

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.	Yes/No	
	A	
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes/No	
	A	
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Yes/No	

Disclaimer: The findings on this IJ Template are preliminary and do not represent an official finding against a Medicare provider or supplier. Form CMS-2567 is the only form that contains official survey finding.

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CMS 2567 – Statement of Deficiencies

The **CMS-2567** form is the official “State of Deficiencies and Plan of Correction” document used by the State and Federal Surveyors to document non-compliance with health regulations during hospital, ASC, or clinic inspections.

The **CMS 2567** includes a regulatory tag, a narrative summary of findings that does not identify patient or employee names, and the facility’s plan for correction.

CMS 2567 – Statement of Deficiencies

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

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

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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Glimpse of HCF & Programs Surveillance

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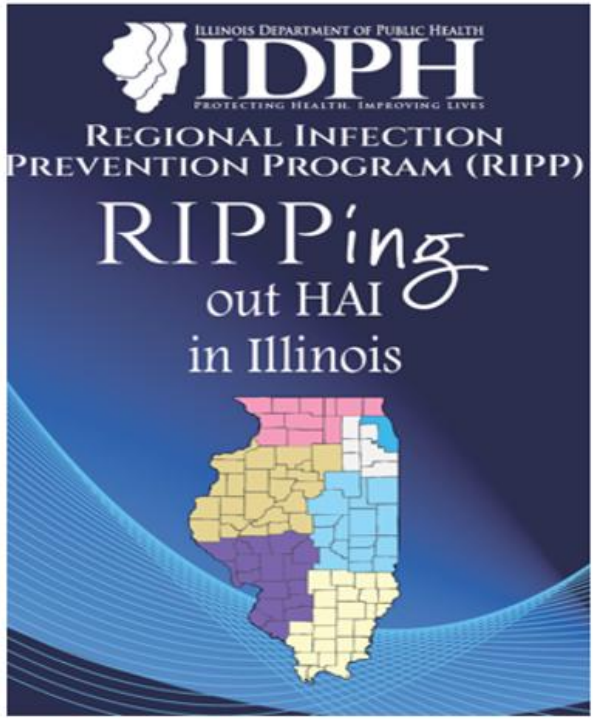
HCF&P Collaboration with RIPP



HCF & Programs Collaboration with RIPP and Infection Control Medical Providers in IDPH

IHA Presentation

INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS FOR CRITICAL ACCESS HOSPITALS (CODE OF FEDERAL REGULATIONS)

HCF & Programs TTU – Regional Trainer presented at the Illinois Hospital Association (IHA)

