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Long-term Care Report to the Illinois General Assembly

July 2016



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

July 1, 2016

General Assembly
Capitol Building
Springfield, IL 62706

Dear Members of the General Assembly:

Thank you for the opportunity to present the Illinois Department of Public Health's ("IDPH") 2016 Annual Report pursuant to Section 3-804 of the Nursing Home Care Act (210 ILCS 45) and Section 6 of the Abused and Neglected Long-Term Care Facility Residents Report Act (210 ILCS 30).

Our mission is to protect the health and wellness of the people in Illinois through prevention, health promotion, regulation, and the control of disease or injury. This remains the guiding principal in our success as a national leader in the health care field.

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

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

Very truly yours,

Nirav D. Shah, M.D., J.D.
Director
Illinois Department of Public Health



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July 1, 2016

Dear Members of the General Assembly,

Section 3-804 of the Nursing Home Care Act (210 ILCS 45) and Section 6 of the Abused and Neglected Long Term Care Facility Residents Reporting Act (210 ILCS 30) require the Illinois Department of Public Health to report annually on actions taken under the authority of these acts.

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

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

Yours truly,

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

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Illinois Department of Public Health

Office of Health Care Regulation Long-Term Care Report for 2015 To The Illinois General Assembly



July 2016

Protecting Health, Improving Lives

Mission

First organized in 1877, the Illinois Department of Public Health (IDPH) is one of the Illinois' oldest state agencies. IDPH has an annual budget of approximately \$500 million, with headquarters in Springfield and Chicago and with seven regional offices, three laboratories, and approximately 1,100 employees. Each office operates and supports many ongoing programs and is prepared to respond to emergency situations as they arise. The mission of IDPH is to protect the health and wellness of the people in Illinois through the prevention, health promotion regulation, and the control of disease and injury. In partnership with other state agencies, IDPH has over 200 programs which affect the lives and wellbeing of every resident and visitor in Illinois. IDPH promotes healthy living through education, evidence-based practice, and disease prevention and control.

Through a diversity of programs and services, IDPH reaches virtually every age, aspect, and stage of an individual's life and makes Illinois a safer and healthier place to live. Programs and services specific to the Office of Health Care Regulation (OHCR) involve health care provider licensure and/or certification. With a staff of over 400 (approximately one third of total Department employees), the mission objectives of OHCR 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
- Administer training courses and competency evaluation of nurse assistants
- Develop administrative rules to protect the health, safety, and welfare of Illinois residents
- Increase effectiveness and efficiency of regulatory functions to ensure health, safety, and wellness of the public



2015 Accomplishments

Bureau of Long-Term Care (BLTC)

- Participated in federal survey initiatives/goals such as Quality Assurance and Performance Improvement (QAPI) and advancing excellence in nursing homes
- Processed approximately 750 license renewals
- Designated Special Focus Facilities (SFF) per federal mandates to improve safety and quality of care
- Conducted approximately 833 certification surveys per month, including licensure surveys, complaint investigations, off-cycle, incident investigations, and follow-up surveys
- Progress toward fulfilling SB326 mandate (Nursing Home Care Act, Section 3-304.2) to publish a quarterly list of distressed facilities
- Abuse Prevention Review Team (APRT) reviewed 160 cases
- Special Investigations Unit (SIU) logged approximately 70,000 Incident Reports
- Central Complaint Registry (CCR) processed approximately 6,000 complaints
- The Abuse, Neglect and Theft (ANT) Committee processed findings for 32 nursing assistants to be placed on the Health Care Worker Registry (HCWR)
- Hired 42 surveyors towards achieving staffing ratios required by SB326.
- Seven Town Hall provider meetings were held across the State. Topics included LSC issues, trends, goals to improve the Agency, and provider relationships
- OHCR staff participated in two federal CMS Pilot Programs focused on resident assessment and dementia care
- 12 presentations to Provider association groups (IHCA, HCCI, Illinois Council on Long Term Care, and Leading Age), Dietary Managers, Nutrition Care Systems, Illinois Pioneer Coalition, Long-Term Care Directors of Nurses, Ombudsman, Oregon Healthcare Pharmacy Services, and Illinois Nursing Home Administrators Association
- Shifted approximately 5,000 skilled beds from the West Chicago Region to the Rockford Region in an effort to redistribute work load more evenly
- Collaborated with Regional Supervisors to schedule surveys geographically to reduce travel time and costs while increasing onsite survey time.
- Increased licensure fees for Assisted Living Facility (ALF) licensure in order for the program to become more self-sustaining given lack of federal funding
- Established a performance dashboard to track performance and identify area in need of quality improvement

2015 Accomplishments

Division of Life Safety & Construction (LSC)

- Cross trained five staff to conduct long term care surveys, in addition to conducting non long term care Medicare and licensure surveys
- Developed and implemented a new time tracking system for BLTC staff to assist capture of survey hours not recorded in the federal Quality Improvement & Evaluation System (QIES) database; this additional database will ensure accurate accounting of expenditures

In 2015, IDPH received 1,200 legislative inquiries. Of these, 323 (approximately 27%) pertained to the Office of Health Care Regulation.

Annual Report Statutory Authority

Nursing Home Care Act

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

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

Abused and Neglected Long-Term Care Facility Residents Reporting Act

(210 ILCS 30) (Ch. 111 1/2, par. 4166) (Sec. 6)

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

ID/DD Community Care Act

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

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

Community Living Facilities Licensing Act

(210 ILCS 35) (Ch. 111 1/2, par. 4181) (Sec. 1)

The purpose of this Act is to authorize IDPH to license Community Living Facilities (CLFs) using standards appropriate to this type of residential setting. The CLF is a transitional residential setting which provides guidance, supervision, training and other assistance to persons with a mild or moderate developmental disability with the goal of eventually moving these persons into more independent living arrangements. The Act authorizes IDPH to establish minimum standards, rules and regulations consistent with

the philosophy and purpose of CLFs while insuring the protection of residents' rights and general welfare. (Source: P.A. 88-380.)

Medically Complex/Developmentally Disabled (MC/DD) Act

(210 ILCS 46/3-804) (Sec. 2-804)

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

Assisted Living and Shared Housing Act

(210 ILCS 9) (Sec. 5)

The purpose of this Act is to permit the development and availability of assisted living establishments and shared housing establishments based on a social model that promotes the dignity, individuality, privacy, independence, autonomy, and decision-making ability and the right to negotiated risk of those persons; to provide for the health, safety, and welfare of those residents residing in assisted living and shared housing establishments in this State; to promote continuous quality improvement in assisted living; and to encourage the development of innovative and affordable assisted living establishments and shared housing with service establishments for elderly persons of all income levels.



Statutory Authority for Advisory Boards

Developmentally Disabled Facility Advisory Board

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

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

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

Long-Term Care Facility Advisory Board

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

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

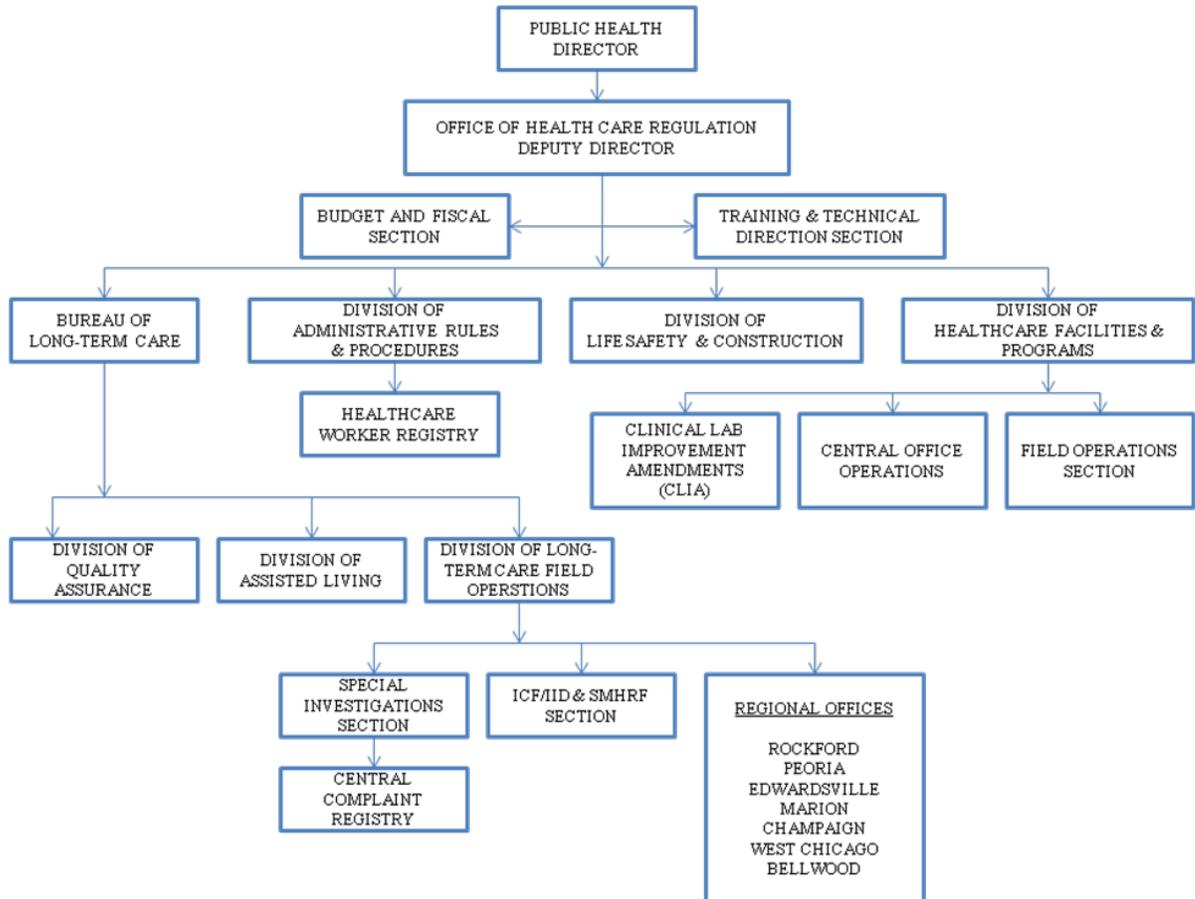
Section 2-204: “(c) The Advisory Board shall advise the Department of Public Health on all aspects of its responsibilities under this Act and the Specialized Mental Health Rehabilitation Act of 2013, including the format and content of any rules promulgated by IDPH of Public Health. Any such rules, except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

Organizational Structure

Deputy Director's Office

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

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



Budget and Fiscal Section

OHCR has an annual budget of approximately \$75 million dollars. The primary funding sources are General Revenue, Federal allocation, and State Special Licensure Funds. The Section is responsible for all fiscal transactions. Specific responsibilities are as follows:

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

Training & Technical Direction Section

The Training & Technical Direction Section is dedicated to promoting positive holistic quality care outcomes for long term care residents. The work completed in 2015 involved: 1) reviewing policy and procedures; 2) analyzing training needs and processes; 3) developing and implementing training materials; and 4) training surveyors, providers, and the general public. Section responsibilities include:

- Reviewing for approval all Basic Nursing Assistant Training Programs, Instructors and Evaluators;
- Review Resident Attendant program submissions;
- Identification and notification of nurse aide training site restrictions;
- Nurse Aide Training and Competency Evaluation Program (NATCEP) Waiver requests; and
- State Training Coordinator is the liaison with the Regional Training Administrator and federal CMS regarding training concerns, logistics, scheduling, and responsible for management of the Sum Total Learning Management System (LMS).

Nurse Assistant Training Program Review

The section administers NATCEP which is authorized and operated in accordance with the Nursing Home Care Act and federal certification requirements. Approximately 4700 BNATP schedules are reviewed annually. The schedules are reviewed for compliance to include instructor verification, hours of instruction, and clinical site restriction status.

Licensure rules governing Basic Nursing Assistant Training Programs (BNATP) in Illinois are found in Part 395 (Long –Term Care Assistants and Aides Training Programs Code). In 2015, 16 programs received initial approval. The following illustrates a breakdown of sponsors for current programs:

Nurse Assistant Training Program Sponsors - 2015			
Community colleges	109	Nursing homes	12
Vocational schools	84	Hospitals	2
High schools	87	Home health agencies	5
Total number of active Basic Nursing Assistant Training programs			299

Competency testing for nursing assistants is achieved primarily by successfully completing an IDPH approved BNATP. Below are results for the 15,016 students tested in 2015:

Passed		Failed		No Shows	
12,700	84.57%	2,316	15.42%	860	5.72%

Training & Technical Direction Section

In 2015, 4,296 equivalencies were approved. An individual may meet an equivalency without completing a BNATP. An individual can achieve by one of several ways: 1) current registration from another state nurse aide registry; 2) successful completion of a Nursing Arts course (with at least 40 hours of clinical experience); 3) successful completion of a United States Military Program; or 4) completion of a nursing program in a foreign country.

