



JB Pritzker, Governor
Sameer Vohra, Director



JULY 1, 2025

ANNUAL REPORT

LONG-TERM CARE OFFICE OF HEALTH CARE REGULATION



LETTER FROM THE DIRECTOR

July 1, 2025

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

Thank you for the opportunity to present the Illinois Department of Public Health (IDPH) 2024 Long-Term Care Facility Annual Report. This report was prepared pursuant to Section 3-804 of the Nursing Home Care Act (210 ILCS 45) and Section 6 of the Abused and Neglected Long-Term Care Facility Residents Report Act (210 ILCS 30).

Situated within the Office of Health Care Regulation (OHCR), the Bureau of Long-Term Care is responsible for ensuring long-term care facilities comply with the provisions of applicable federal regulations and state statutes. A cooperative agreement between IDPH and the Centers for Medicare & Medicaid Services (CMS) authorizes IDPH to conduct certification and complaint surveys to ensure facilities receiving Medicare and Medicaid funding abide by applicable federal regulations. The Bureau of Long-Term Care also licenses, inspects, and regulates a wide range of state-licensed facilities beyond those certified by CMS, including assisted living facilities, facilities providing care for individuals with developmental disabilities, and those providing care to clients with specialized mental health rehabilitation needs. As part of IDPH's regulatory responsibilities, OHCR maintains the Health Care Worker Registry and the Central Complaint Registry, oversees the Certified Nursing Assistant Program, and liaisons with CMS to provide ongoing training and certification of long-term care surveyors. To ensure high-quality care throughout the long-term care setting, OHCR's Administrative Rules Division is responsive to changes in the statutory and regulatory framework necessary to authorize the activities of the OHCR.

During the last year, OHCR met or exceeded most CMS performance metrics by vigorously investigating complaints and ensuring facilities meet overall regulatory standards through annual health and life safety construction surveys. OHCR also replaced its licensing system with new technology, increasing the office's efficiency and data capture. The new system will allow a higher-level service to the public and facilities.

Recognizing the overarching collaboration required to transform long-term care, OHCR continues to partner with the Illinois Department of Healthcare and Family Services, the Illinois Department on Aging, the Illinois Department of Human Services, and external stakeholders dedicated to improving the quality of life and care of individuals seeking long-term care.

This report will detail OHCR's long-term care regulatory activities, describing how IDPH's Bureau of Long-Term Care is contributing to the previous groundwork and ongoing initiatives aimed at ensuring high-quality, person-centered, and equitable care in Illinois' long-term care facilities.

Sincerely,



Sameer Vohra, MD, JD, MA
Director

MISSION OF THE OFFICE OF HEALTH CARE REGULATION

The Illinois Department of Public Health Office of Health Care Regulation (OHCR) advocates and partners with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies. OHCR licensed and inspected 1,524 long-term care facilities, including those providing skilled nursing, intermediate nursing care, sheltered care, community living, assisted living, specialized mental health rehabilitative services, and care for individuals with intellectually complex/developmentally disabled needs. OHCR also licensed and inspected 3,230 non-long-term care facilities and in-home agencies providing medical care or home services. In addition to ensuring compliance with federal and state regulations, OHCR conducts criminal background checks on unlicensed health care workers, approves training courses and competency evaluations for certified nursing assistants, and approves basic and advanced nursing assistant training programs. OHCR also operates a 24/7 central complaint registry to serve the needs of individuals seeking to express concerns about the quality of care provided in long-term care and medical facilities.

The Bureau of Long-Term Care (BLTC) and its various divisions ensure that OHCR maintains an effective system for implementing the state and federal statutory and regulatory framework applicable to long-term care that supports the overarching IDPH mission and vision. BLTC is committed to improving the quality of care, using data and technology to track trends in facility performance, and utilizing enforcement actions to ensure sustained regulatory compliance. OHCR is required to file this report to the General Assembly and other required stakeholders and follow required scheduled reporting in accordance with legislation and administrative rules. During the period this report covers, the OHCR had 430 employees, 317 of whom were in BLTC, of which 266 were nurse surveyors. Four surveyors transitioned to other jobs during the report year. The tenure of nurse surveyors is currently around eight years.

The BLTC includes the Division of Licensure and Certification; Division of Special Investigations; Division of Long-Term Care Field Operations, which includes Specialized Mental Rehabilitation Services and ICF/IID facilities; Division of Compliance Assurance; Division of Assisted Living; Division of Life Safety and Construction; Training and Technical Direction Unit; and Division of Administrative Rules and Procedures. Each division's primary responsibilities and activities during 2024 are included in this annual report.

TABLE OF CONTENTS

BUREAU OF LONG-TERM CARE OVERVIEW5

STATUTORY DEFINITIONS OF FACILITIES6

LICENSURE AND CERTIFICATION8

SPECIAL INVESTIGATIONS UNIT.....12

DIVISION OF LONG-TERM CARE FIELD OPERATIONS21

COMPLIANCE ASSURANCE.....22

DIVISION OF ASSISTED LIVING30

DIVISION OF LIFE SAFETY AND CONSTRUCTION31

TRAINING AND TECHNICAL DIRECTION UNIT 33

DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES.....36

APPENDIX A: ANNUAL REPORT STATUTORY AUTHORITY 42

APPENDIX B: ADMINISTRATIVE RULES 44

APPENDIX C: STATUTORY AUTHORITY FOR ADVISORY BOARDS 46

APPENDIX D: WEB ADDRESSES AND LINKS 47

Appendix E: OHCR Contact Information49

BUREAU OF LONG-TERM CARE OVERVIEW

Bureau of Long-Term Care (BLTC) activities are supported by multiple divisions within the Office of Health Care Regulation (OHCR). To meet the OHCR licensing and regulating responsibilities, staff are situated in the IDPH Springfield office and eight regional offices throughout the state. A brief description of each division is provided below.

Division of Licensure and Certification: The division is responsible for licensure activity, including new applications; changes in ownership and administrators; coordinating activities with field operations, compliance assurance, life safety, and construction; processing closure notices; and maintaining databases. Processes re-certification documents with CMS and collaborates with other state agencies where licensing and regulatory activities intersect.