April 18, 2025

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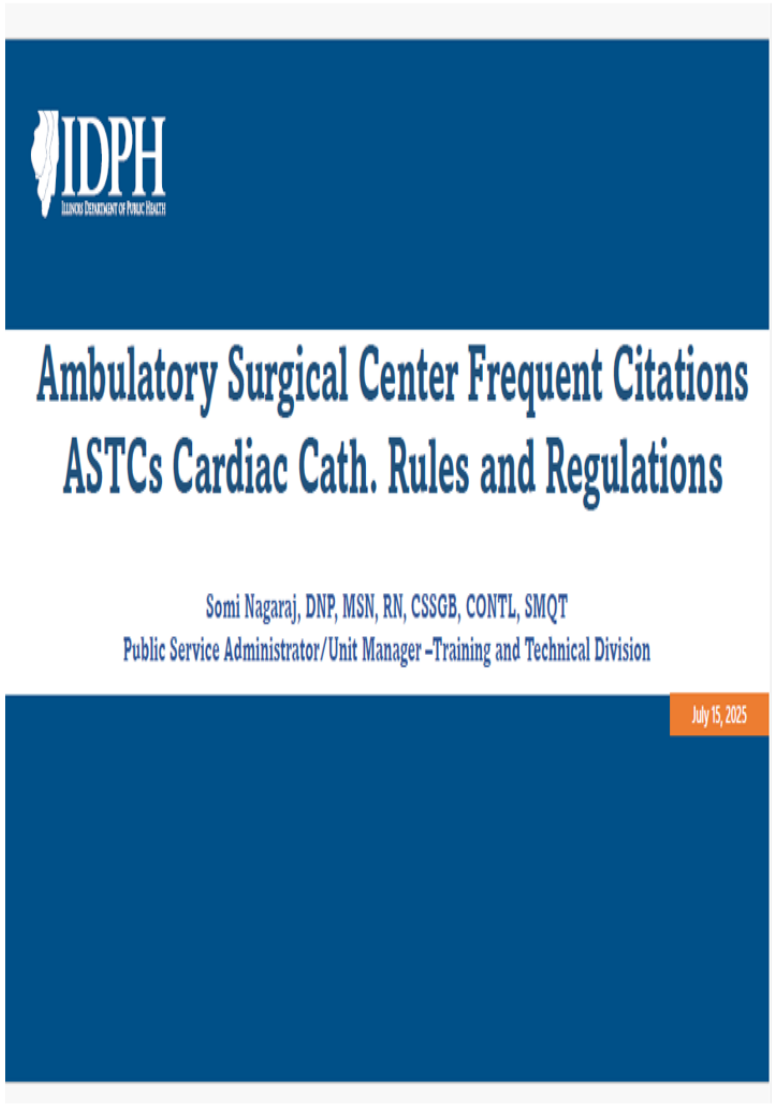
IASCA Presentation



HCF & Programs TTU – Unit Manager presented at the Illinois Ambulatory Surgical Center Association (IASCA)

August 21, 2025

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ASC Top Ten Citations (2023 -2025)

Tag Number	Description
Q0100	**Environment** (Condition for Coverage)
Q0104	Safety from Fire
Q0162	Form and Content of Record
Q0180	Pharmaceutical Services
Q0181	Administration of Drugs
Q0240	**Infection Control** (Condition for Coverage)
Q0241	Sanitary Environment
Q0242	Infection Control Program –Selected & Implemented National Infection Control Guidelines
Q0243	Infection Control Program Direction – Qualified Professional who has training in IC.
Q0266	Discharge Order – Physician order - Signed by physician

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_l_ambulatory.pdf
(Please copy and paste the above hyperlink to open the SOM)

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ASC Survey Citation Level Frequency

Citation Level	Percentage
Immediate Jeopardy (IJs)	1.13%
Condition Level Citations	24.66%
Standard Level Citations	74.22%

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Summarized Federal Cited Tags

Summarized Ambulatory Surgical Center Federal Cited Specific Tags

This visual shows the distinct count of survey IDs and distinct count of providers cited for each tag.

Click the chart to filter other visuals on the tab.

Federal Regulation Set	Distinct Count Surveys	Distinct Count Providers
Q-0104-SAFETY FROM FIRE	159	81
Q-0100-ENVIRONMENT	149	79
Q-0242-INFECTION CONTROL PROGRAM	75	51
Q-0181-ADMINISTRATION OF DRUGS	53	42
Q-0241-SANITARY ENVIRONMENT	49	39
Q-0162-FORM AND CONTENT OF ...	38	28
Q-0240-INFECTION CONTROL	35	26
Q-0245-INFECTION CONTROL PROGRAM	22	20
Q-0266-DISCHARGE - ORDER	21	18
Q-0101-PHYSICAL ENVIRONMENT	11	11
Q-0264-POST-SURGICAL ASSESSMENT	11	10
Q-0221-NOTICE OF RIGHTS	9	8
Total	199	91