Part 395 requires instructors and evaluators to complete a “Train the Trainer” refresher course and an Evaluator Refresher course every five years. Instructors and evaluators teaching in NATCEPs must be approved by IDPH prior to student instruction. In 2015, the Section approved 421 instructors and 155 evaluators. Refresher courses were held as follows:

- 21 Train the Trainer Refresher courses were conducted; 462 instructors and evaluators completed the course.
- 32 Evaluator Refresher courses were held with 430 attendees evaluated on skills required for students.

The CNA Career Ladder/CNA II training course was developed in response to Illinois Statute ILCS 2310/2310-225 and 227. This course offers additional training to current CNAs in an effort to retain nurse aides employed at nursing facilities. The administrative rule and curriculum is being prepared for final legal review which will be followed by publishing for public comment.

The staff assisted with planning as well as presenting at the Annual Nurse Aide Instructor Conference attended by 238 instructors and evaluators and three Nurse Aide Advisory Committee meetings. In order for instructors and evaluators to continue, they will need to complete the refresher courses by December 31, 2016. Otherwise, they will not be able to teach in a Nurse Aide Training Program.

NATCEP Restrictions

Long term care facilities are utilized as clinical practice sites for Nurse Aide program students. Students learn related skills and apply that knowledge in providing care to residents in a facility. When CMS imposes sanctions on a facility, the facility is prohibited from serving as a clinical practice site for nurse aide program students. The facility may also be restricted from conducting its own nurse aide program. 113 restriction notices were issued to facilities in 2015.

Training & Technical Direction Section

NATCEP Waivers

Facilities may request a waiver of the NATCEP restrictions to IDPH. The waivers are reviewed according to the guidelines set forth by federal CMS. Seven facilities submitted waiver requests in 2015, two were approved, and five were denied.

Resident Attendant Programs

Requirements for the Resident Attendant (RA) programs are found in 77 Illinois Administrative Code, Section 300.662. In 2015, the Section approved 20 RA programs submitted by skilled and intermediate care facilities and non-facility based entities. RA programs train individuals to assist residents in a facility with eating, drinking, and limited personal hygiene.

Training Overview

The Section assists surveyors to meet knowledge, skills, and abilities to carry out survey functions. This includes screening, coordinating and assisting with training, creating tools, evaluating learning, record keeping, and providing survey related updates.

New Surveyor

IDPH continues to implement a plan to hire additional surveyors in order to comply with Senate Bill 326 (Public Act 096-1372: SB0326 (20 ILCS 2310/2310-130 and will do so as long as hiring and budget constraints do not limit efforts to fulfill the mandate of SB 326. Increase in staffing will allow IDPH to comply with state and federal laws to ensure surveys are conducted within the required timeframes and to ensure the minimum standards of nursing home care. Each newly hired surveyor is provided an instructional guidance tool (curriculum map) that includes: webcast course listings, website access information, links to documents, attestation of survey observations, requirements for submission of the training documentation, and copies of regulations. Prior to attending State Basic Surveyor Orientation (BSO) a new surveyor completes over 20 hours of mandated webcasts related to the long-term care survey process and regulations, and participates in at least three onsite surveys with a mentor. It can take up to six months for a new surveyor to become qualified to survey. The time may vary depending on the learning needs of the new surveyor.

BSO preparation for the three-week sessions includes: scheduling trainings, creating training lessons, assembling training manuals, reviewing transcripts, and presenting at the training. Students are then registered into the federal LMS System to attend the required one week of Federal Training. During this time, the new surveyors are registered to complete the Surveyor Minimum Qualifications Test (SMQT) upon return from Federal CMS Training.

Training & Technical Direction Section

In 2015, in an effort to reduce travel costs, State Basic Surveyor Orientation (BSO) sessions were conducted geographically in relation to the new surveyors' field offices. 42 surveyors attended State BSO and successfully completed the SMQT.

The topics covered included:

- State Operations Manual Appendices P, PP, Q
- Chapters 5 & Survey Tasks 1-7
- Pressure ulcers
- Supervision
- Restraints
- Immediate Jeopardy, Abuse and Neglect
- Basic and Advanced Principles of Documentation
- Hands On Practical Application of Principles of Documentation
- Principles of Investigation
- Deficiency Determination Based on Evidence
- Federal Oversight Support Surveys (FOSS) & Federal Monitoring Surveys (FMS)
- SMQT
- Infection Control
- Pharmacy Tags and Medication Pass
- Environmental and Nutritional Requirements
- Enforcement
- MDS/RAI
- Food Service Sanitation
- Administrative Hearing Process
- Culture Change
- Role of the Surveyor
- ASPEN and ACTS federal survey databases
- Healthcare Worker Background Checks
- Findings of Abuse, Neglect and Misappropriation of Funds
- Legal Issues and Department on Aging Ombudsman program

Following completion of BSO, surveyor training continues in the form of webinars, documents, face-to-face meetings to educate on updates from CMS related to rule revisions, and clarifications.

Training & Technical Direction Section

Training packets were compiled and sent to 238 surveyors in response to training needs requests. The surveyor packet included copies of Federal Regulations and State Regulations (Skilled Nursing Facilities and Shelter Care, Nursing Home Care Act, Health Care Worker Background Check Code, Tuberculosis, Language Assistance Code) as well as a Preceptor Manual.

Federal CMS requires each State Survey Agency (SSA) to identify a State Training Coordinator and back up coordinator to be liaisons with the Regional Training Administrator and the CMS Central Office regarding training concerns, logistics, scheduling, as well as being responsible for management of the Sum Total Learning Management System (LMS). 250 registrants were entered for required CMS courses.

Over 200 LTC Surveyors reviewed the following CMS mandated videos; "Multi-Drug Resistant Organisms (MDROs) in the Nursing Home Setting", "Preventing Urinary Tract and Respiratory Tract Infections in the Nursing Home," "Infection Prevention in the Nursing Home," and "Investigational Skills Update."

Town Hall Meetings

The Section conducted seven town hall meetings, with attendance ranging from 35-120 participants, including nursing home Administrators, Directors of Nursing, interested community members, Quality Improvement Association representatives, and provider association representatives. The meetings provide an opportunity for providers to clarify questions about the regulations and receive updates from CMS which in turn assists the providers to improve resident care and services. Due to positive feedback from providers, 15 meetings are scheduled for 2016.

Subpart S

Nursing facilities must comply with 77 Illinois Administrative Code Subpart S which allows for the admission of individuals under the age of 65, with a diagnosis of Severe Mental Illness (SMI). The Section approved seven admissions in 2015.

Prescription Monitoring Program (PMP)

IDPH and the Illinois Department of Human Services (DHS) are working collaboratively to address concerns related to the high use of behavioral health medications. The (PMP) initiative's goal is to work with the long term care industry to develop reports that will assist medical directors, nursing directors, administrators, and consultant pharmacists to evaluate the care being provided residents of long term care facilities.

Training & Technical Direction Section

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

Federal Comparative Surveys

Seven Comparative Surveys were completed by CMS in 2015. Comparative Surveys are Federal Surveys independently conducted by Regional Office (RO) surveyors or CMS surveyor contractors within 60 days (usually) of the state's survey. CMS completes the surveys to assess Survey Agency (SA) performance in the interpretation, application and enforcement of Federal requirement. The Comparative Survey is also known as the "Federal Monitoring Survey" or "Look behind Survey". When CMS Surveyors identify a deficiency not cited by state surveyors, they assess whether the deficiency existed at the time of the state survey and if it should have been cited by the State Survey Team. CMS noted that the State Survey Team should have identified 10 of the 67 tags cited by the CMS surveyors. The Section forwards the survey results to the appropriate Regional Supervisor for implementation of identified training needs.

Resident Assessment Instrument (RAI)

The Section Chief, RAI Coordinator and back up Coordinator provide educational and technical resources to staff and providers associations. This assessment tool is required by federal CMS for residents in Medicare and/or Medicaid Certified Nursing Homes. There are mandated record specifications and time frames facilities must meet. The RAI is the basis for development of the resident care plan and is also utilized for reimbursement purposes. Questions this year centered on time frames, submission errors, and coding issues. Staff responded to over 150 MDS inquiries received by email and telephone.

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

CMS expanded the 2015 Minimum Data Set, Version 3.0 (MDS 3.0) coding practices surveys to include assessment of staffing levels of nursing facilities. CMS is revising the survey tools to be used during the additional 15 surveys to be completed in 2016.

The Section:

- Selected a survey team to complete the 17 statewide surveys
- Created a schedule
- Provided update training information
- Reviewed results of the surveys
- Logged results into the system for tracking

Training & Technical Direction Section

Meeting and Committee Participation

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

Presentations

Eleven presentations were given by Section staff. The audiences for these presentations were: dietary managers and participants at the following meetings: Illinois Pioneer Coalition, Long-Term Care Director of Nurses Fall Conference, Ombudsman Culture Change, Illinois Nursing Home Administrator Association Meeting, Oregon Health Care Pharmacy Services, and Telligen-Quality Improvement Association (QIO). Topics included regulatory updates; developing a Plan of Correction for Dietary Services; Food Service Sanitation; culture change; and antipsychotic medications.

Dementia Coalition

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

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

IDPH participated in “OASIS,” a new training curriculum created to assist long term care staff to handle the everyday needs and challenges of residents. This was sponsored by the QIO and the provider group Illinois Healthcare Association. Approximately 15 providers attended then returned to their facilities to train their employees. The goal was to assist staff in becoming more confident in working with the population. The goal of the training is a reduction in behaviors and decreased use of antipsychotic medications.

Training & Technical Direction Section

Dementia Coalition (continued)

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

Federal Focused Dementia Surveys

Federal CMS developed a distinct focused survey processes to assess dementia care practices in nursing homes. The Section assigned a survey team to complete the five surveys. The 2015 Dementia surveys involved a more intensive, targeted effort to improve surveyor effectiveness in citing poor dementia care and the overutilization of antipsychotic medications, and broaden the opportunities for quality improvement among providers. In response to feedback from stakeholders and partners of the *National Partnership to Improve Dementia Care in Nursing Homes*, CMS has shared the revised survey materials that were developed for the 2014 Focused Dementia Care Survey Pilot and 2015 expansion effort. The intent is that facilities would use these tools to assess their own practices in providing resident care. State surveyors have been updated on this practice.

Local Area Networks of Excellence (LANE)

The Section participates in the monthly Local Area Networks of Excellence meetings. The QIO serves as the convener for these meetings. The purpose of these meetings is to convene a team of advisors with knowledge of long term care to provide their expertise for the planning, implementing and sustaining of continuous learning for the improvement of care delivered to Medicare beneficiaries. The LANE works collaboratively with providers to provide information tools available related to Quality Assurance and Performance Improvement (QAPI). Falls, pressure ulcer, infections, and antipsychotic reduction are just a few of the tools available on the Advancing Excellence website. The goal is to provide information to the nursing homes that is available (no charge) as they work to improve their care practices and have better outcomes. Presently 296 nursing homes have signed up to participate.



Bureau of Long-Term Care Overview

The Bureau of Long-Term Care (BLTC) is responsible for ensuring that nursing homes comply with the provisions of the Nursing Home Care Act. In addition, under a cooperative agreement with CMS, IDPH conducts certification surveys to ensure facilities receiving Medicaid (state) or Medicare (federal) money for resident payment abide by applicable federal regulations. The Bureau is comprised of three divisions: Quality Assurance (QA), and Assisted Living (AL), and Long-Term Care Field Operations (LTC FO). The LTC FO is comprised of three sections: the Special Investigations Unit (SIU), which includes the Central Complaint Registry (CCR); the Intermediate Care Facility/Individual Intellectually Disabled and Specialized Mental Health Rehabilitation Section (ICF/IID and SMHRF); and seven regional offices located in Rockford, West Chicago, Peoria, Champaign, Edwardsville, Marion, and Bellwood. The Bureau is comprised of 320 staff headquartered throughout the state.

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

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

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

Nursing Home or Long-term Care Facility

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

A private home, institution, building, residence or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code, or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the Federal Social Security Act. It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs. (Section 1-113).