Special Investigations Unit includes the Central Complaint Registry (CCR): Investigates quality of care issues, such as allegations of actual or potential harm to patients, patient rights, infection control, and medication errors. The unit also investigates allegations of unlicensed long-term care facilities and leads various task forces related to abuse, neglect, and theft. CCR houses the single statewide telephone number maintained by IDPH that persons may use to report suspected long-term care facility resident abuse or neglect at any hour of the day or night, on any day of the week.

Division of Long-Term Care Field Operations: This division operates in eight regions throughout the state from six regional offices: Champaign, Fairview Heights, Marion, Peoria, Rockford, and Westchester. The division is responsible for conducting annual health, complaint, and state licensure surveys and ensuring federal and state regulatory compliance in long-term care facilities in concert with the CMS. Its surveyor teams include nurses, dietitians, sanitarians, environmentalists, behavioral health specialists, and social workers. The team responds to emergencies, including allegations of closures, unsafe environments, and health care quality and staffing concerns. The division also handles survey activity of Intermediate Care Facilities/Individual Intellectual Disabilities and Specialized Mental Health Rehabilitation Facilities (ICF/IID/SMHRF).

Division of Compliance Assurance (CA): The division is responsible for processing surveys, enforcement actions, informal dispute resolutions, and it acts as a liaison with the field operations staff. The staff works closely with partners at the CMS Chicago Regional Office to ensure the imposition and recommendation of enforcement actions. Staff are also responsible for responding to requests for information via the Freedom of Information Act, maintaining surveying/enforcement records, and providing support to the entire bureau. CA is also responsible for implementing statutes and regulatory activities associated with staffing rules and requests for registered nurse waivers.

Division of Assisted Living: The division is responsible for licensing and regulatory activities associated with assisted living facilities. The division encompasses field and enforcement activities under the applicable administrative code.

Division of Life Safety Code and Construction: Given the dual regulatory responsibilities of this division, both in long-term care and non-long-term care, its activities fall within OHCR, but outside

of the BLTC. The division includes architects, engineers, and project designers who are certified by the Centers for Medicare & Medicaid (CMS) and must pass rigorous examinations to survey in the long-term care setting independently.

STATUTORY DEFINITIONS OF FACILITIES

The following statutory provisions describe the types of residents and long-term care facilities licensed and regulated by BLTC.

LONG-TERM CARE FACILITIES

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

INTELLECTUAL DISABILITIES/DEVELOPMENTAL DISABILITIES (ID/DD)

The ID/DD Community Care Act (210 ILCS 47) provides for the licensure of intermediate care facilities for persons with developmental disabilities, including personal care or nursing for three or more persons not related to the applicant or owner by blood or marriage. Developmental disabilities are characterized by significant limitations in intellectual functioning (intelligence) and adaptive behavior (ID/DD Community Care Act, 210 ILCS 47).

MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED (MC/DD)

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

SPECIALIZED MENTAL HEALTH REHABILITATION FACILITY (SMHRF)

Under the Specialized Mental Health Rehabilitation Act of 2013 (210 ILCS 49/1-102), a SMHRF is a facility that provides at least one of the following services: (1) triage center, (2) crisis stabilization, (3) recovery and rehabilitation support, or (4) transitional living units for three or more persons. The facility shall provide a 24-hour program that provides intensive support and recovery services designed to assist persons 18 years of age or older with mental disorders to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

ASSISTED LIVING FACILITY

The Assisted Living and Shared Housing Act (210 ILCS 9/5) was enacted to support the goal of aging in place. These facilities shall be operated as residential environments with supportive services designed to meet the individual resident's changing needs and preferences. The residential environment shall be designed to encourage family and community involvement. The services available to residents, directly or through contracts or agreements, are intended to help residents remain as independent as possible. "Assisted living establishment" is defined as a

home, building, residence, or any other place where sleeping accommodations are provided for at least three unrelated adults, at least 80% of whom are 55 years of age or older.

COMMUNITY LIVING FACILITY (CLF)

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

SHELTERED CARE FACILITY

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

LICENSURE AND CERTIFICATION SECTIONS

The Licensure Section processes applications for the licensure of new facilities, changes of ownership, licensure renewal applications, and bed-level/services changes. Additionally, the section provides statistical reports and collaborates/supports the Certification Section in various facility requests. Licensure actions are finalized following approval by the Division of Life Safety and Construction and the completion of a health survey by the Division of Field Operations staff.

The Certification Section is responsible for processing and tracking initial certifications and annual recertifications of long-term care facilities. Additionally, the Certification Section is responsible for processing and tracking Life Safety Code Waiver requests; bed certification changes; changes of ownership and information, terminations, and closures; Title XIX collections; and civil money penalties.

Based on IDPH records, 1,002 facilities are regulated under the Illinois Nursing Home Care Act (NHCA), the ID/DD Community Care Act, the Medically Complex/Developmentally Disabled (MC/DD) Act, the Specialized Mental Health Rehabilitation Act, the Community Living Facilities Licensing Act, and/or federal requirements for Medicare (Title XVIII) and/or Medicaid (Title XIX) participation. More than 90% of state-licensed facilities participate in the federal certification program for Medicare and/or Medicaid.

NUMBER AND TYPES OF LICENSED FACILITIES

The following tables provide data for 2023 and 2024 on the types of facilities, including overall beds licensed and regulated by IDPH.