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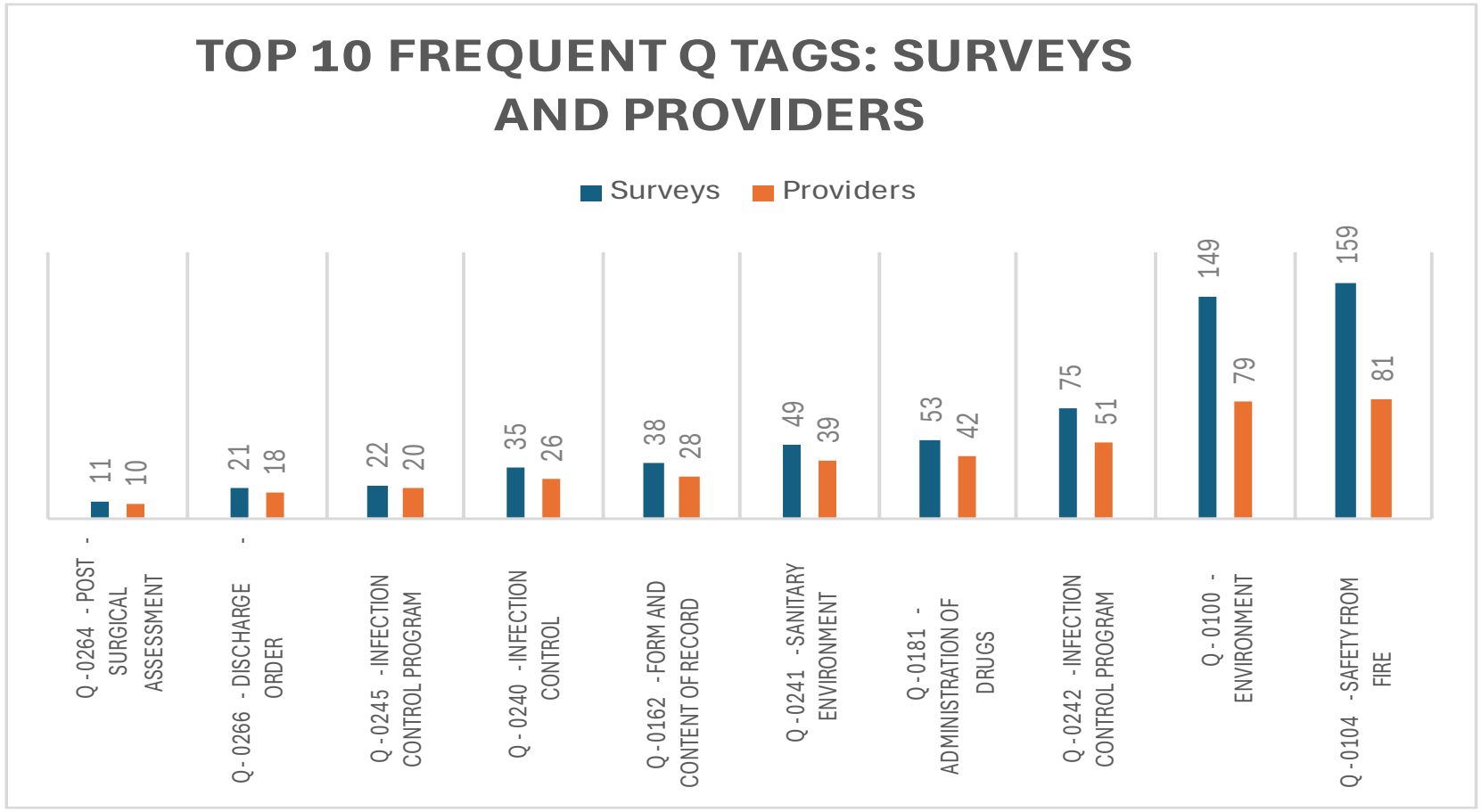
Top 10 Frequent Q Tags