Bureau of Long-Term Care Overview

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

A 27-year-old male is semi-comatose following an auto accident. He has a tracheostomy and needs a ventilator to breath. He requires complete personal care and highly complex nursing care. He also requires intensive occupational and physical therapy, as well as emotional support and social services, to assist him in attaining the highest level of functioning ability.

A 68-year-old female is disoriented to time and place. While she does not need to take medications, she needs prompting for activities of daily living, such as eating or dressing. She requires supervision for safety issues, such as reminders to dress warmly during cold weather.

A 97-year-old female does not have cognitive impairment, but requires extensive nursing care because of circulatory problems that have resulted from long-standing, uncontrolled diabetes.

Facilities for Individuals with Intellectual Disabilities

The Intellectual Disabilities/Developmental Disabilities (ID/DD) Community Care Act provides for licensure of Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) and Long-term Care Facilities for those under Age 22.

The ID/DD Community Care Act provides the following definition for both as:

- An intermediate care facility for the developmentally disabled or a long-term care for under age 22 facility, whether operated for profit or not, which provides, through its ownership or management, personal care or nursing for 3 or more persons not related to the applicant or owner by blood or marriage. It includes intermediate care facilities for the intellectually disabled as the term is defined in Title XVIII and Title XIX of the federal Social Security Act. (Section 1-113)
- An intellectual disability is a disability characterized by significant limitations in both intellectual functioning (intelligence) and in adaptive behavior which covers many everyday social and practical skills. This disability originates before the age of 18.

Bureau of Long-Term Care Overview

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

- An 18-year-old female has severe physical and intellectual disabilities. Although she is basically healthy, she requires complete personal care because of physical limitations and delays in cognitive development.
- A 42-year-old male is intellectually disabled and attends a sheltered workshop during the week. He is learning daily life activities to enable him to live in a group home that offers minimum supervision

Community Living Facility Licensing Act (210/ILCS 35)

"Community Living Facility" (CLF) means a transitional residential setting which provides guidance, supervision, training and other assistance to ambulatory or mobile adults with a mild or moderate developmental disability with the goal of eventually moving these persons to more independent living arrangements. Residents are required to participate in day activities, such as vocational training, sheltered workshops or regular employment. A CLF shall not be a nursing or medical facility and shall house no more than 20 residents, excluding staff.

Residents of a CLF must have the goal of eventually moving to more independent living arrangements and are required to participate in day activities, such as vocational training or supported employment. In order to help residents make progress toward this goal, the facility must offer services and programs that provide experience in working and performing daily living tasks. The facility must also provide evening and weekend training programs that help residents to develop independent living skills. These include assistance with personal grooming, socialization skills, communication skills, clothing, finances, food, transportation, and leisure-time activities. The facility must also provide or arrange vocational training to help develop work skills.

Specialized Mental Health Rehabilitation Facility (SMHRF)

The Specialized Mental Health Rehabilitation Act of 2013 [(210 ILCS 49/1-102) Article 1. Sec. 1-102. Definitions. (Source: P.A. 98-104, eff. 7/22/16)] defines a facility as:

“Facility” means a specialized mental health rehabilitation 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 3 or more persons. The facility shall provide a 24-hour program that provides intensive support and recovery services designed to assist persons, 18 years or older, with mental disorders, to develop the skills to become self-sufficient and capable of increasing levels of independent functioning. “Facility” includes the following:

Bureau of Long-Term Care Overview

- (3) none of the consumers are non-ambulatory;
- (4) none of the consumers have a primary diagnosis of moderate, severe, or profound intellectual disability; and
- (5) the facility must have been licensed under the Specialized Mental Health Rehabilitation Act or the Nursing Home Care Act immediately preceding the effective date of this Act and qualifies as an institute for mental disease under the federal definition of the term.

Facilities for Medically Complex/Developmentally Disabled

In 2015, the General Assembly passed and the Governor signed into law Public Act 99-180, the MC/DD Act (210 ILCS 46). With the MC/DD Act, long-term care facilities that serve an under age 22 population were removed from the ID/DD Community Care Act and given their own Act. IDPH is currently drafting amendments to the Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390) to bring it in compliance with the MC/DD Act. As stated in Section 1-101.05(a) of the MC/DD Act (Prior Law):

- (a) This Act provides for the licensure of medically complex for the developmentally disabled facilities. On and after the effective date of this Act, long-term care for under age 22 facilities shall be known and licensed as medically complex for the developmentally disabled facilities under this Act instead of the ID/DD Community Care Act. On the effective date of this Act, any long-term care for under age 22 facility that holds a valid license on the effective date of this Act shall be granted a license as a medically complex for the developmentally disabled facility and shall not be licensed as a long-term care for under age 22 facility under the ID/DD Community Care Act.

Size and Variety of Facilities

Long-term care facility size ranges from four beds to more than 500 beds. Some offer one level of care; others may provide two or more levels of care. The following tables describe the number of licensed facilities and beds by level of care provided. Facilities eligible for Medicare and/or Medicaid funding (certified), but not licensed by the department, require inspections and investigations by department staff.

Number and Type of Licensed and/or Certified Beds-2015			
Type of Facility	2013	2014	2015
SNF	81,988	81,352	81,394
ICF	17,488	16,884	16,519
ICFDD	8,284	5,121	4,838
22 and Under	1,019	932	932
Community Living Facility	396	397	397
Sheltered Care	6,241	6,182	6,070
TOTAL BEDS	115,416	110,868	110,150

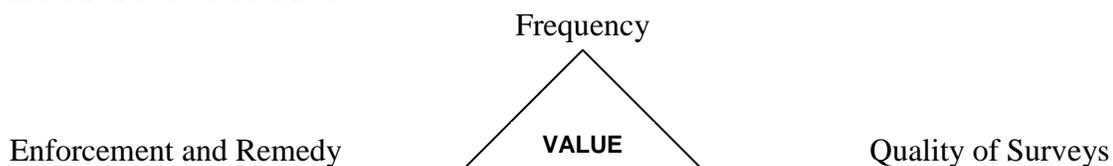
Bureau of Long-Term Care Overview

Number and Type of Licensed and/or Certified Facilities-2015			
	2013	2014	2015
SNF Only	485	495	499
SNF/ICF	151	145	144
SNF/ICF/SC	23	23	22
SNF/ICF/ICF-DD	2	2	2
SNF/SC	35	35	36
SNF and SNF/22 and Under	1	1	1
22 and Under Only	9	9	9
ICF Only	48	46	45
ICF/IID Only	22	22	22
16 or Fewer Bed Only	245	217	199
ICF/SC	8	6	6
SC Only	46	46	44
CLF only	28	28	28
Hospital-based LTC units	34	30	29
Swing Beds	55	56	55
Supportive Residences	1	1	1
State Mental Health LTC Units	7	7	7
TOTAL FACILITIES	1,200	1,169	1,149

State Survey Performance Standards (SPSS)

Federal CMS established a set of standards to determine whether the State Survey Agencies (SSAs) were meeting the requirements for the survey and certification program. Created in 2001 and redesigned in 2006, the SPSS is intended to evaluate whether the SSAs are meeting selected key areas of the State survey and certification program.

The areas scored include Frequency, Quality, and Enforcement. 2015 data is not available as it is pending receipt from CMS. Results for each requirement were received in March 2015 for FY2014.



The SPSS is intended to evaluate whether the SSAs are meeting selected key areas of the State survey and certification program. This evaluation does not restrict the CMS Regional Offices (ROs) from performing other oversight activities to ensure that the SSAs are meeting the terms of the 1864 Agreement. Furthermore, the SPSS neither

Bureau of Long-Term Care Overview

creates new policy for the SSAs, nor does it nullify Federal law, regulations, the State Operations Manual, or formal policy provided by CMS.

Performance Comparison Dimensions

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

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

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

Performance Measures (PM)

The Quality Measures results of the CMS Annual PM Report measures the quality of the surveys, based on review of survey findings, onsite observations of survey performance and review of complaints and incidents. Protocols are revised, training implemented, and follow up is ongoing. Results are indicated below each measure. Scores are from 2008 through 2014. 2015 data is not available as it is pending receipt from CMS.

Frequency Dimension

Frequency 1. **Off-hour Surveys for Nursing Homes**

No less than 10 percent of standard surveys begin during weekend or “off hours”.

Frequency 2. **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 3.1 **Frequency of Non-Nursing Home Surveys Tier 1**

Recertification/validation surveys for non-deemed home health agencies (HHA) and intermediate care facilities for the mentally retarded (ICF/IID), and validation surveys for deemed hospitals are conducted within the time frames established by law. If the state agency conducts recertification’s for non-deemed Home Health Agencies, ICF/IIDs and validation surveys for deemed hospitals according to the Tier 1 requirements, the measure is scored as “Met.”

Bureau of Long-Term Care Overview

Frequency 4. **Timeliness of Upload into OSCAR/ODIE of Standard Surveys for Non-Deemed Hospitals and Nursing Homes**

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

Frequency 5. **Timeliness of Upload into CASPER of Complaint Surveys for Non-Deemed Hospitals and Nursing Homes**

If 95 percent or more of all complaint surveys are uploaded into CASPER in less than 60 calendar days, this measure is scored as “Met.”

Quality Dimension

Quality 1. **Documentation of Deficiencies for Nursing Homes, ESRD facilities, ICF/IIDs and Non-deemed HHA’s and Hospitals.**

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

Quality 2. **Conduct of Nursing Home Health Surveys in Accordance with Federal Standards, as Measured by FOSS Surveys**

Survey teams conduct nursing home surveys in accordance with federal standards, as measured by Federal Oversight/Support (FOSS) surveys.

Quality 3. **Documentation of Noncompliance in Accordance with Federal Standards for Nursing Home Health FOSS Surveys**

If the unjustified disparity rate is 20 percent or less, this measure is scored as “Met.”

Quality 4. **Q4 Identification of Health and Life Safety Code (LSC) Deficiencies on Nursing Home Surveys as Measured by Federal Comparative Survey Results**

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

Quality 5. **Implementation of the Nursing Home Quality Indicator Survey**

The federal Center for Medicare and Medicaid Services (CMS) has not implemented this measure for Illinois

Bureau of Long-Term Care Overview

- Quality 6. **Prioritizing Complaints and Incidents**
CMS guidelines for the prioritization of federal complaints, regardless of whether an onsite survey is conducted, and those incidents requiring an onsite survey are followed for nursing homes, non-deemed hospitals, non-deemed CAHs, non-deemed HHA and ESRD facilities. If both Threshold Criteria are scored as “Met”, this measure is scored as “Met.”
- Quality 7. **Timeliness of Complaint and Incident Investigations**
Complaints triaged as immediate jeopardy and requiring an onsite survey are investigated within the prescribed time limits for nursing homes, ESRD facilities, non-deemed and deemed HHAs, non-deemed and deemed ASCs and non-deemed and deemed hospitals and CAHs, excluding Emergency Medical Treatment and Active Labor Act (EMTALAs). Includes timeliness of investigations for complaints triaged as non-immediate jeopardy for nursing homes and deemed hospitals and CAHS. If all four Threshold Criteria are met, this measure is scored as “Met.”
- Quality 9. **Quality of Complaint/Incident Investigations for Nursing Homes**
All nursing home complaints and incident reports are investigated according to CMS policy for complaint/incident handling. If the score for each criterion is greater than or equal to 85 percent, the measure is scored as “Met.”

Enforcement Dimension

- Enforcement and Remedy 1. **E1 Timeliness of Processing Immediate Jeopardy Cases**
Immediate jeopardy cases are processed timely, excluding EMTALA and Medicaid-only providers/ suppliers. If the resulting percentage is greater than or equal to 95 percent, the measure is scored as “Met.”
- Enforcement and Remedy 2. **E2 Timeliness of Mandatory Denial of Payment for New Admissions (DPNA)**
Notification for Nursing Homes Enforcement processing time frames of mandatory denial of payment for new admissions in a nursing home. This excludes cases involving Medicaid-only nursing homes. If the resulting percentage is greater than or equal to 80 percent, this measure is scored as “Met.”

Bureau of Long-Term Care Overview

Enforcement and Remedy 3. **E3 Processing of Termination Cases for Non-Nursing Home Providers/Suppliers**

Termination cases for non-nursing home providers/suppliers, except for cases involving deemed providers/suppliers, EMTALA cases and Medicaid-only providers/suppliers, are processed timely. If the resulting percentage is greater than or equal to 80 percent, the measure is scored as “Met.”