Facility Type	2023	2024
SNF Only	512	509
SNF/ICF	116	109
SNF/ICF/SC	10	7
SNF/ICF/ICF-DD	0	0
SNF/SC	32	29
SNF and MC/DD	1	1
MC/DD	9	10
ICF Only	14	14
ICF/IID 17 Beds or more	16	17
ICF/IID 16 Beds or less	170	163
ICF/SC	4	4
SC Only	31	31
CLF Only	24	22
Hospital-based LTC Units	12	12
Swing Beds	52	45
Supportive Residences	1	1
State Mental Health LTC Units	7	7
Specialized Mental Health Rehabilitation Facility	21	21
TOTAL FACILITIES	1,032	1,002

NUMBER OF LICENSED BEDS PER FACILITY TYPE		
FACILITY TYPE	2023	2024
SNF	79,843	78,824
ICF	12,877	8,688
ICF/DD	3,950	3,824
MC/DD	940	936
Community Living Facility	331	331
Sheltered Care	4,832	4,486
SMHRF	3,764	3,561
TOTAL BEDS	106,537	100,650

The table below summarizes other types of licensure activity:

APPROVED LICENSURE ACTIONS		
ACTION	2023	2024
Change of Ownership	78	60
Replacement Facility	0	0
New Facility	1	1
Bed / Service Change	16	5
Closure	17	14

TWO-YEAR LICENSES

The Nursing Home Care Act, ID/DD Act, and the MC/DD Act allow IDPH to issue two-year licenses to qualifying facilities. During 2024, IDPH issued a total of 617 renewal licenses. Facilities continuing to qualify are issued a two-year license. 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.

2024 License Renewal Information			
Month	1-Year License	2-Year License	Monthly Total
January	30	5	35
February	47	9	56
March	35	3	38
April	31	7	38
May	44	7	51
June	35	12	47
July	65	7	72
August	48	11	59
September	37	17	54
October	43	12	55
November	28	13	41
December	64	7	71
TOTAL	507	110	617

CHANGES IN LICENSURE

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

In 2024, five bed changes resulted in skilled care beds increasing by 12. Intermediate care beds increased by 68. Sheltered care, community living, and SMHRF had no bed changes.

Fourteen long-term care facilities closed in 2024, resulting in a reduction of 1,902 skilled care beds, 46 intermediate care beds, 326 sheltered care beds, and 46 intermediate care beds for developmentally disabled.

In 2024, the division implemented a new software program – Long Term Care Licensure System (LLCS). This program has increased data accuracy and has hastened the elimination of paper submissions while increasing the number of electronic submissions. This system allows for electronic renewal of licensure applications and electronic payments.

SPECIAL INVESTIGATIONS UNIT (SIU)

The Special Investigations Unit (SIU) consists of six programs: the Abuse Neglect Theft (ANT) Committee, Abuse Prevention Review Team (APRT) Committee, Central Complaint Registry (CCR), Facility Incident Monitor Program (FIMP), Statewide Incident Program (SIP), and Unlicensed Investigations. IDPH has established working relationships with the Illinois Medicaid Fraud Control Unit (MFCU), Cook County State's Attorney's Office, the U.S. Attorney's Office in Springfield, and local law enforcement. SIU programs utilize data from the federal database, known as ASPEN and the state database, Long-Term Care Licensing and Certification System, known as LLCS, to address ongoing regulatory noncompliance and potential criminal actions toward a resident by facility staff, visitors, family, outside vendors, physicians, therapists, and other residents.

SIU: CENTRAL COMPLAINT REGISTRY/HOTLINE

The Central Complaint Registry (CCR) is a 24-hour toll-free nationwide complaint hotline mandated by the Illinois Nursing Home Care Act, Federal Statute (Chapter 5 of the State Operations Manual), and the Abused and Neglected Long-Term Care Facility Residents Reporting Act. The CCR is a repository for complaints across 29 IDPH programs and receives complaints by phone, email, fax, letter, and LLCS portal. The CCR enters complaints under OHCR jurisdiction in ACTS and LLCS. Complaints not under OHCR jurisdiction are referred to other state agencies.

2024 NUMBER OF COMPLAINTS RECEIVED BY METHOD IN CENTRAL COMPLAINT REGISTRY	
Afterhours	1824
Email	3132
Facsimile	196
Hotline	4529
Letters	171
Online Portal	737
Reinvestigations	2
Complaints received not under OHCR jurisdiction to investigate & referred to other state agencies	2507
Total	13,098

2024 NUMBER OF COMPLAINTS RECEIVED BY PROGRAM TYPE UNDER OHCR JURISDICTION TO INVESTIGATE	
	COMPLAINTS RECEIVED
LONG-TERM CARE FACILITIES	7834
INTERMEDIATE CARE FACILITY/IID	271
SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES	318
ASSISTED LIVING FACILITIES	640
UNLICENSED FACILITIES	0
HOSPITALS	1383
HOME HEALTH AGENCIES	28
AMBULATORY SURGICAL TREATMENT CENTERS	9
HOSPICE	24
HOME SERVICES	13
LABORATORIES	0
END STAGE RENAL DISEASE	33
RURAL HEALTH	0
HOME NURSING	2
HOME PLACEMENT	0
PORTABLE X-RAYS	0
FREE STANDING EMERGENCY CENTERS	0
AMBULANCE COMPANIES/EMS/EMT	2
LIFE SAFETY AND CONSTRUCTION	5
TOTAL COMPLAINTS	10,561

The following table lists the number of complaints in 2024, based on critical allegation type:

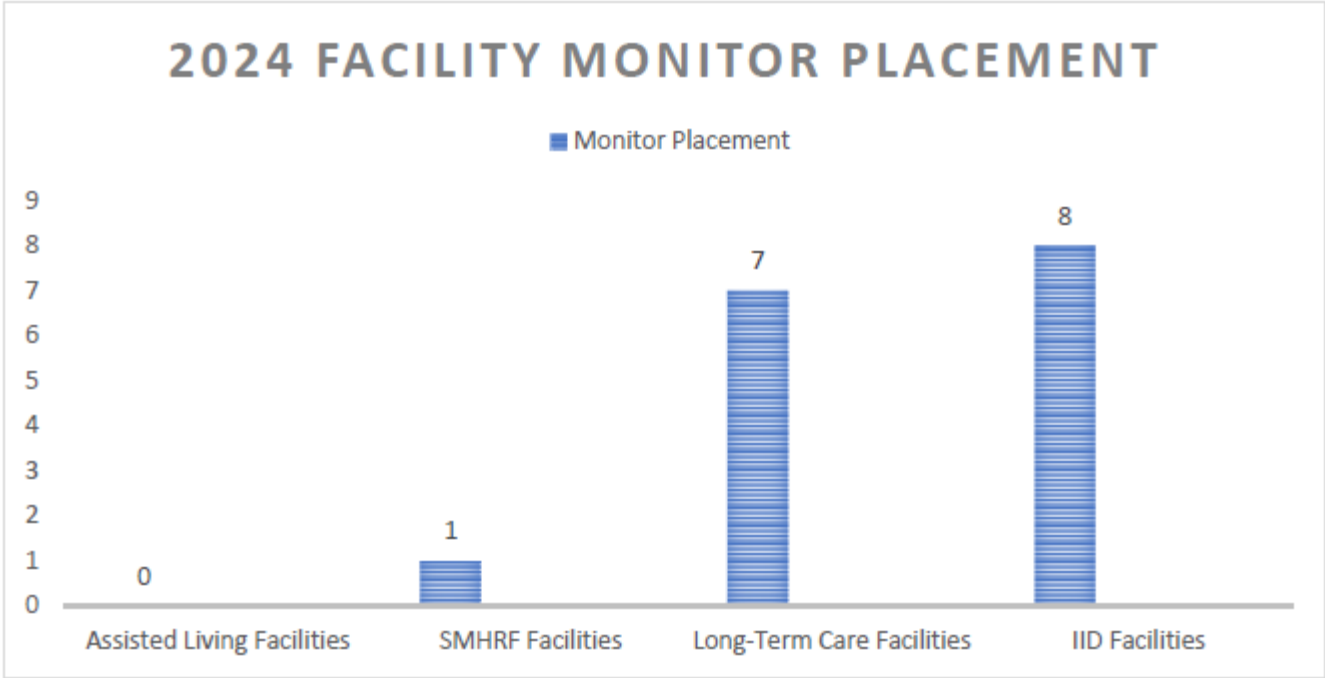
LTC, AL, SMHRF, ICF/IID ABUSE ALLEGATIONS			
	ALLEGATIONS	SUBSTANTIATED	UNSUBSTANTIATED
EMPLOYEE TO RESIDENT MENTAL ABUSE	485	38	447
RESIDENT TO RESIDENT MENTAL ASSAULT	20	3	17
FAMILY/VISITOR MENTAL ABUSE	5	0	5
EMPLOYEE TO RESIDENT PHYSICAL ABUSE	555	79	476
RESIDENT TO RESIDENT PHYSICAL ASSAULT	253	140	113
FAMILY/VISITOR PHYSICAL ABUSE	13	3	10
EMPLOYEE TO RESIDENT SEXUAL ABUSE	214	19	195
RESIDENT TO RESIDENT SEXUAL ASSAULT	140	34	106
FAMILY/VISITOR SEXUAL ABUSE	7	0	7
EMPLOYEE TO RESIDENT VERBAL ABUSE	186	23	163
RESIDENT TO RESIDENT VERBAL ASSAULT	28	5	23
FAMILY/VISITOR VERBAL ABUSE	3	1	2
RESIDENT NEGLECT	9	2	7
TOTAL	1,918	344	1,574

SIU: FACILITY INCIDENT MONITOR PROGRAM

The Facility Incident Program receives, reviews, and enters facility reported incident investigations for the Assisted Living establishments (AL) and the Specialized Mental Health Rehabilitation Facilities (SMHRF) under the Administrative Code Title 77: Public Health Chapter I: Department of Public Health Subchapter d: Long-Term Care Facilities Part 295 Assisted Living and Shared Housing Establishment Code, and Administrative Code Title 77: Public Health Chapter I: Department of Public Health Subchapter d: Long-Term Care Facilities Part 380 Specialized Mental Health Rehabilitation Facilities Code and the Nursing Home Care Act. In 2025, the Facility Incident Program will incorporate all LTC regions into its managed facilities portfolio.

	2024 FRI Investigations for Abuse	2024 FRI Investigations for Neglect	2024 FRI Investigations for Misappropriation of Property/Theft	Total Number of FRI deaths R/T Abuse/Neglect
Assisted Living	88	20	34	5
SMHRFs	36	0	3	4

The Facility Monitor Program is responsible for processing monitor placement in a facility under the supervision of IDPH with the goal of a facility progressing toward compliance under Administrative Code Title 77: Public Health Chapter I: Department of Public Health Subchapter d: Long-Term Care Facilities Part 300 Skilled Nursing and Intermediate Care Facilities Code Section 300.270 Monitor and Receivership and the Nursing Home Care Act.



SIU: ABUSE PREVENTION REVIEW TEAM (APRT) COMMITTEE

The purpose of the Abuse Prevention Review Team (APRT) is to make an accurate determination of the causes of substantiated 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 fatalities. The team conducts an in-depth, multi-disciplinary, and multi-agency review of substantiated sexual assault or when an unnecessary resident death is investigated in conjunction with a complaint, incident, or annual survey under the Nursing Home Care Act and Public Act 093-0577 Abuse Prevention Review Team Act.

2024 APRT	UNNECESSARY DEATH CASES	SUBSTANTIATED SEXUAL ASSAULT CASES	TOTAL
TOTAL CASES REVIEWED BY APRT COMMITTEE	45	50	95
IID	1	5	6
SMHRF	3	1	4
SHLTR	1	1	2
LTC	40	43	83

The APRT Program submits referrals to the Illinois Department of Financial and Professional Regulations (IDFPR) for IDPH substantiated abuse, neglect, theft, and including drug diversion by a licensed professional.

TOTAL REFERRALS TO IDFPR			
IID	2	3	5
SMHRF	1	1	2
SHLTR	1	0	1
LTC	57	28	85
TOTAL	61	32	93

SIU: ABUSE, NEGLECT, THEFT (ANT) COMMITTEE

The ANT Committee reviews documentation from incident reports, substantiated abuse, neglect, and theft complaint investigations, police reports, court records, and any additional information requested from the facility to determine if there is substantial evidence to proceed in pursuing an administrative finding on the alleged abuse, neglect, or misappropriation of a resident's property under the Nursing Home Care Act (210 ILCS 30/1) (from Ch. 111 1/2, par. 4161) Sect 1. Abused and Neglected Long Term Care Facility Residents Reporting Act. Substantiated abuse, neglect, or misappropriation is then designated on the Health Care Worker Registry with a clear and accurate summary from the individual if they choose to make a statement.