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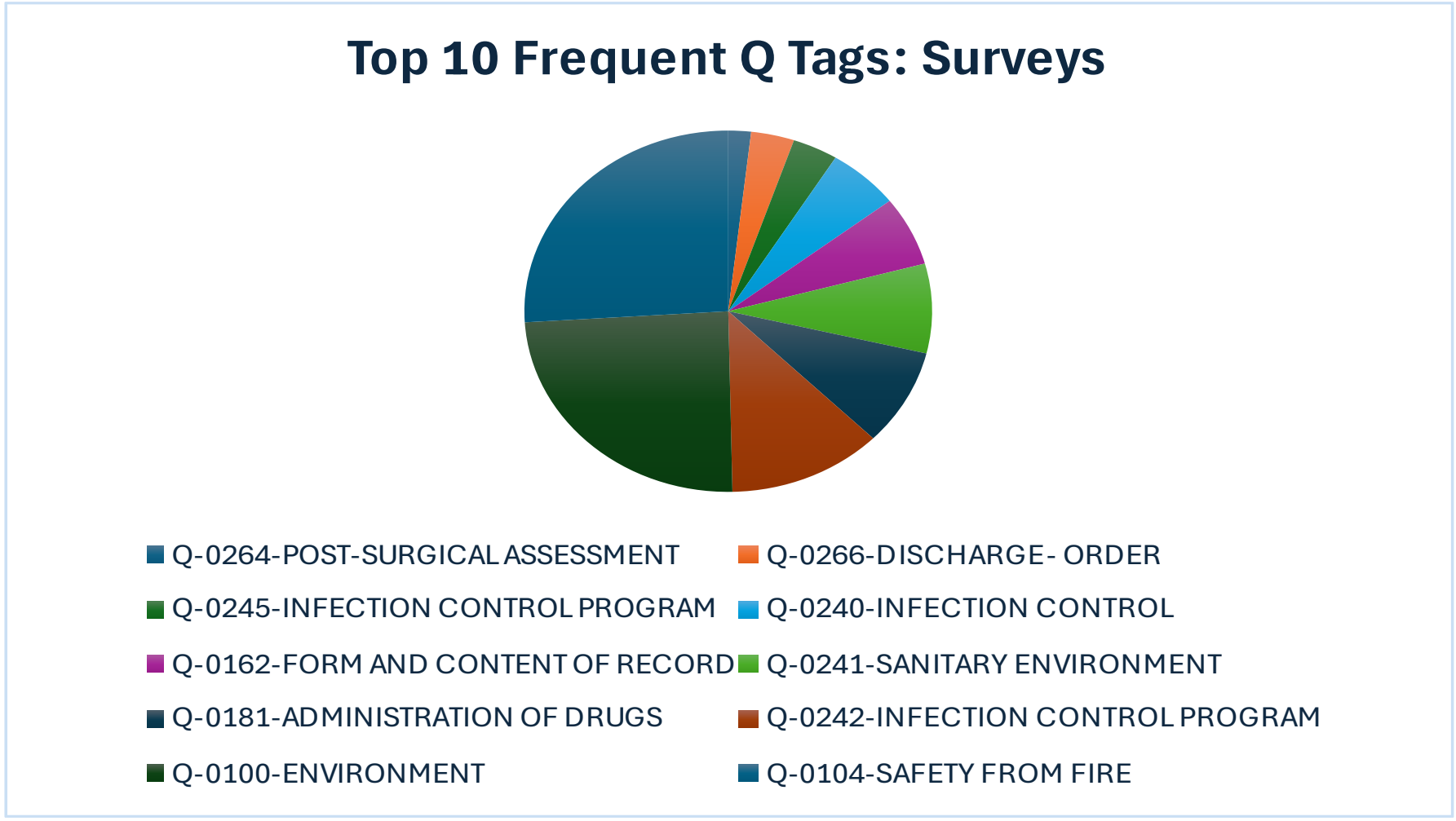
Top 10 - Q Tags Listings