Enforcement and Remedy 4. **E4 Special Focus Facilities (SFFs) for Nursing Homes**

Federal Oversight and Support Surveys (FOSS)

CMS conducts FOSS Surveys to observe and assess the state surveyor team performance. Thirty-two surveys were conducted in 2015. State Surveyor teams are scored on six measures to determine any deficient practices. Results of the Deficient Practices were identified and include the number of surveys the deficient practice occurred:

- Measure 1—Concern Identification 4 of 32 surveys
- Measure 2—Sample Selection 3 of 32 surveys
- Measure 3—General Investigation 12 of 32 surveys
- Measure 4—Kitchen/Food Service Investigation 1 of 32 surveys
- Measure 5—Medication Investigation 3 of 32 surveys
- Measure 6—Deficiency Determination 12 of 32 surveys

Federal Survey Initiatives

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

Division of Quality Assurance

The Division of Quality Assurance (QA) is based in Springfield and has employees that process licensure applications and certification surveys conducted by Field Operations as mandated by the Nursing Home Care Act and in accordance with federally mandated timeframes. The Division is comprised of State Licensure, Certification, Freedom of Information Act (FOIA), and the Quality Review sections. The licensure section is dedicated to nursing home licensure actions such as processing licensure applications, issuing licenses, renewals, change of ownerships, licensing beds, bed changes, and licensure actions to include conditional license and license revocation or denial. The certification section certifies long-term care facility classification of bed types and communicates frequently with the Regional Office for the Centers for Medicare and Medicaid Services (CMS). Information regarding initial long-term care facility applications, changes of ownership, terminations, and bed changes is shared with the Illinois Department of Healthcare and Family Services (HFS). The FOIA section provides requested documents per the Act.

The Quality Review section employs Registered Professional Nurses to review surveys completed by Field Operation staff. The section works closely with providers and federal CMS.

Divisional activities include:

- Managing non-field related quality components of the LTC operations of the office for licensure and certification
- Maintaining records, review surveys and citations for quality and accuracy
- Overseeing the IDR process
- Maintaining all statistical data bases
- Reviewing applications and issuing licenses
- Tracking all quality and performance data
- Handling all documentation requests

Special Focus Facilities

CMS began the Special Focus Facility (SFF) initiative in 1998 in an effort to improve nursing home quality of care by identifying and directing more attention to nursing homes with a record of poor survey performance. The initiative is intended to promote rapid and substantial improvement in the quality of care in identified nursing homes. SFF nursing homes are subject to more frequent survey and certification oversight.

Division of Quality Assurance

Illinois has currently been designated by CMS to select four Special Focus Facilities (SFFs). The Department recommends selection of a new SFF to CMS from a candidate list that is provided by CMS central office. CMS is ultimately the final authority in selection of a SFF. Once selection has been made, the State Agency conducts twice the number of standard surveys and applies progressive enforcement until the nursing home either graduates from the SFF program or is terminated from the Medicare and/or Medicaid program. A nursing home may graduate from the program when it demonstrates at two consecutive standard surveys that it has deficiencies cited at a scope (how many person are affected by the deficient practice) and severity (the level of harm to health or safety) level of no greater than an “E” and no intervening complaint-related deficiencies cited greater than an “E.” Level “E” means while no actual harm occurred there was the potential for more than minimal harm to more than a limited number of residents. However, if a facility is unable to achieve survey results at a level of ‘no actual harm’ after three standard surveys (approximately 18 months), a facility may also be removed from the SFF program through termination of the Medicare and/or Medicaid provider agreement.

FOIA – Freedom of Information Act

Any person has the right to request records or information under FOIA. This information can involve residents, patients, facilities, and persons of interest or citations/violations against a facility. Under FOIA, certain records are protected from disclosure and this information is redacted before release to the requestor. FOIA requests are processed and released within five (5) business days from the date the request is received.

In 2015, IDPH processed 463 FOIA requests as follows:

- 92 requests filed for federal CMS documents
- 254 requests were for State licensure violations, licensure related documents, Department Policies and Procedures, federal CMS States of Deficiencies (CMS-2567), and federal CMS Pos-Certification Revisits reports (CMS-256-B)
- 116 requests resulted in no information found
- 1 request was a duplicate

Division of Quality Assurance

Survey Documents

Our files area handles hearing requests (State and Federal), subpoena's, scanning of DD Facilities, filing of survey and confidential files, and purging of files. In 2015:

- 24 federal hearing requests were processed. These hearing request are fulfilled in a survey cycle date. The cycle date can involve several survey dates within that cycle depending on the facility.
- 170 state hearings were processed. These hearing requests are fulfilled by survey date only.
- 24 subpoena requests were completed and sent to the IDPH legal department.

On average, 70 to 100 surveys are filed daily. These surveys are held in the office for three months, and then archived. Currently, IDPH warehouse is holding 800 boxes of closed files. After two years these boxes are prepared for transfer to Secretary of State (SOS) for filing storage until destroyed. In 2015, 600 boxes of survey documents were transferred to the SOS.

Licensure Program

More than 1,100 facilities are regulated under the Illinois Nursing Home Care Act (NHCA) and/or federal requirements for Medicare (Title XVIII) and/or Medicaid (Title XIX) participation. Of these, 1,058 are licensed under the NHCA and 91 are associated with licensed hospitals operated as a nursing home under the Hospital Licensing Act. Of the more than 1100 facilities, the majority (91.12%) participate in the federal certification program for Medicare and/or Medicaid.

Program staff process a wide range of provider requests. Licensure actions include upgrades of care levels, addition of approved services, adding or removing beds, or simply changing room bed location. Other actions include licensing new facilities and processing changes of ownership, facility closures, and replacement facilities. Licensure actions are finalized following approval by the Division of Life Safety & Construction, and successful completion of a survey inspection by Regional survey staff and the Illinois Health Facilities and Service Review Board. The table below summarizes 2015 activity.

Approved Licensure Actions	
Action	Total
Change of Ownership	67
Replacement Facility	1
New Facility	2
Bed / Service Change	48
Closure	23

Division of Quality Assurance

Violations

Article III, Part 3 of the Nursing Home Care Act and the ICF/IID Community Care Act authorizes IDPH to impose a fine or other penalty on facilities that violate the acts. Violations are classified as Type AA (the most severe), Type "A", Type "B", and Type "C" (the least severe). The more severe penalties are reserved for facilities that do not correct a Type "AA" or a Type "A" violation within a required time period. In 2015, IDPH imposed more than \$2.2 million in licensure fines against facilities and collected \$1,452,613.42, as compared to \$1,067,595.91 collected in 2014. The amount collected would not necessarily be from those fines imposed in 2015, since most fines are contested by facilities and go through a hearing process before collection.

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.*
- 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 there from or has resulted in actual physical or mental harm to a resident.*
- 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.*

Division of Quality Assurance

Two-Year Licenses

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

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

During 2015, IDPH issued 824 renewal licenses. The two-year license program is cyclical. Statistics show the number of two-year licenses issued is higher in odd-numbered years. Facilities continuing to qualify for the two-year license program maintain this schedule. However, as new facilities are licensed, facilities change ownership, or become disqualified from participation, the number of one-year licenses increases. Because IDPH uses the certification survey for licensing and the certification program requires facilities to be surveyed approximately once per year, the certification survey sanctions affect the length of a facility’s license. Each facility’s certification survey results must be reviewed annually in addition to a review for licensure program sanctions to determine whether the facility meets the two-year license criteria.

Division of Quality Assurance

License Renewal Information			
Month	1 Year	2 Year	TOTAL
January	31	32	63
February	36	29	65
March	25	34	59
April	30	30	60
May	32	38	70
June	25	37	62
July	39	38	77
August	36	38	74
September	58	37	95
October	41	27	68
November	30	31	61
December	39	31	70
TOTALS	422	402	824

Changes in Licensure

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

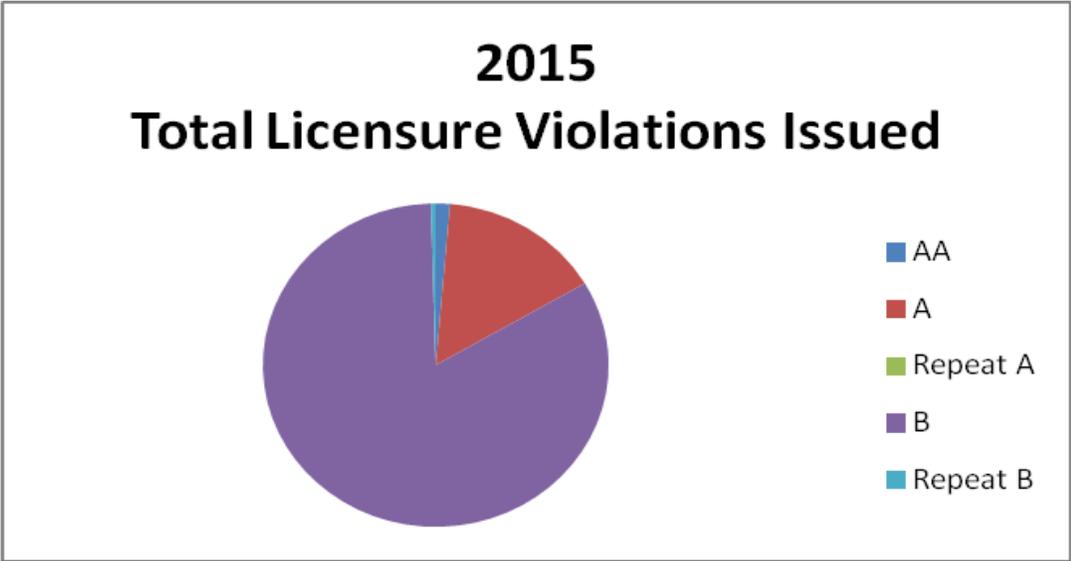
In 2015, bed changes resulted in skilled care beds increasing by 1,300 intermediate care beds decreasing by 594 and sheltered care beds decreasing by 163. Two new facilities were licensed in 2015 that added 170 skilled-care beds. Twenty-three long-term care facilities closed in 2015, resulting in sheltered care beds decreased by 26, and intermediate care for developmentally disabled beds decreased by 380.

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

Division of Quality Assurance

Total Licensure Violations Issued*		
Violation Level	2014	2015
“AA” Violation	4	6
“A” Violation	99	69
Repeat “A” Violation	0	0
“B” Violation	413	376
Repeat “B” Violation	0	2

* Violations issued from all survey types, including annual, complaint, and re-inspection



Division of Quality Assurance

Licensure Actions

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

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

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

Adverse Licensure Actions	2015
Conditional License	65
Revocation or Denial of License	0
Suspension	0

Federal Certification Deficiencies in Nursing Homes

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

Severity	Isolated	Pattern	Widespread
Minimal Harm	A	B	C
More Than Minimal Harm	D	E	F
Actual Harm	G	H	I
Immediate Jeopardy	J	K	L

Division of Quality Assurance

Immediate jeopardy (IJ) deficiencies represent the most serious problems that can occur in long-term care facilities. These deficiencies often represent non-compliance that has the potential or high likelihood of serious injury or death to residents.

Federal Certification Actions

The Nursing Home Care Act allows IDPH to use federal certification deficiencies in lieu of licensure violations. Licensure violations and enforcement actions against Medicare and/or Medicaid-certified facilities are pursued when the licensure standard is stricter than the federal requirement or when the violation is egregious and warrants enforcement action against a facility license.

This enforcement approach is most noticeable in the assessment of fines against non-compliant facilities. The federal formula, established in 1995, usually results in a higher fine than would be applied under state licensure, except in cases of the most egregious violations. The following statistics illustrate the fines imposed under the authority of the federal regulations:

Federal CMS Certification Civil Money Penalties (CMPs) Imposed	
Medicare* and Medicare*/Medicaid facilities (dually certified)	\$1,075,187.92
Medicaid only facilities	\$21,208.75
Total CMPs imposed	\$1,096,396.67
Medicare portion of CMPs assessed against certified facilities is retained by federal CMS. The state receives a portion of CMPs from Medicare/Medicaid facilities (dually certified) based on the number of residents whose care is paid for by Medicaid.	

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 for Funds 063 and 371 are split 50/50.