ABUSE, NEGLECT, AND MISAPPROPRIATION OF RESIDENT PROPERTY FINDINGS-2024	
NUMBER OF CASES REVIEWED	43
ABUSE FINDINGS	3
LONG-TERM CARE (2)	
ASSISTED LIVING (1)	
NEGLECT FINDINGS	4
LONG-TERM CARE (1)	
ASSISTED LIVING (3)	
MISAPPROPRIATION OF PROPERTY FINDINGS	0
CRIMINAL CONVICTION FINDINGS	4
ASSISTED LIVING: CLASS III FELONY FORGED CR/DEBIT CARD>\$300 (1)	
HOME CARE: CLASS A MISDEMEANOR THEFT (3)	
REMOVAL OF NEGLECT FINDINGS	0

SIU: UNLICENSED LONG-TERM CARE FACILITIES

The Nursing Home Care Act authorizes IDPH to investigate any location reasonably believed to be operating as a long-term care facility without a license. IDPH is made aware of these locations, as they are the subject of complaint investigations. When a location is found to be in violation for the first time, the owner is offered an opportunity to comply with the Nursing Home Care Act. If the owner fails to comply or is found to be in violation more than once, the location is referred to the Office of the Attorney General for prosecution. In 2024, no unlicensed complaints were filed.

SIU: ALLEGATIONS OF AIDE ABUSE, NEGLECT, OR MISAPPROPRIATION OF RESIDENT PROPERTY

The Nursing Home Care Act and Abused and Neglected Long-Term Care Facility Residents Reporting Act require allegations of suspected abuse, neglect, or misappropriation of a resident's property by nurse aides, developmental disabilities aides, and certified childcare-habilitation aides (hereafter referred to as aides) to be reported to IDPH. The Abuse, Neglect, and Theft Committee review the reports and supporting documentation. A majority vote must decide to proceed with a case.

IDPH receives allegations of abuse, neglect, or misappropriation of property by aides through incident reports, complaints, and survey results. Documentation from incident reports, complaint investigations, police reports, court records, and any additional information requested from the facility is reviewed to determine whether there is substantial evidence to pursue an administrative finding on the alleged abuse, neglect, or misappropriation of a resident's property.

If IDPH determines there is substantial evidence to validate the allegation, the aide is sent a Notice of Finding via certified mail, which outlines the allegation and includes information on the right to a hearing to contest the finding or submit a written response to the finding instead of requesting a hearing. The aide has 30 days from the date of the Notice of Finding to request a hearing. If a hearing is requested and after the hearing the aide is found to have abused or neglected a resident or misappropriated resident property while working in a facility or if the aide does not request a hearing within 30 days of receiving the Notice of Finding, a final order is sent to the aide via certified mail.

The finding of abuse, neglect, or misappropriation is then designated on the Health Care Worker Registry, together with a clear and accurate summary from the individual if they choose to make a statement. Long-term care facilities must develop and operationalize policies and procedures for:

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

SIU: RELEASE OF INFORMATION AND DATA TO STATE MEDICAID FRAUD CONTROL UNIT

A memorandum is in place from CMS with guidance to state survey agencies (SA) regarding the

regulatory requirement to share 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). Illinois State Police (ISP)/MFCU investigators are more involved in IDPH investigations, which promotes cross-training of IDPH surveyors and ISP/MFCU investigators. IDPH maintains a growing relationship with local law enforcement, state attorneys, the FBI, and coroners.

IDPH staff have attended association meetings, conferences, and informational one-on-one meetings to respond to issues and concerns about preventing abuse and neglect in long-term care facilities. Because of the relationships, awareness of the problem of abuse, neglect, and theft in long-term care facilities has increased. Another benefit is that local law enforcement officials are aware of the regulatory requirements of long-term care facilities and are becoming more comfortable interacting with providers.

IDENTIFIED OFFENDERS PROGRAM (IOP)

The Nursing Home Care Act requires long-term care facilities (LTCF) to conduct a criminal background check via CHIRP (Criminal History Information Response Process) through the Illinois State Police Bureau of Identification (BOI). The name-based criminal history must be conducted within 24 hours for newly admitted residents to determine if they have been convicted of a qualifying offense, and/or are a registered or convicted sex offender. Additionally, the Illinois State Police (ISP) Sex Offenders Database, the Illinois Department of Corrections (DOC) Parolee Sex Offenders database, and the National Databases of Sex Offenders websites are to be reviewed to determine if the newly admitted resident may be a registered and/or convicted sex offender or if they had a qualifying criminal conviction that would classify them as an identified offender. Long-term care facilities (LTCFs) must conduct a fingerprint background check (a FEAPP) by a licensed fingerprint vendor.

The LTCF submits the information for each newly admitted resident with a qualifying offense, or sex offender convicted or required to register to the sex offenders' registry, to the IDPH Identified Offenders Program (IOP) via a web portal. IDPH IOP collaborates with the ISP, and the ISP investigators visit the long-term facility to interview the IOP resident and facility staff and to complete a Criminal History Analysis (CHA), which includes supporting documentation such as police reports. The admission packet and the CHA are shared with a team of contracted forensic psychologists, who then complete an Identified Offender Report and Recommendation (also known as the risk assessment). The facility should incorporate the risk assessment into the identified offender's care plan. Convicted or registered sex offenders must reside in private rooms. Additionally, convicted or registered child sex offenders cannot reside in facilities that are within 500 feet of a school, park, or facilities used by minors. IDPH IOP maintains a secure database of LTCF residents determined to be identified offenders. The Identified Offenders Program is not located in the Office of Health Care Regulation (OHCR), but it is currently in the Division of Patient Safety and Quality in the Office of Policy, Planning, and Statistics. Staff from IOP, ISP IOP, OHCR, and IDPH legal meet monthly to discuss program planning.