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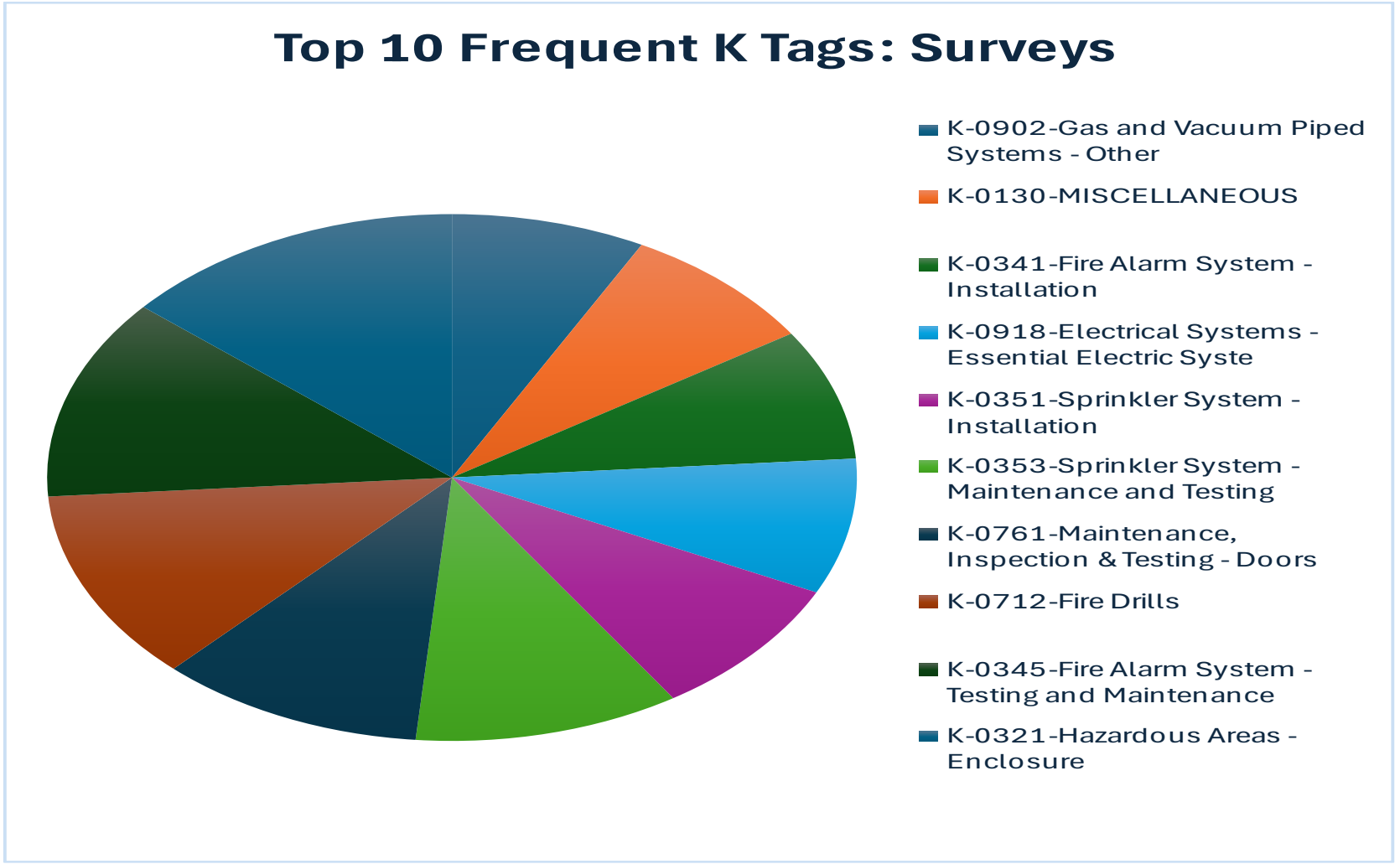
Top -10 –K Tag Listings



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Illinois Ambulatory Surgical Treatment Center (ASTC) Rules and Regulations 77 Illinois Administrative Code 205 Effective June 27, 2025

Section 205.135 Diagnostic, Therapeutic, and Interventional Cardiac Catheterization

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Section 205.135 Diagnostic, Therapeutic, and Interventional Cardiac Catheterization Effective June 27, 2025.