Division of Long-Term Care Field Operations

FY15 Fines Received (7/1/14 – 6/30/15):

- Long-Term Care Monitor/Receivership: \$1,244,474 (Fund 285)
- Federal Medicaid Only Fines Received: \$52,688 (Fund 063/371)
- Federal Medicaid/Medicare Fines Received: \$2,137,580 (Fund 063/371)

FY15 Expenditures (7/1/14 – 6/30/15):

- Civil Monetary Penalties: \$293,377 (Monitoring of problem nursing homes)
- Long-Term Care Monitor/Receivership: \$22,198,341 (Public Health staff salaries, fringe benefits and travel)
- Equity and LTC Quality Fund: \$0 (371)

FY14 Fines Received (7/1/13 – 6/30/14):

- Long-Term Care Monitor/Receivership: \$905,538 (Fund 285)
- Federal Medicaid Only Fines Received: \$256,895 (Fund 063/371)
- Federal Medicaid/Medicare Fines Received: \$1,329,866 (Fund 063/371)

FY14 Expenditures (7/1/13 – 6/30/14):

- Civil Monetary Penalties: \$337,778 (Monitoring of problem nursing homes)
- Long-Term Care Monitor/Receivership: \$13,796,844 (Public Health staff salaries, fringe benefits and travel)
- Equity and LTC Quality Fund: \$0 (371)

Inspections and Surveys

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

- Monitoring nursing homes' ability to prevent pressure ulcers, dehydration, and malnutrition
- Providing a minimum quality of care and enhance 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 2015 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."

Division of Long-Term Care Field Operations

In 2015, staff conducted approximately 453 certification/licensure surveys per month, including certification/licensure annual surveys, complaint investigations, incident investigations, special off-cycle surveys and follow-up surveys. Similar surveys are conducted under the authority of Medicare and Medicaid of the Federal Social Security Act. The structure, format, and time frame of certification activities are mandated and regulated by HHS through CMS.

While State licensure is mandatory per the Nursing Home Care Act, 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 Illinois Nursing Home Care Act.

Facilities operated as intermediate care facilities for the developmentally disabled by the IDHS (i.e., State Operated Developmental Centers) also are not required to have an additional state licensed under the Illinois Nursing Home Care Act.

Special Investigations Unit

The Special Investigations Unit consists of five separate areas that work together for the protection of individuals that reside in long term care facilities.

Resident abuse is one of the most serious findings addressed. Residents of Long-Term Care (LTC) facilities are highly vulnerable and abuse can be devastating for residents and their families. Included in the Nursing Home Care Act, is a licensing statute requiring facilities to contact local law enforcement authorities immediately when a resident is the victim of abuse involving physical injury or sexual abuse. The intent of the rule is to reduce the incidence of abuse in nursing homes by combining the resources of IDPH's investigation program with those of criminal law enforcement and prosecution agencies. IDPH has established working relationships with the Illinois State Police Medicaid Fraud Control Unit (MFCU), Cook County State's Attorney's Office, and the U.S. Attorney's Office in Springfield. With improvements in the 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.

Division of Long-Term Care Field Operations

Central Complaint Registry (CCR)/Hotline

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

The CCR is a 24-hour toll-free nationwide complaint hotline mandated by the 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. When a complaint is received it is assessed for priority. Based on assessment, the mandated timeframe in which the complaint must be investigated is set (24-hours, seven-days or 30-days). IDPH shall investigate all complaints alleging abuse or neglect within seven days after the receipt of the complaint except complaints of abuse or neglect which indicate that a resident's life or safety is in imminent danger which shall be investigated within 24 hours after receipt of the complaint. All other complaints shall be investigated within 30 days after the receipt of the complaint. The CCR reviews, logs, and forwards the complaints to the appropriate Regional Office for scheduling and subsequent investigation.

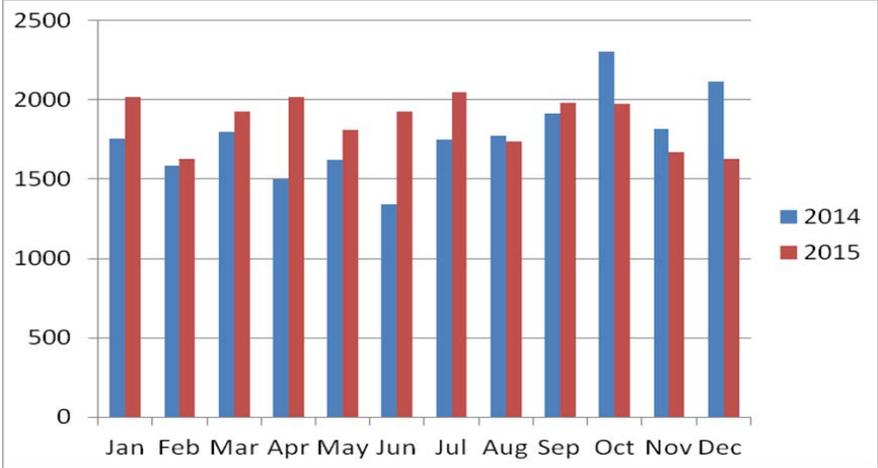
A complaint may have one or more allegations. In reviewing complaints, IDPH determines the validity of each allegation rather than each complaint in its entirety. An allegation is valid if what is stated on the complaint is found to be true; if the facility was in compliance with the regulations, a violation/deficiency will not be cited. When a complaint is filed, the complainant has the option to file the complaint anonymously. If the complainant chooses to give their information, the surveyor will attempt to call them three times to discuss the information given and to obtain any additional information.

The CCR receives complaints from relatives, patients, citizens, and other agencies or associations including: Illinois Department on Aging, HFS, IDHS, the Illinois Guardianship and Advocacy, Illinois Department of Financial and Professional Regulation, Office of the Attorney General, Illinois Citizens for Better Care and attorneys. Calls not under the jurisdiction are referred to other State Agencies (Department on Aging, HFS, IDHS, Illinois Department of Financial & Professional Regulation). Complaints are received in a variety of ways including the toll free hotline, e-mail, facsimile, or mail.

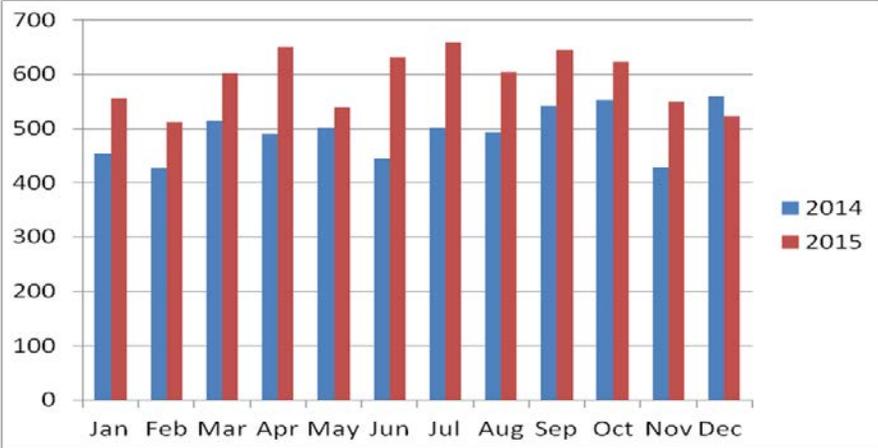
Persons that have filed a complaint (complainant) call to inquire about the status of the complaint, request a call from the surveyor, provide additional information, request clarification on the findings of a complaint, request a copy of the determination letter, discuss their dissatisfaction with the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

Division of Long-Term Care Field Operations

Central Complaint Registry Calls



Central Complaint Registry Complaints Filed



Division of Long-Term Care Field Operations

The following table shows the number of complaints and percentage of complaints received in 2015 by provider type:

Number of Complaints and Percentage by Provider Type		
	Number	Percentage
Long-term Care		
Skilled Nursing Facilities		
Intermediate Care Nursing Facilities		
Shelter Care Facilities		
Community Living Facilities	5,668	79.9
Hospitals	825	11.6
ICF-IID/Under 22/CLF/State Owned Mental Health and Developmentally Disabled Facilities	177	2.4
Assisted Living Facilities	159	3.2
Home Health Agencies	73	<1.29
Ambulatory Surgical Treatment Centers	10	<1
Hospice	21	< 1
Portable X-rays	0	<0
Home Nursing	2	<1
Home Services	25	<1
Ambulance Companies/EMS/EMT	13	<1
Laboratories	0	<0
Unlicensed Facilities	05	<1
End Stage Renal Disease	35	<1

Long-term care received the most complaints, 5,668 (79.9%), in 2015 and Hospitals with the second greatest amount at 825 (11.6%).

Division of Long-Term Care Field Operations

The following table shows the number of complaints investigated. The last two statistics are focus areas of concern:

Performance Metrics	2015				Totals
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	
Number of complaint investigations within mandated timeframes meeting Immediate Jeopardy criteria	102	137	134	80	453
Number of complaint investigations within mandated timeframes meeting Non-immediate Jeopardy High criteria	806	836	888	656	3,186
Number of complaint investigations within mandated timeframes meeting Non-immediate Jeopardy Medium	354	309	369	390	1,422
Number of complaint investigations within mandated timeframes meeting Non-immediate Jeopardy Low	0	0	0	0	0
Number of pressure ulcer sore citations	60	78	62	59	259
Number of unnecessary medications citations	42	45	52	34	173

A complaint allegation is considered “valid” if IDPH determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation. A complaint allegation is considered “Invalid” if IDPH determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation. The following table identifies the validity of each allegation. The number of complaints filed by the CCR continues to increase each year. The CCR took over 2,500 more complaints in 2015 than in 2012.

Division of Long-Term Care Field Operations
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Validity of Complaint Allegations	
Valid	3,114
Invalid	11,652
Total	14,889

The following table identifies the number of complaints received by allegation type:

Allegations By Category	
Reports of LTC Abuse and Neglect	3,316
Physical Abuse	95
Sexual Abuse	77
Verbal Abuse	21
Neglect	3,110
Mental Abuse	294
Other Resident Injury	1,003
Sexual Assault – Resident-to-Resident	41
Verbal Assault	8
Physical Assault – Resident-to-Resident	57
Mental Assault – Resident-to-Resident	79
Total Calls	22,360
Total Complaints	7,093
Total LTC Complaints	5,668
Total Non-LTC Complaints	1,425

Division of Long-Term Care Field Operations

Incidents

The goal of the incident reporting process is to establish a system that will assist in promoting the health, safety, and welfare of residents. The incident management system has three primary objectives:

- 1) protective oversight
- 2) prevention
- 3) promotion of efficiency and quality within the health care delivery system

An incident is a report provided by a long-term care facility regarding a reportable occurrence. The initial report is to be received by IDPH from the facility within 24 hours of the incident and followed up by a final report. The final report is to include the facility's investigation and be received within five days of the incident. Every incident that is received is reviewed and a determination is made whether or not to request an investigation.

Like complaints, incidents are triaged and investigated based on the seriousness of the allegations. In 2015, there were approximately 57,392 incident reports received. The following table shows the number of incident reports received by region.

Incident Reports by Region			
LTC Facilities		ICF/IID Facilities	
Region 1 –Rockford	3,756	Region 1 –Rockford	3,799
Region 2 –Peoria	8,696	Region 2 –Peoria	996
Region 4 –Edwardsville	5,093	Region 4 –Edwardsville	3,486
Region 5 –Marion	2,335	Region 5 –Marion	1,245
Region 6 –Champaign	3,427	Region 6 –Champaign	498
Region 7 –West Chicago	8,162	Region 7 –West Chicago	2,214
Region 8 –Chicago	4,098	Region 8 –Chicago	1,242
Region 9 –Bellwood	4,404	Region 9 –Bellwood	3,941
Total	39,971	Total	17,421

Division of Long-Term Care Field Operations

Abuse Prevention Review Team

Public Act 091-0931 mandated designated appointed teams of professionals. There are representatives from medical, nursing, social services, legal, law enforcement, ombudsman and coroner to review confirmed or alleged cases of sexual assault and unnecessary deaths of nursing home residents. The agencies represented include Public Health, State Police, State Attorneys, and 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 from IDPH.

The goal of the Abuse Prevention Review Team (APRT) is to make an accurate and complete 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/confirmed or resident death is alleged in conjunction with complaint, incident, or annual surveys. Death cases referred by law enforcement, medical examiners and coroners are also reviewed and tracked by the team. IDPH is responsible for ensuring that cases meeting the criteria outlined in the Act are referred to the designated team for review. Procedures have been established for tracking confirmed sexual assaults and unnecessary deaths, obtaining death certificates and developing a database, all outlined in the statute.

There are two Review Teams that meet quarterly: the Northern Team reviews deaths and sexual assault cases that occurred in facilities in the geographical area north of Interstate 80 and the Southern Team reviews sexual assault and death cases that occurred in facilities in the geographical area south of Interstate 80.

Secure databases have been established to track the following data, as required by the Act:

- Residents who are victims of sexual assaults
- Residents known to have died at a facility
- Residents cited in quality of care deficiencies, who then died within six months
- Residents whose care was the subject of a complaint or incident alleging death and/or sexual assault

Division of Long-Term Care Field Operations
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In 2015, staff reviewed 817 reports of sexual abuse and/or death. The tables below reflect that the number of reviewed cases continues to increase yearly.