IDPH also tracks waivers that are requested, granted, or denied. A waiver is granted if the resident is completely immobile as verified by a signed physician statement or has the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk. Once the request for the waiver is reviewed, a determination letter is sent to the facility. This waiver is valid only while

the resident is immobile and the documentation supporting the criteria for the waiver exists. In 2024, there were 220 fingerprint waiver requests, 193 approved, and 27 denied.

IDENTIFIED OFFENDER PROGRAM FINGERPRINT WAIVERS-2024			
PROGRAM	REQUESTS	APPROVED	DENIED
LTC	220	193	27

MEDICALLY COMPLEX FOR THE DEVELOPMENTALLY DISABLED (MC/DD)

In 2015, the General Assembly passed, and the governor signed into law Public Act 99-180 (210 ILCS 46), which provides for the licensure of facilities for the medically complex for the developmentally disabled. With this act, long-term care facilities that serve an under 22 years of age population were removed from the ID/DD Community Care Act.

*INTERMEDIATE CARE FACILITIES (ICF)
INDIVIDUALS WITH INTELLECTUAL DISABILITIES (IT)*

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

IDPH conducts annual and bi-annual certification/licensure surveys in ICF/IID facilities on a rolling basis. In 2024, 148 annual health surveys were conducted in the ICF/IID facilities. Of the 282 complaints received through the CCR alleging failure to provide care in compliance with federal and state regulations, 124 were found to be substantiated and 158 were unsubstantiated.

SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES

The Specialized Mental Health Rehabilitation Act of 2013 (SMHRA) authorizes IDPH to license and survey long-term care facilities federally designated as institutions for mental disease (IMD) that specialize in providing rehabilitation services to individuals with serious mental illnesses (SMI). In the calendar year 2024, there were 20 licensed SMHRFS, and all had an annual health inspection.

In 2014, Part 380 rules were adopted (Specialized Mental Health Rehabilitation Facilities Code). The six subparts of Part 380 are general provisions, facility programs, program personnel, administration, support services, environment, and licensure requirements. The act and rule define four programs to serve consumers in different stages of illness: triage centers, crisis stabilization centers, recovery and rehabilitation support units, and transitional living units. IDPH conducts annual surveys at each SMHRF. In 2024, there were 328 complaint surveys conducted to investigate failure to provide care consistent with the regulations; 76 were found to be substantiated, and 252 were found unsubstantiated.

DIVISION OF LONG-TERM CARE: FIELD OPERATIONS

INSPECTIONS AND SURVEYS

Nursing home surveys are conducted in accordance with state and federal requirements and survey protocols to determine compliance with regulations. Survey protocols and interpretive guidelines are utilized to clarify and/or explain the intent of the regulations. Deficiencies are assigned when one or more violations of the regulation are identified and based on observations of the nursing home's performance or practices.

Federal CMS' expectations of IDPH as the state survey agency (SSA) include:

- Ensuring nursing home residents attain or maintain their highest practicable well-being.
- Monitoring nursing homes' ability to prevent pressure ulcers, dehydration, and malnutrition.
- Ensuring nursing facilities honor resident preferences while maintaining resident rights to dignity, respect, and quality of life.
- Conducting annual, complaint, and follow-up surveys for providers to identify potential issues related to resident rights, quality of care, quality of life, or nursing services.

Mandated certification surveys and investigations are conducted in accordance with federal survey procedures. Both licensure and certification requirements are reviewed during combined surveys. The CMS Mission and Priority Document (MPD) states, "CMS reviews each state's citation and enforcement data for recent years to ensure conformance with CMS policy and statutory requirements."

In 2024, BLTC conducted, reviewed, and processed 695 standard surveys, with 97% of surveys resulting in a citation. The BLTC also completed 7,799 complaint surveys and 254 special surveys (including those extended due to immediate jeopardy and special focus) under the authority of Medicare and Medicaid of the Social Security Act. The structure, format, and time of certification activities are mandated and regulated by the U.S. Department of Health and Human Services (HHS) through CMS.

While state licensure is mandatory per the Nursing Home Care Act (NHCA), federal certification is voluntary. Participation allows a facility to admit and provide care for clients who are eligible for Medicaid or Medicare. Facilities providing long-term care within a licensed hospital are not required to have an additional state license under the NHCA. Facilities operating as intermediate care facilities (ICF) for the developmentally disabled by the Illinois Department of Human Services also are not required to have an additional state license under the NHCA.

DIVISION OF COMPLIANCE ASSURANCE

The Division of Compliance Assurance (CA) is comprised of several distinct sections: FOIA/Hearing/Files, Support Services, Compliance Assurance, Staffing Ratios/RN Waivers, and Technical Support. CA is responsible for processing licensure and certification surveys and issuing enforcement penalties for long-term care facilities, such as skilled nursing, shelter care, veterans' homes, intermediate care for the intellectually disabled, community living, specialized mental health rehabilitation facilities, and MC/DD. The staff ensures the overall survey cycle encompassing surveying, enforcement action, re-licensure and/or certification are conducted within the state and federal statutorily mandated time frames. Given the significant number of activities, licensure and certification activities were moved to a separate division in the BLTC.

The FOIA/Hearing/Files Section maintains records, processes Freedom of Information Act (FOIA) requests, and handles hearing requests. CA employs registered professional nurses to review surveys completed by field operations staff. CA is also responsible for Informal Dispute Resolution (IDR), Independent Informal Dispute Resolution (IIDR), state licensure violations, and recommending federal civil money penalties. The technical support coordinator maintains the CMS Automated Survey Process Environment (ASPEN) program, works with staff to maintain software programs, maintains statistical databases, and tracks quality and performance data. CA works closely with providers, the federal CMS, and the IHFS.

SPECIAL FOCUS FACILITIES

The federal Special Focus Facility (SFF) program concentrates on issues affecting the quality of life and quality of care of residents in nursing homes. Facilities are identified as an SFF due to serious deficiencies cited on repeated surveys. While CMS caps the number of SFFs for state agencies, each state can participate in selecting new facilities based on regulatory compliance and quality of care. Illinois' current maximum cap is four facilities. Once a facility is selected as an SFF, a complete survey is conducted not less than once every six months. If deficiencies are found during the survey, progressively stronger consequences are implemented until the nursing home either graduates from the SFF program or is terminated from the Medicare and/or Medicaid program(s).