Diagnostic, therapeutic and interventional cardiac catheterization procedures included in the Center for Medicare and Medicaid Services' approved procedures list (see Section 205.115(a) (2) (C) may be performed in an ambulatory surgical treatment center in accordance with the following requirements:

a) The procedure shall be approved by the facility's consulting committee.
b) The procedure shall meet the general exclusion criteria for invasive cardiac procedures in setting without cardiac surgery.
c) The facility shall only perform cardiac catheterization procedures approved for reimbursement by the Centers for Medicare and Medicaid Services for ambulatory surgical centers, including - Percutaneous transluminal coronary angioplasty (PTCA), single coronary artery or branch; each additional branch of a major coronary artery; percutaneous transcatheter placement of intracoronary stents with coronary angioplasty, single and additional branch; percutaneous transcatheter placement of drug-eluting intracoronary stents with coronary angioplasty, single and additional branch.

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Section 205.135 Diagnostic, Therapeutic, and Interventional Cardiac Catheterization (contd.)

d) The facility shall have the following **clinical staffing**:

1) A lab director who is board-certified or board-eligible in interventional cardiology, cardiology, internal medicine, pediatrics, vascular surgery, or radiology with subspeciality training in cardiology or cardiovascular radiology.

2) Physicians who are board-certified or board-eligible in interventional cardiology, cardiology, internal medicine, pediatrics, or vascular surgery.

3) If the facilities provide PCIs, physicians who perform PCI cardiac procedures in the catheterization lab must meet the following criteria, at a minimum:

A) Have completed at least 50 PCI sessions annually during the most recent 24-month period;

B) Have completed an interventional cardiology fellowship training program;

C) Be board-certified or board-eligible, and must have unrestricted active current privileges in a cardiac specialty at a hospital in interventional cardiology;

D) Have performed a total of at least 250 PCI sessions as the primary interventional cardiologist;

E) Have a minimum of two year's experience at an attending level.

Section 205.135 Diagnostic, Therapeutic, and Interventional Cardiac Catheterization (contd.)

e) Accreditation:

1) Facilities shall obtain or maintain accreditation for the establishment of a cardiac catheterization category of service or when applying for a permit to modernize or to acquire new equipment for existing service.
2) The cardiac catheterization laboratory shall be accredited by a nationally recognized accrediting organization.

f) Quality Review and Emergency Transfer Preparedness:

1) Peer Review and Registry:

A) The facility shall develop a protocol for adequate peer review of the service and its participation in a national registry.
B) Peer review teams will evaluate the quality of studies and related morbidity and mortality of patients and the technical aspects of providing the services.

Section 205.135 Diagnostic, Therapeutic, and Interventional Cardiac Catheterization (contd.)

2) Emergency Transfers

A) Facilities shall have transfer arrangements and protocols in place with a hospital located within 30 minutes by ground travel that performs cardiac surgery. The protocol shall include coordination or communication among the ambulatory facility, emergency medical services (EMS), and the receiving hospital.
B) Emergency mock transfer drills shall be conducted a minimum of two (2) times per year and shall include the EMS provider and the receiving hospital.

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Communities of Practice (CoP) & Innovation to Quality Care

Organizing Plans for Innovation To Quality Care
Forming Steering Committee

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Let's Spark Innovation To Quality Care

Be Part of the Steering Committee

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Long-Term Care Survey Process

Jonathan Harwood MSN, RN
Acting Bureau Chief-Long Term Care

March 19, 2026

Introduction

- Purpose of Long-Term Care CMS Survey
- Regulatory Authority
- Ensure quality of care & resident patient/safety
- Enforcement of State and Federal Regulations

Types of Surveys

- Standard (Annual) Survey
- Extended Survey
- Complaint/Incident Survey
- Revisit Survey
- Federal Oversight
- Licensure Surveys