NORTHERN	2013	2014	2015
Cases received/reviewed	411	483	549
Cases referred to APRT	40	47	56

SOUTHERN	2013	2014	2015
Cases received/reviewed	189	208	268
Cases referred to APRT	68	70	79

Monitor/Receivership Program

Placement of monitors is allowed through the Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300) or as authorized by Federal CMS as an enforcement remedy. A monitor is a qualified person placed in a facility to observe operations of the facility, assist the facility by advising it on how to comply with the State regulations, and who reports periodically to IDPH on the operations of the facility. The frequency of the monitor visits to a facility is based on the severity of the violations and/or deficiencies cited and can be increased or decreased dependent upon the facility's progress and correction of identified problems. The placement of a monitor is determined when the health, safety, and welfare of residents is threatened. While an IDPH employee may serve as a monitor when certain conditions exist, IDPH generally relies on companies or individual contractors. One monitor was placed in one facility in 2015; there was continued monitoring of four facilities from 2014. Of these facilities four provided intermediate and/or skilled care services; remaining placement involved a facility with individuals with intellectual disabilities.

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

Division of Long-Term Care Field Operations

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. Only those locations that are the subject of a complaint are investigated. 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 owner is referred to the Office of the State Attorney General for prosecution.

Allegations of Aide Abuse, Neglect or Misappropriation of Resident Property

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

The 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.

Allegations of abuse, neglect, or misappropriation of property committed by aides are received through incident reports, complaints and letters. Documentation from a facility's own incident or complaint investigation, police reports and court records are reviewed to determine whether there is substantial evidence to process an allegation against the aide and proceed in pursuing an Administrative Finding. If 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. If after a hearing, it is found the aide abused or neglected a resident or misappropriated resident property in a facility or if the aide does not request a hearing within 30 days, a Final Order is then sent to the aid via certified mail. The finding of abuse, neglect, or misappropriation is then entered for that aide. Prospective employers must make inquiry of the Health care Worker Registry (HCWR) for prospective employees.

Division of Long-Term Care Field Operations

The following table summarizes the number and type of findings for 2015.

Findings of Abuse, Neglect and Misappropriation of Resident Property	
Cases closed	12
Cases processed	20
Abuse	7
Neglect	5
Misappropriation of property	8
Removal of neglect findings	2

In 2015, IDPH received a memorandum from CMS with guidance of the regulatory requirement to share Automated Survey Processing Environment (ASPEN) Complaint Tracking System (ACTS) data, Long-Term Care Minimum Data Set (MDS) data and survey documents with the State Medicaid Fraud Control Units (MFCU). The relationship between the Illinois State Police Medicaid Fraud Control Unit (ISP/MCFU) and IDPH has grown over the past few years. ISP/MCFU investigators are more involved in IDPH investigations which promotes cross-training of IDPH surveyors and ISP/MFCU investigators.

In 2015, 1,651 incidents and complaints of abuse/neglect, theft, and/or fraud were referred to the Illinois State Police (ISP). Of those referred, ISP requested documents from 28 of IDPH's investigative packets. Of that total, ISP opened 1,521 cases for patient abuse, 129 cases for drug diversion, theft or financial exploitation, and four cases of fraud.

Division of Long-Term Care Field Operations

Identified Offenders in Facilities

Public Act 094-0163 requires facilities to check the Illinois State Police and the Illinois Department of Corrections sex offender websites on new admissions. A criminal history check is required on new and existing residents. If the results of background check are inconclusive, the facility is required to initiate a fingerprint-based check. In the event a resident’s health or lack of potential risk, the facility may apply for a waiver of the fingerprint background check.

A waiver is granted if the resident is completely immobile as verified by a signed physician explanation or has the existence of a severe, debilitation physical condition that nullifies any potential risk. Once the request for the Fingerprint Waiver is reviewed a determination letter is sent to the facility. This waiver is valid only while the resident is immobile and the criterion supporting the waiver exists.

Identified Offender Fingerprint Waiver Requests		
	Approved	Denied
2013	46	3
2014	29	7
2015	29	6

A criminal history analysis for a prospective resident assists the facility in preparing supervision needs for residents. Convicted or registered sex offenders must reside in private rooms. The Identified Offender Program is responsible for ensuring proper tracking and monitoring of identified offenders in long-term care facilities.

Division of Long Term Care Field Operations
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Intermediate Care Facility/Individuals Intellectually Disabled
&
Specialized Mental Health Rehabilitation Facilities Section

As of January 1, 2012, the Intermediate Care Facility/Individuals Intellectually Disabled (ICF/IID) program became regulated under the Community Care Act and not the Nursing Home Care Act. The Section completes licensure, certification, and inspection of care surveys for ICF/IID facilities, State Operated Developmental Centers, Long-Term Care Facilities for those Under Age 22, and Community Living Facilities (CLFs). The Section conducts complaint and incident investigations, follow-up surveys, and special certification surveys. The nature of the complaint and incident investigations may be abuse (sexual, physical, and/or mental) and/or neglect. For this provider type, neglect is defined as the failure to provide goods and services to meet the resident needs. As this population continues to age, increased medical needs increase in importance as much or more than the need for services focused on improving an individual's daily functional skills.

Intermediate Care/Intellectually Disabled Facility Count	
ICF/IID 16 beds and under	197
ICF/IID 17 beds and more	21
State Operated Developmental Centers	7
Community Living Facilities (CLF)	28
Medically Complex Under Age 22	10
Skilled Nursing Care/ICF/ICFDD	2
Total	265

Survey Activity in Intermediate Care/Intellectually Disabled Facilities	
Annual Licensure/Certification Surveys	2,021
Complaint Intakes received	5,661
Licensure/Certification Complaint Investigations/Follow-up Investigations	2,206
Medicaid IOC Reviews (DD only)	240
Licensure Probationary/Initial Surveys	77
Certification Initials	5
Incident Report Investigations	767
Special Surveys – Licensure/Bed Certification	111
Total Investigations done by Long Term Care	5427

Division of Long Term Care Field Operations

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

In 2015, staff completed 250 annual certification and licensure surveys. It should be noted that some facilities have a two year license and do not require an annual survey. There were 180 complaint investigations and 159 Incident Report Investigations. The complaints are generally calls IDPH receives through the Nursing Home Hotline. The incidents are reports from the facilities identifying an incident or allegation of significant or questionable severity that IDPH deems an investigation is needed. There were 148 revisits completed at facilities that had deficiencies cited that required a follow-up to assure compliance. The table below presents the top 10 regulations for which deficiencies were cited as a result of annual surveys and/or complaint/incident investigations.

RANK	TAG #	TAG DESCRIPTION	# CITATIONS	% PROVIDERS CITED
1	W154	Incidents are thoroughly investigated	71	19.3%
2	W104	Governing body exercises control	64	18.1%
3	W331	Nursing services in accord with need	53	16.2%
4	W149	Facility policies on abuse and neglect	51	15.4%
5	W263	Restrictive programs must have consent	46	17.4%
6	W153	Reporting immediately to administer & according to State laws	44	16.6%
7	W249	Program & services are received according to IPP	41	13.9%
8	W120	Outside services meet the needs of each client	41	14.3%
9	W369	Drugs are administered without error	31	12%
10	W368	Drugs are administered in accordance with MD orders	31	12%

Division of Long Term Care Field Operations

The following table provides a breakdown for the 180 complaints investigated.

	Anonymous				Non-anonymous				Total			
	Substantiated		Unsubstantiated		Substantiated		Unsubstantiated		Substantiated		Unsubstantiated	
	#	%	#	%	#	%	#	%	#	%	#	%
Totals	20	43.5%	26	56.5%	89	52%	45	48%	109	60.6%	71	39.4%

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

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

Staff from the Section were asked to present at three professional conferences in 2015. These conferences were sponsored by The Center for Developmental Disabilities, the Illinois Health Care Association, and the Illinois Nursing Home Administrators. Staff presented information on the revisions of the federal interpretations of the regulations for ICF/IID facilities found in SOM Appendix J, an overview of the most commonly cited deficiencies, and updates on IDPH’s initiatives regarding IID programs. These sessions were well attended and information well received.

Division of Long Term Care Field Operations

The Section is also responsible for the coordination of licensure and survey activities of the 24 facilities identified in the Specialized Mental Health Rehabilitation Act of 2013. This Act provides for licensure of long-term care facilities federally designated as institutions of the mentally diseased (IMD) and specialized in providing services to individuals with serious mental illnesses. In 2014, Part 380 rules were adopted (Specialized Mental Health Rehabilitation Facilities Code). At this time, Subpart T (Facilities Participating in Illinois Department of Public Aid's Demonstration Program for Providing Services to Persons with Serious Mental Illness) of Part 300 (Skilled and Intermediate Care Facilities Code) was repealed. 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 specialized units and programs to serve consumers in different states of illness: Triage Center, Crisis Stabilization Units, Recovery and Rehabilitation Support Units, and Transitional Living Units.

On December 3, 2015, in conjunction with HFS a notice was issued that provided information on the process for applying for provisional licensure for only Recovery and Rehabilitation Support Units.

Medically Complex/Developmental Disabled

In 2015, House Bill 2755 was passed which created the Medically Complex/Developmental Disabled (MC/DD) MC/DD Act. This Act provides that long-term care for under age 22 facilities be licensed as under the MC/DD Act instead of the ID/DD Community Care Act. Medically complex means that a person has a chronic debilitating disease or condition of one or more physiological or organ systems that generally make the person dependent upon 24-hour medical, nursing, or health supervision or intervention.

The provisions in the MC/DD Act are substantially the same as those in the ID/DD Community Care Act, including provisions for the rights of residents and responsibilities of facilities, licensing, violations and penalties, and transfer or discharge of residents. This Act will require amendments of Part 390 (Long Term Care for under age 22 Facilities Code). There are 10 MC/DD facilities in the State with a total of 932 beds.

Division of Long Term Care Field Operations

The table below presents the most frequently cited federal regulations for which deficiencies were cited during the annual certification survey.

TAG #	TAG DESCRIPTION
W382	Drugs/biological are kept locked except when being prepared for administration
W104	Governing body exercises control of policy, budget, and direction of the facility
W111	Medical record documents client care, treatment & rights
W194	Staff implement client program plans
W249	Program & services are received according to Individual Program Plan
W263	Restrictive programs must have consent
W268	Written policy & procedures must promote client growth/development/independence
W341	Nursing Services: Control of communicable diseases and infections, including the instruction of other personnel in methods of infection control

The following table identifies the number of complaints and allegations and validity of each allegation.

# Allegations	# Valid	# Invalid
36	14 (39%)	22 (61%)

Division of Assisted Living

The Division oversees 389 licensed establishments regulated under the Assisted Living and Shared Housing Establishment Code (77 Illinois Administrative Code 295). Assisted Living establishments provide community-based residential care for at least three unrelated adults (at least 80% of whom are 55 years of age or older) who need assistance with activities of daily living, including personal, supportive, and intermittent health related services available 24 hours per day to meet the scheduled and unscheduled needs of each resident. Survey staff conduct annual licensure surveys, complaint surveys, incident report investigations, and follow-up surveys pursuant to deficiencies cited during these inspections. This is a state licensure program with no federal oversight as the residents of these establishments are private pay through an establishment contract. Renewal applications and licensure fees are required annually for these providers.

Adopted Code amendments became effective July 31, 2015. The amendments increased not only the annual license fee but also the per unit fee. The amendments also increased the annual license fees for Shared Housing establishments. These increases will allow IDPH to improve the efficiency and timeliness of survey activities, as the Assisted Living and Shared Housing establishments continue to multiply.

As the number of establishments has increased, so has the need for regulatory oversight. In 2015, the Division received 159 complaints. The table below outlines the increased number facilities and incident/accident reports.

Year	Number of Facilities	Number of Incidents
2011	304	3,981
2012	322	6,051
2013	329	8,298
2014	346	12,806
2015	389	15,806

Division of Administrative Rules and Procedures

The long-term care administrative rules, maintained by ARP, fall under the authority of four 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; and one rule is under the authority of the Specialized Mental Health Rehabilitation Act of 2013 (see Appendix A). ARP also administers the Health Care Worker Background Check Act and the Health Care Worker Registry (HCWR). ARP is comprised of nine Springfield staff including a Rules Coordinator working solely with Administrative Rules and eight staff who work solely with the Health Care Worker Registry (HCWR).