To graduate from the SFF program, a facility must have two consecutive complete surveys showing improvement. SFFs will not graduate if the following occurs:

- Any standard health survey results in deficiencies cited at an S/S level of "F" or higher.
- Any LSC or EP survey results in deficiencies cited at an S/S level of "G" or higher.
- 13 or more total deficiencies are cited on any survey (standard health, LSC, EP, or complaint).
- Intervening complaint surveys with 13 or more total deficiencies, or any deficiencies cited at an S/S level of "F" or higher.

Discretionary termination will be considered if any two surveys of any type, result in deficiencies that pose an immediate jeopardy to one or more residents while the facility is in the SFF program. Once a facility successfully graduates from the program, a new facility is selected to replace it. In 2024, no SFF facility graduated from the program, and no SFF facility closed. One new SFF facility was selected for participation to replace a facility that voluntarily closed at the end of 2023.

FREEDOM OF INFORMATION ACT

Requests under the Freedom of Information Act (FOIA) (enacted in 1989) are received from the IDPH Division of Legal Services FOIA officer. FOIA requests must outline the specific information being sought. Any person has the right to request records of information under FOIA. This information can involve residents, patients, facilities, persons of interest, or citations/violations against a facility. Records with health information or identifiable information are protected from disclosure and are redacted before release to the requester. The FOIA officer and CMS determine the allowable information. For long-term care requests, the Statement of Deficiencies (Form CMS 2567) and the Plan of Correction (POC) are the two documents that IDPH can directly release. Per recent CMS guidance, IDPH may also release additional survey documents, including the CMS 671 (Long-Term Care Facility Application for Medicare/Medicaid), the CMS 672 (Resident Census and Conditions of Residents), and other documents with no privacy concerns (e.g., policy memos or staffing schedules).

In 2024, the Division of Compliance Assurance handled 454 FOIA requests for Nursing Homes.

- 132 were for non-survey-related information.
- 58 could not be fulfilled due to a lack of information available.
- 264 were for the statement of deficiencies for a complaint investigation.
- 26 subpoena requests were processed.

In 2024, the Division of Compliance Assurance handled 74 FOIA requests for Assisted Living.

- 33 were for non-survey related information.
- 8 could not be fulfilled due to a lack of information available.
- 33 were for the statement of deficiencies for a complaint investigation.
- 6 subpoena requests were processed.

FEDERAL AND STATE HEARINGS

CA receives federal hearing requests when a licensee or the designated attorney representing the facility has requested an appeal of penalties imposed by CMS. Documentation related to the survey is submitted to CMS within seven business days of receiving the request.

State hearing requests are received from the licensee, an attorney representing the facility, or an individual unsatisfied with survey results. All documents are compiled and sent to the IDPH Division of Legal Services within seven business days of receiving the request.

In 2024, CA processed 521 hearing requests, slightly higher than the number processed in the preceding fiscal year:

- 53 from individual(s)
- 428 from facilities
- 40 federal hearing requests

DIRECT CARE STAFFING RATIOS

This program requirement focuses on staffing direct care staff within LTC facilities. Facilities consist of Medicare/Medicaid certified facilities and licensed-only private pay facilities. These facilities must submit to IDPH a census showing the number of residents in their facility for each day during the quarter. If any facility fails to meet the required staffing number for that day, the facility could receive a notice of violation with a monetary penalty. Facilities that suffer an unforeseen circumstance during the quarter can notify IDPH and request to use the unforeseen provision to waive the penalty. The program is currently in the implementation phase and although violation data were issued to facilities, no violations, fines, or penalties were assessed during 2024. Facilities were required to submit plans of correction if violations occurred in the quarter of census data submission.

2024 Quarter	Facilities with RN Violations	Facilities with Licensed Nurse Violations	Facilities with Other Staff Violations
Q1	405	165	380
Q2	432	211	441
Q3	461	236	406
Q4	466	250	403

STATE VIOLATIONS

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

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

LEVELS DEFINED

- 1) A "level AA violation" or a "Type AA violation" is a violation of the act or this part that creates a condition or occurrence relating to the operation and maintenance of a facility that proximately caused a resident's death (Section 1-128.5 of the Nursing Home Care Act).
- 2) A "level A violation" or "Type A violation" is a violation of the act or this part which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that the risk of death or serious mental or physical harm will result therefrom or has resulted in actual physical or mental harm to a resident (Section 1-129 of the Nursing Home Care Act).
- 3) A "level B violation" or "Type B violation" is a violation of the act or this part that creates a condition or occurrence relating to the operation and maintenance of a facility that is more likely than not to cause more than minimal physical or mental harm to a resident (Section 1-130 of the Nursing Home Care Act).
- 4) A "level C violation" or "Type C violation" is a violation of the act or this part that creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that less than minimal physical or mental harm to a resident will result therefrom (Section 1-132 of the Nursing Home Care Act).
- 5) If the director or his designee determines that the report's findings constitute a violation or violations which do not directly threaten the health, safety, or welfare of a resident or residents, the department shall issue an administrative warning as provided in Section 300.277 of the Illinois Administrative Code (Section 3-303.2(a) of the Nursing Home Care Act).

In 2024, IDPH issued a total of 988 state licensure violations. IDPH imposed fines of \$12,628,350 in 942 out of 1,022 violations. Also, in 2024, IDPH collected \$6,869,886 in state licensure fines. For comparison purposes, IDPH imposed \$12,658,350 in 964 out of the 1,019 violations in the prior year and collected \$4,504,919 in state licensure fines. The table below illustrates the state licensure violations imposed in 2024 and the trend of state licensure violations issued in three years from 2021 to 2024.