Standard (Annual) Survey

Frequency

Unannounced

Conducted by the State agency

Utilizes Survey Protocol

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Annual Survey- Focus Areas

- Quality of Care
- Resident Rights & Quality of Life
- Nursing Services
- Infection Prevention & Control
- Dietary/Nutrition Services
- Pharmaceutical Services
- Abuse/Neglect/Theft
- Care Planning

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Annual Survey- Methods

- Facility Tour
- Resident/Staff Observations
- Interviews
- Pertinent Record Review
- Quality Assurance & Performance Improvement Review

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Complaint Process

- Residents, Families, Staff or Advocates
- Central Complaint Registry
- Triage Prioritization

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Facility Reported Incidents

- Abuse, Neglect, or Theft
- Incidents and Accidents
- Infection Control

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Triage Prioritization Levels

Immediate Jeopardy

Non-Immediate Jeopardy High

Non-Immediate Jeopardy Medium

Offsite

Referral

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Complaint/Incident Investigations

- Focused Investigations
- Interviews
- Observations
- Relevant Record Review
- Environmental Review

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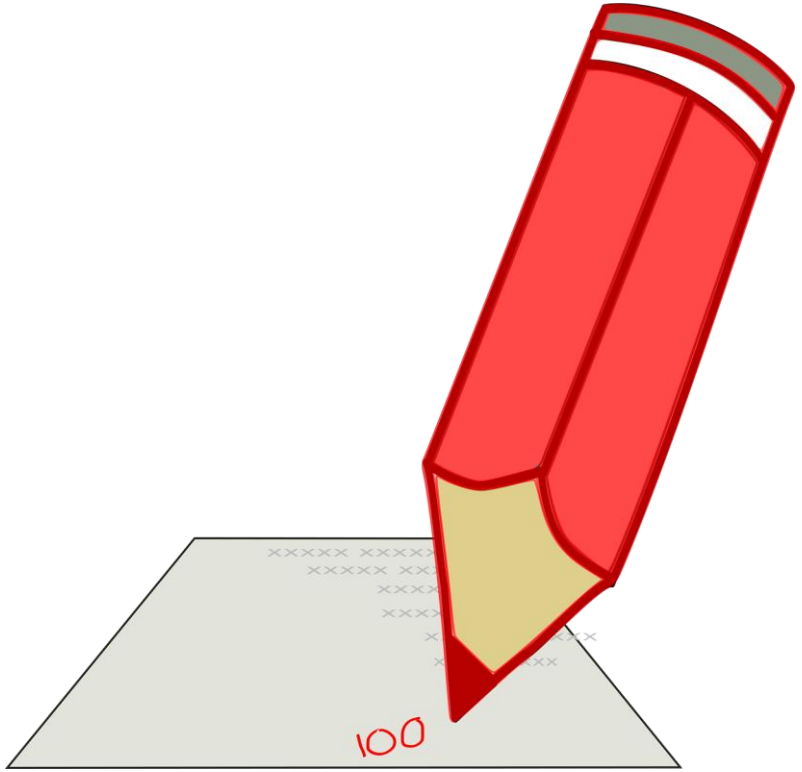
Outcomes

- Compliance/Non-Compliance
- Federal deficiencies
- State deficiencies-State violations
- Plan of Correction



Revisit Survey

Follow up to noncompliance

Onsite or Offsite

Focused survey

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Licensure Survey

- Timeframe
- Change of ownership
- Bed Change
- Special Licensure Survey

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Frequently Cited Deficiencies

- Free of Accidents Hazards/Supervision
- Infection Prevention & Control
- Abuse & Neglect
- Quality of Care
- Treatment/Services to Prevent/Heel Pressure Ulcer
- Food Procurement/Store/Prepare/Distribute
- ADL Care for Dependent Residents
- Label/Store Drugs & Biologicals
- Pharmacy Services
- Reporting Alleged Violations