Legislative Actions

The two major legislative initiatives in 2015 that affected long-term care were bills that provided for authorized electronic monitoring in long-term care facilities, and removing skilled nursing for under age 22 facilities from the ID/DD Community Care Act and placing them in their own Act, the MC/DD Act.

HB 2462, signed into law as Public Act 99-0430 on August 21, 2015, provided a framework by which residents of facilities licensed under the Nursing Home Care Act and the ID/DD Community Care Act may install an audio or a video surveillance system in their rooms. The law requires residents to install the equipment at their own expense, but also provides – subject to appropriation – grants for residents who qualify for medical assistance under Article V of the Illinois Public Aid Code.

HB 2755, signed into law as PA 99-0180 on July 29, 2015, established the MC/DD Act and provided for long-term care for under age 22 facilities to be licensed as medically complex for the developmentally disabled facilities under the MC/DD Act instead of the ID/DD Community Care Act. The provisions of the MC/DD Act are substantially the same as those of the ID/DD Community Care Act, including resident rights, facility licensure, penalties, and violations. Amendments for oversight over 77 Ill. Adm. Code 390 – the rule under which under age 22 facilities is licensed – remains with the DD Facility Advisory Board established under the ID/DD Community Care Act.

Division of Administrative Rules and Procedures

Administrative Rules Actions

- Adopted amendments to the three rules under the Nursing Home Care Act and the (then) two rules under the ID/DD Community Care Act to implement Public Act 98-0271, which removed language from those respective Acts that limited the administration of pneumococcal vaccination to residents aged 65 or older
- Adopted amendments to the Assisted Living and Shared Housing Establishment Code, doubling the license fees for facilities licensed under that code; doubling the license fees allowed IDPH to create additional survey and other positions, helping it to maintain its regulatory oversight over the fastest growing area of long-term care in the State
- Repealed the Reference for Rules in Administrative Hearings under Sections 2-110(d) and 3-410 of the Nursing Home Care Act; the Rule consisted of only one remaining Section, the provisions of which are already covered in the Nursing Home Care Act and in the rule, Practice and Procedure in Administrative Hearings

Health Care Worker Registry (HCWR)

The HCWR's principal responsibility is to provide information to health care employers about unlicensed health care workers. The responsibilities include information about CNA certification; CNA administrative findings of abuse, neglect, or theft; background checks; disqualifying convictions; waivers that make an exception to the prohibition of employment when there is a disqualifying conviction; and Developmentally Disabled aide training. The Section provides applications, 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 supports a public and a private website, has a call center and respond to e-mail inquiries. Health care employers who are licensed or certified 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, financial, medical or personal records of residents. For the facility to hire the individual, a fingerprint-based fee applicant (Fee_App) background check must be conducted by an approved IDPH Livescan vendor. The individual may not work with disqualifying convictions unless the individual has been granted a waiver of those convictions. If the individual is to be hired as a CNA, the facility must verify the individual has met proper training and competency test requirements. The individual cannot have any administrative findings of abuse, neglect or theft. Once a Fee_App background check is in place for an individual on the Registry, the Illinois State Police automatically sends any new convictions to the Registry. If a new disqualifying conviction is received for an individual working on a waiver, the waiver is automatically revoked and the facility is notified that the person must be terminated.

Division of Administrative Rules and Procedures

The public can check the Registry by visiting the website at <https://hcwrpub.dph.illinois.gov/Search.aspx> or by calling the toll free number (1-844-789-3676). 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	299
Direct service personnel added	6,350
Total number of CNAs on the registry as of 12/31/2015	276,401
Total number of direct service personnel as of 12/31/2015	103,973

Administrative Findings of Abuse, Neglect and Theft

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

Reported Administrative Findings	
Abuse	47
Neglect	10
Misappropriation of property	3
Total administrative findings	60

Division of Administrative Rules and Procedures
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Background Checks and Disqualifying Convictions

The Health Care Worker Background Check Act requires direct care employees hired prior to January 1, 2006 to have a name-based criminal history records check. Beginning on January 1, 2006, each long-term care facility must initiate a criminal history records check for unlicensed employees hired on or after January 1, 2006, with duties that involve or may involve contact with residents or access to the resident’s living quarters, or the financial, medical or personal records of residents.

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.

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 goal in evaluating waivers is to continue the prohibition of employment, imposed by the Act, of those individuals who might pose a threat to the States’ most vulnerable citizens. When specific criteria are met, the individual may be granted a rehabilitation waiver without submitting a waiver application. A waiver is revoked if an individual is convicted of a new disqualifying offense

Background Checks and Waiver Requests	
Background checks added to the registry	151,442
Total Background checks on the registry	297,118
Waivers	
Granted	1,505
Denied	381
Total waivers processed	1,886
Waivers revoked*	17

Division of Life Safety and Construction

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

The statute Advisory Committee Concerning Construction of Facilities (20 ILCS 2310/2310-560) mandates the Division to oversee review and decisions for informal dispute resolution (IDR) requests. This committee was formed to review disputes over code interpretations. The Committee consists of 13 members comprised of Department staff, architects, IL Hospital Licensing Board representative, Provider representative, engineers, interior designer. In 2015, no requests were received for informal dispute resolution review.

The Division launched their own web page at <http://www.dph.illinois.gov/topics-services/health-care-regulation/life-safety-construction>. The web page contains information regarding forms and rules for ASTC licensure, Hospital licensure and Nursing Home licensure as it relates to the Division of Life Safety and Construction, Frequently Asked Questions, and policies and procedures.

Division of Life Safety and Construction

Design and Construction Section

Ninety-two long-term care projects were reviewed for fees totaling \$340,519.19 for total project costs of \$87,171,061.52 and 331 non-long-term care projects with plan review fees totaling \$1,458,403.39 for total project costs of \$784,058,467.93.

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

The Acts require acceptable plan review submissions completed within 30 days for design development and 60 days for construction/working. Item-to-item responses must be reviewed within 45 days after receipt. Most projects require onsite surveys prior to use or occupancy and must be completed within 15 working days to 30 calendar days after acceptance of the facility's project completion certifications depending on facility type. Some projects require inspection by architectural, mechanical, electrical and clinical disciplines. LSC conducted 92 licensure inspections for LTC facilities and 353 for non-LTC facilities. In addition, the Section conducted 25 initial licensure surveys for the Division of Assisted Living for life safety/physical environment.

The Design and Construction Section completed desk reviews of bed upgrades for long-term care facilities. These beds were upgraded from sheltered and intermediate to skilled nursing beds. LSC approved 10 requests for upgrades, resulting in 243 beds upgraded from sheltered or intermediate to skilled nursing beds. The Design and Construction Section investigated two fire incidents both were caused by the patient, detected and extinguished by facility staff.

Division of Life Safety and Construction

Field Services Section

This Section is responsible for conducting life safety code nursing home surveys and life safety code/physical environment complaint surveys on behalf of the Centers for Medicare and Medicaid Services (CMS). Field Services conducted 1,859 surveys and cited 7,105 deficiencies; this was 50% reduction in the number of deficiencies cited in the previous year. The Division attributes this reduction of deficiencies to the mandated CMS sprinkler requirement effective 08/13/13. In 2014 many facilities were cited for sprinkler installation deficiencies, and Providers have since corrected those issues resulting in a significant decrease in the number of citations. This includes 968 annual surveys for life safety, 835 life safety code follow up to annual surveys, 26 complaint surveys, 7 complaint survey follow ups, 4 initial CMS certification surveys, 9 licensure complaint surveys. In addition, the section completed reviews of 968 Plans of Correction (POCs) in conjunction with the onsite inspections.

The Field Services Section tracks reports of fire incidents. In this reporting period, 24 fires were reported to the Division. No deaths were reported due to these incidents, one staff suffered an ankle injury and four residents suffered smoke inhalation. The statistics on those fire incidents are as follows:

Cause fire/number		Detection type/number		Extinguishment type/number	
Electrical	10	Staff	15	Staff	14
Arson	6	Fire alarm	8	Fire Department	7
Unknown	3	Resident	1	Sprinkler	2
Smoking	2			Resident	1
Mechanical	1				
Kitchen	1				
Chemical	1				

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

Appendices

APPENDIX A

Administrative Rules Promulgated Under the Authority of the Nursing Home Care Act

[210 ILCS 45]

and

**The Abused and Neglected Long-Term Care Facility Residents Reporting Act
[210 ILCS 30]**

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

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

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

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

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

Administrative Rules Promulgated Under the Authority of the MC/DD Act

Long-Term Care for Under Age 22 Facilities Code
(77 Ill. Adm. Code 390)

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

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

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

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

Appendices

APPENDIX B

Definition of Facility or Long-term Care Facility

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

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

Appendices

APPENDIX B

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

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

Appendices

APPENDIX C

Determination to Issue a Notice of Violation or Administrative Warning

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

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APPENDIX C

Determination to Issue a Notice of Violation or Administrative Warning (Contd.)

- 4) *The frequency and duration of similar findings in previous reports and the facility's general inspection history.* The director or his designee will consider whether the same finding or a similar finding relating to the same condition or occurrence has been included in previous reports and the facility has allowed the condition or occurrence to continue or to recur. (Section 3-212(c) of the Act)

- d) If the Director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, 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 60 days after completion of each inspection, survey and evaluation.* (Section 3-212(c) of the Act)

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

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APPENDIX D

Determination of the Level of a Violation

- a) After determining 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:

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APPENDIX D

Determination of the Level of a Violation (Cont'd.)

- 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.

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APPENDIX D

Determination of the Level of a Violation (Cont'd.)

- B) Whether available statistics and records from similar facilities indicate that direct and imminent danger to the resident or residents has resulted from similar conditions or occurrences and the frequency of such danger.

- C) Whether professional opinions and findings indicate that direct and imminent danger to the resident or residents will result from the condition or occurrence.

- D) Whether the condition or occurrence was limited to a specific area of the facility or was widespread throughout the facility. Efforts taken by the facility to limit or reduce the scope of the area affected by the condition or occurrence will be considered.

- E) Whether the physical, mental, or emotional state of the resident or residents, who are subject to the danger, would facilitate or hinder harm actually resulting from the condition or occurrence.

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

Appendices

APPENDIX E

Summary of Long-term Care Facility Federal Survey Process

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

Appendices

APPENDIX E

Summary of Long-term Care Facility Survey Process (Cont'd.)

Task 4	Sample Selection
1)	Perform Final Phase I sample selection of case-mix stratified sample based on current facility census and guidelines established.
2)	Perform Final Phase II sample selection based on concerns noted not yet reviewed, un-reviewed related concerns, and current concerns for which information gathered is inconclusive.
3)	Check facility surety bond when indicated.
4)	Review policies and procedures pertaining to infection control when indicated.
5)	Complete Quality Assessment Assurance Review.
6)	Use list of residents with diagnosis of dementia and who are receiving antipsychotics or have received a PRN order for antipsychotics over the last 30 days. This is to ensure the sample includes an adequate number of residents who are receiving antipsychotic medication.
7)	Ensure that at least one of the residents on the list who is receiving an antipsychotic medication is in the Phase 1 sample for a comprehensive or focused record review.
8)	When considering the addition of a resident on the sample, from this list, attempt to select a resident who is representative of areas of concern such as triggering QM's at or above the 75% percentile or other special factors.
Task 5	Information Gathering
Subtask 5A	Observe the facility's environment that may affect the resident's life, health, and safety.
Subtask 5B	Assess the facility's food storage, preparation, and service.
Subtask 5C	Perform an integrated, holistic assessment of the sampled residents.
Subtask 5D	Assess residents' quality of life.
Subtask 5E	Observe medication pass and assess the provision of pharmacy services.
Subtask 5F	Assess the facility's Quality Assessment and Assurance program.
Subtask 5G	Perform abuse prohibition review.
Task 6	Information Analysis for Deficiency Determination
1)	Review and analyze information collected to determine whether the facility has failed to meet one or more of the regulatory requirements.
2)	Determine whether to conduct an extended survey.
Task 7	Exit Conference
1)	Invite ombudsman, a member of the resident's council and one or two residents.
2)	Inform the facility of the survey team's observations and preliminary findings.
3)	Provide the facility with the opportunity to discuss and supply additional information pertinent to the identified findings.

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APPENDIX F

Section 300.661 Health Care Worker Background Check

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

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

Appendices

APPENDIX G

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

Offenses that are always disqualifying except through the appeal process

Illinois Compiled Statutes Citation	Offense	Additional Offense Added Effective
[720 ILCS 5/8-1.1]	Solicitation of Murder	1/1/98
[720 ILCS 5/8-1.2]	Solicitation of Murder for Hire	1/1/98
[720 ILCS 5/9-1]	First-Degree Murder	
[720 ILCS 5/9-1.2]	Intentional Homicide of an Unborn Child	
[720 ILCS 5/9-2]	Second-Degree Murder	
[720 ILCS 5/9-2.1]	Voluntary Manslaughter of an Unborn Child	
[720 ILCS 5/9-3]	Involuntary Manslaughter and Reckless Homicide	
[720 ILCS 5/9-3.1]	Concealment of Homicidal Death	
[720 ILCS 5/9-3.2]	Involuntary Manslaughter and Reckless Homicide of an Unborn Child	
[720 ILCS 5/9-3.3]	Drug Induced Homicide	
[720 ILCS 5/10-1]	Kidnapping	
[720 ILCS 5/10-2]	Aggravated Kidnapping	
[720 ILCS 5/11-6]	Indecent Solicitation of a Child	1/1/98
[720 ILCS 5/11-9.1]	Sexual Exploitation of a Child	1/1/98
[720 ILCS 5/11-9.5]	Sexual Misconduct with a person with a Disability	7/24/06
[720 ILCS 5/11-19.2]	Exploitation of a Child	1/1/98
[720 ILCS 5/11-20.1]	Child Pornography	1/1/98
[720 ILCS 5/12-3.3]	Aggravated Domestic Battery	1/1/04
[720 ILCS 5/12-4]	Aggravated Battery	1/1/98
[720 ILCS 5/12-4.1]	Heinous Battery	
[720 ILCS 5/12-4.2]	Aggravated Battery with a Firearm	
[720 ILCS 5/12-4.2-5]	Aggravated Battery with a Machine Gun or a Firearm Equipped with Any Device or Attachment Designed or Used for Silencing the Report of a Firearm	1/1/04
[720 ILCS 5/12-4.3]	Aggravated Battery of a Child	
[720 ILCS 5/12-4.4]	Aggravated Battery of an Unborn Child	
[720 ILCS 5/12-4.6]	Aggravated Battery of a Senior Citizen	
[720 ILCS 5/12-4.7]	Drug Induced Infliction of Great Bodily Harm	
[720 ILCS 5/12-13]	Criminal Sexual Assault	
[720 ILCS 5/12-14]	Aggravated Criminal Sexual Assault	
[720 ILCS 5/12-14.1]	Predatory Criminal Sexual Assault of a Child	

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APPENDIX G

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

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APPENDIX H

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 5/25]	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

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APPENDIX I

Disqualifying Offenses Considered for a Waiver by Application Submission

<u>Illinois Compiled Statutes Citation</u>	<u>Offense</u>	<u>Additional Offense Added Effective</u>
[720 ILCS 5/10-3]	Unlawful Restraint	
[720 ILCS 5/10-3.1]	Aggravated Unlawful Restraint	
[720 ILCS 5/10-4]	Forcible Detention	
[720 ILCS 5/10-5]	Child Abduction	
[720 ILCS 5/10-7]	Aiding and Abetting Child Abduction	
[720 ILCS 5/12-1]	Assault	
[720 ILCS 5/12-2]	Aggravated Assault	
[720 ILCS 5/12-3]	Battery	
[720 ILCS 5/12-3.1]	Battery of an Unborn Child	
[720 ILCS 5/12-3.2]	Domestic Battery	
[720 ILCS 5/12-4.5]	Tampering With Food, Drugs or Cosmetics	1/1/98
[720 ILCS 5/12-7.4]	Aggravated Stalking	1/1/98
[720 ILCS 5/12-11]	Home Invasion	1/1/98
[720 ILCS 5/12-21.6]	Endangering the Life or Health of a Child	1/1/98
[720 ILCS 5/12-32]	Ritual Mutilation	1/1/98
[720 ILCS 5/12-33]	Ritual Abuse of a Child	1/1/98
[720 ILCS 5/16-1]	Theft	
[720 ILCS 5/16-2]	Theft of Lost or Mislaid Property	1/1/04
[720 ILCS 5/16A-3]	Retail Theft	
[720 ILCS 5/16-30]	Identity Theft	1/1/04
[720 ILCS 5/16-30]	Aggravated Identify Theft	1/1/04
[720 ILCS 5/17-3]	Forgery	1/1/98
[720 ILCS 5/18-1]	Robbery	
[720 ILCS 5/18-3]	Vehicular Hijacking	1/1/98
[720 ILCS 5/19-1]	Burglary	1/1/98
[720 ILCS 5/19-3]	Residential Burglary	
[720 ILCS 5/19-4]	Criminal Trespass to Residence	
[720 ILCS 5/20-1]	Arson	
[720 ILCS 5/20-1.1]	Aggravated Arson	
[720 ILCS 5/20-1.2]	Residential Arson	1/1/04
[720 ILCS 5/24-1]	Unlawful Use of a Weapon	
[720 ILCS 5/24-1.1]	Unlawful Use or Possession of Weapons by Felons or Persons in the Custody of the Department of Corrections Facilities	1/1/04

Appendices

APPENDIX I Additional Offense Added Effective

Illinois Compiled Statutes Citation	Offense	
[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	

Appendices

APPENDIX I

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

Appendices

APPENDIX J

Long-Term Care Federal Training

TRAINING	LOCATION	DATE (S)	# OF ATTENDEES
State Training Coordinators Meeting	MD	July 7-10	1
SETI conference	MD	April 13-15	3
LONG TERM CARE Surveyor Orientation	Texas	Sept.21-25	42
	Maryland	July 20-24	
		July 13-17	
ASPEN Technical Advance Certification	Colorado	July 27 and 28	1
ASPEN Technical Advance Complaints	Colorado	July 30 and 31	1
SADOC	MD	April	2
FSES	Baltimore	June 16-18	2

Appendices

APPENDIX K

Websites

Administrative Code

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

Centers for Medicare & Medicaid Services (CMS)

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

Clinical Lab Improvement Amendments (CLIA)

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

CNA Approved Training Programs

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

Filing a complaint

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

Forms and Publications

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

Health Care Facilities & Programs

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

Health Care Worker Registry

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

Illinois Department of Public Health

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

Illinois General Assembly

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

Life Safety & Construction

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

Long-Term Care Facility Profiles

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

Nursing Homes

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

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

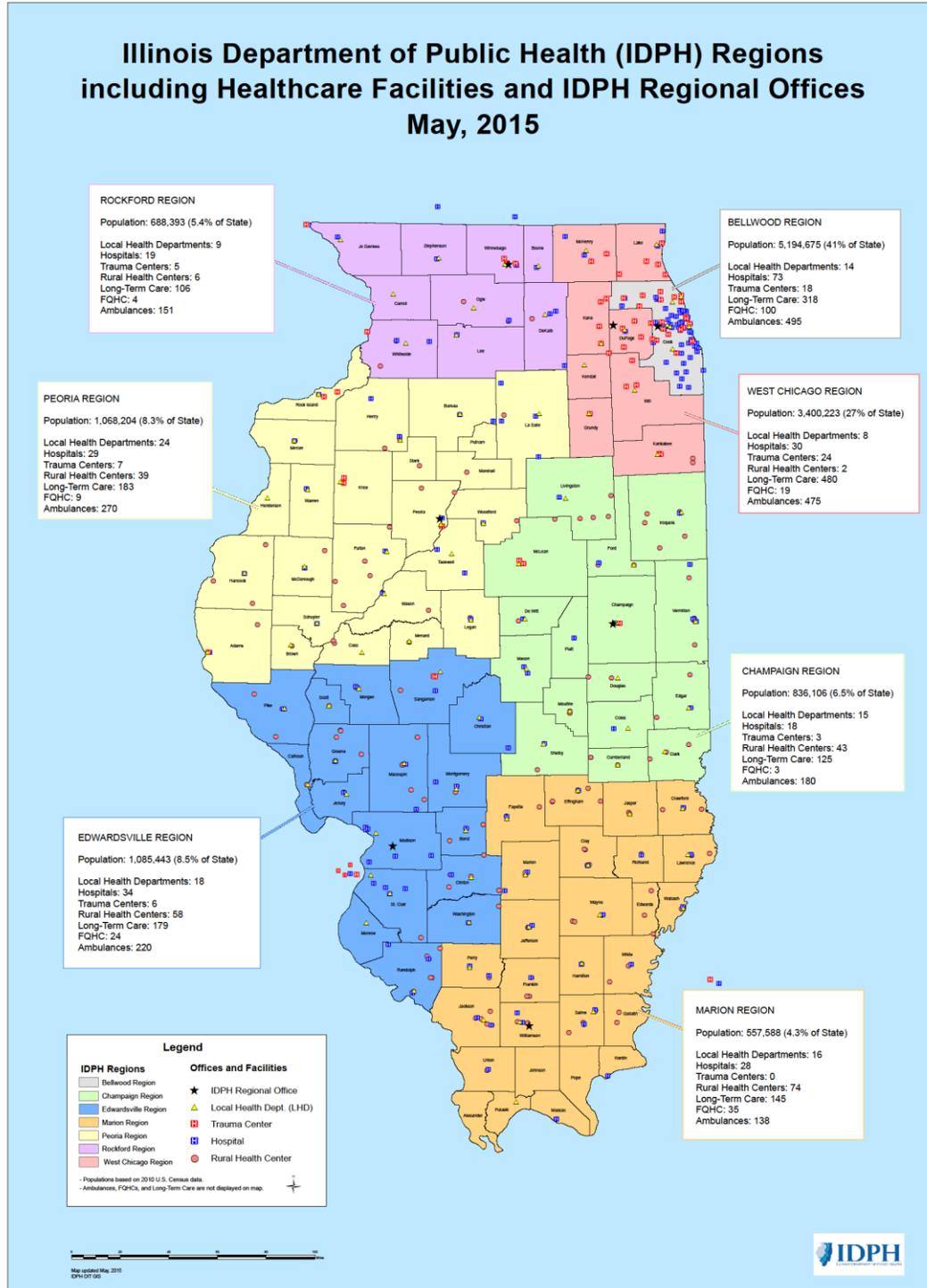
Office of Health Care Regulation

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

Regional Map

APPENDIX L

Illinois Department of Public Health (IDPH) Regions including Healthcare Facilities and IDPH Regional Offices May, 2015



Contact Information

APPENDIX M

Program	Program Description
Long-Term Care Field Operations (LTC FO) 525 W. Jefferson St., 5 th floor Springfield, IL 62761 Tel: 217-785-2629, Fax: 217-785-9182	Violations, survey questions, general long-term care facility issues, survey process, licensure and federal surveys, state and federal certification
Quality Assurance (QA) 525 W. Jefferson St., 5 th floor Springfield, IL 62761 Tel: 217-782-5180, Fax: 217-785-4200	Licensure and/or certification applications/status, hearing request, rule interpretation, survey review; licensure violations; federal enforcement;
Assisted Living (AL) 525 W. Jefferson St., 5 th floor Springfield, IL 62761 Tel: 217-782-2448, Fax: 217-557-2432	Rule interpretation, establishment compliance history, general licensure questions, licensure application processing, changes of ownership for Assisted Living facilities.
Health Care Facilities & Programs (HCFP) 525 W. Jefferson St., 4 th floor Springfield, IL 62761 Tel: 217-782-7412 Fax: 217-782-0382	Home Health, hospitals; dialysis, ambulatory surgery, rural health centers; CLIA, Home Services, Home Nursing Services, Home Placement, Hospice, healthcare credentialing; Sexual Assault Survivors Emergency Treatment Act, Alternative Health Care
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	Receives complaints from a variety of entities, central reporting location for the Abuse and Neglect Long Term Care Facilities Residents Reporting Act.
Training & Technical Direction 525 W. Jefferson St., 4 th floor Springfield, IL 62761 Tel: 217-785-5132 Fax: 217-785-9182	Coordinates and assists with Basic Surveyor Training; training Office of Health Care Regulation staff; guidance and training to all Regional staff and provides training to the Long-term Care Industry. Administers the Nurse Aide Training Program, including approvals of instructors and new programs.
Administrative Rules & Procedures (ARP) Health Care Worker Registry (HCWR) 525 W. Jefferson St., 4 th floor Springfield, IL 62761 Tel: 844-789-3676, Fax: 217-524-0137 https://hcwrpub.dph.illinois.gov/Search.aspx	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
Life Safety & Construction (LSC) 525 W. Jefferson St., 4 th floor Springfield, IL 62761 Tel: 217-785-4264, Fax: 217-782-0382 Email: dph.designstandards@illinois.gov	Physical Plant plan reviews, new construction, building modification, Life Safety Code interpretation, licensure and federal life safety code surveys

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