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Resources

- CMS Internet Quality Improvement and Evaluation System
- State Operations Manual - Appendix L Guidance for Surveyors: Ambulatory Surgical Centers
- IDPH Ambulatory Surgical Treatment Center Licensure
- Illinois Nursing Home Care Act
- State Administrative Code
- CMS Operations Manual
- CMS Care Compare
- Long Term Care & Licensing Certification System
- Quality, Certification & Oversight Reports (QCOR)

Next to come in the FAST PHACTs series

- April 16, 2026: From Evidence to Action: Addressing Alcohol Use in Clinical Practice
- May 21, 2026: Chronic Diseases – Updates and Tools for Clinicians
- June 18, 2026: Infant Health updates
- July 16, 2026: Back to School Updates
- August 20, 2026: STI's and Tick Borne/Summer Preparedness
- September 17, 2026: Physician Education for End-of-Life Options Act

Register Here

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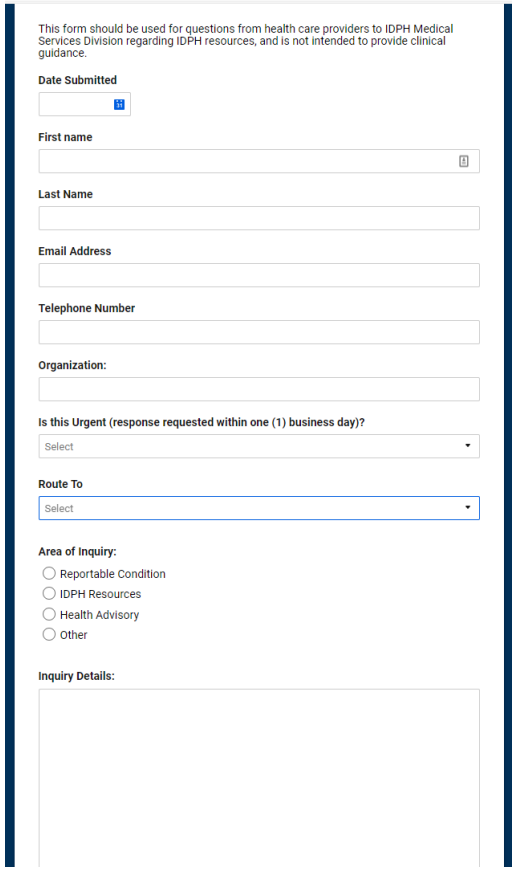
Reach out to us!

QR Code for Contacting IDPH Medical Services Team



This form should be used for questions from health care providers to IDPH Medical Services Division regarding IDPH resources, and is not intended to provide clinical guidance.

Date Submitted

First name

Last Name

Email Address

Telephone Number

Organization:

Is this Urgent (response requested within one (1) business day)?

Select

Route To

Select

Area of Inquiry:

- Reportable Condition
- IDPH Resources
- Health Advisory
- Other

Inquiry Details:

Contact IDPH Medical Services Division

Weblink:
https://app.smartsheet.com/b/form/2ae48352ac624f95b63197b722830963

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State of Illinois Rapid Electronic Notification System (SIREN)

SIREN is a secure web-based persistent messaging and alerting system that leverages email, phone, text, pagers and other messaging formats to provide 24/7/365 notification, alerting, and flow of critical information. This system provides rapid communication, alerting and confirmation between state and local agencies, public and private partners, target disciplines and authorized individuals in support of state and local emergency preparedness and response.

To sign up for Siren at https://www.siren.illinois.gov/ or through this QR Code:

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Up to one credit hour of CME credit is available. For those wishing to obtain CME credit or a certificate of participation, complete the evaluation survey and quiz at the end of this webinar utilizing the following weblink and/or QR code before March 26, 2026.

https://forms.office.com/g/at3zNQ2Sad

CME Available for live attendance ONLY.
For questions contact David Hale-Arroyo at David.hale-arroyo@illinois.gov

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Thank you!
Questions?