STATE LICENSURE VIOLATIONS PER YEAR			
Levels of Action	2022	2023	2024
"AA" Level	23	16	22
"A" Level	445	429	400
Repeat "A" Level	2	0	2
"B" Level	493	677	735
Repeat "B" Level	0	0	3
"C" Level	98	178	571
Administrative Warnings	54	13	14
Total	1,115	1,313	1,747

ADVERSE LICENSURE ACTIONS

The following are types of adverse licensure that OHCR can take:

CONDITIONAL LICENSE

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

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

LICENSE REVOCATION OR DENIAL

IDPH may deny an application for a license for:

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

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

ADVERSE LICENSURE ACTIONS	2023	2024
Conditional License	377	396
Revocation or Denial of License	0	0
Suspension	0	0

FEDERAL CERTIFICATION DEFICIENCIES IN NURSING HOMES

Federal enforcement regulations established a classification system for certification deficiencies based on the severity of the problem and the scope, or the number of residents upon whom the non-compliance had or may have an impact. In ascending order, 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 harmed because of the facility’s non-compliance with regulations). The 12 levels of scope/severity are identified using the letters A through L. The following is the scope/severity grid established to classify federal deficiencies. Immediate jeopardy (IJ) deficiencies represent the most serious examples of non-compliance that can occur in long-term care facilities. These deficiencies represent non-compliance that has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.

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

FEDERAL CERTIFICATION ACTIONS

Skilled nursing facilities (SNFs), nursing facilities (NFs), and dually participating facilities (SNF/NFs) are required to maintain compliance with Medicare and Medicaid requirements. To avoid enforcement actions, including termination of their provider agreements, facilities must correct any deficiencies cited during a federal survey. The application of federal enforcement remedies is based on the seriousness of the deficiency(s). Below is a brief description of remedies:

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

CIVIL MONEY PENALTIES AS AN ENFORCEMENT REMEDY

As the state agency responsible for surveying certified nursing homes following the CMS guidelines, IDPH recommends civil money penalties (CMPs) that CMS ultimately imposes. Like other monetary penalties, CMPs are designed to quickly correct serious deficiencies and ensure sustained compliance. The following statistics are an illustration of the impact of civil money penalties:

FEDERAL CMS CERTIFICATION CIVIL MONEY PENALTIES (CMPs) IMPOSED	
Medicare, Medicare/Medicaid Facilities (Dually Certified)	\$ 9,263,642.60
Medicaid-only Facilities	\$52,125.00
Total CMPs Imposed	\$9,315,767.60

CMS returns a portion of federal civil money penalties to state agencies to distribute to nursing homes and other eligible groups, such as the ombudsman, for initiatives aimed exclusively at improving the quality of care and improving the lives of long-term care residents. CMP funds may be used for, but are not limited to, the following:

- Improvements to the quality of care
- Culture change
- Training for facility staff and surveyors
- Resident quality of life
- Projects that support resident and family councils
- Resident transition due to facility closure or downsizing

IDPH/OHCR administers the Illinois CMP Fund. OHCR oversees grants to entities that develop Civil Money Penalty Research Project proposals that directly improve patient outcomes and meet the proposal requirements set forth by OHCR and CMS. IDPH established a yearly cycle for CMP grants with solicitation and grant-making from January through June of each year and grant execution commencing on or around July 1.

INFORMAL DISPUTE RESOLUTION

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

In 2024, IDRs were requested for 631 deficiencies cited on 438 surveys. Most of these requests were for IDPH to conduct the IDRs. IDPH conducted IDRs for 476 deficiencies cited on 339 surveys. The independent contractor completed IDRs on 155 deficiencies cited on 99 surveys. The results from the independent contractor are reviewed and processed by a Compliance Assurance supervisor.

INDEPENDENT INFORMAL DISPUTE RESOLUTION

Guidance at 42 CFR 488.331 and 488.431 offers facilities, under certain circumstances, an additional opportunity to informally dispute cited deficiencies through a process that is independent of the state survey agency (SSA) or, in the case of federal certification surveys, the CMS regional office. This process is called Independent Informal Dispute Resolution (IIDR). CMS offers facilities an IIDR for surveys in which a civil money penalty (CMP) was imposed against the facility.

IIDR is not intended to be a formal or evidentiary hearing, nor are the results of the process an initial determination that gives rise to appeal rights. IIDR results are recommendations to the state and CMS and are not subject to a formal appeal. The IIDR process is free to a facility, as IDPH assumes the cost. IDPH's current contractor for IIDRs is the Michigan Peer Review Organization. In 2024, 30 IIDR requests were processed for 36 federal tags, which are numbered deficiencies that correspond to the specific violation within the Code of Federal Regulations.

LTC: FEDERAL CIVIL MONEY PENALTIES AND STATE FINES

IDPH is required to submit to the General Assembly an accounting of 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 and the purpose and number of expenditures from each fund (Source: P.A. 98-85, eff. 7-15-13). The amounts shown are for federal funds (063) and state funds (371), which are split 50/50.

- *FY24 FINES (7/1/23 – 6/30/24)*
 - Long-Term Care Monitor/Receivership: \$7,019,415.20 (Fund 285, 210 ILCS 45/3-501)
 - Federal Medicaid/Medicare Fines Received: \$4,631,821.28 (Fund 063/371)
- *FY24 EXPENDITURES (7/1/23 – 6/30/24)*
 - Civil Monetary Penalties: \$0
 - Long-Term Care Monitor/Receivership: \$18,443,498.92 (IDPH staff salaries, fringe benefits, and travel)
 - Equity and LTC Quality Fund: \$0 (Fund 371)
- *FY23 FINES (7/1/22 – 6/30/23)*
 - Long-Term Care Monitor/Receivership: \$2,328,075.33 (Fund 285, 210 ILCS 45/3-501)
 - Federal Medicaid/Medicare Fines Received: \$1,479,914.58 (Fund 063/371)
- *Y23 EXPENDITURES (7/1/22 – 6/30/23)*
 - Civil Monetary Penalties: \$0
 - Long-Term Care Monitor/Receivership: \$24,879,874.16 (IDPH staff salaries, fringe benefits, and travel)
 - Equity and LTC Quality Fund: \$0 (Fund 371)

DIVISION OF LONG-TERM CARE: ASSISTED LIVING

The division has regulatory authority for 516 licensed establishments under the Assisted Living and Shared Housing Act (210 ILCS 9). Assisted living establishments provide community-based residential care for at least three unrelated adults (at least 80% of whom are 55 years of age or older) who need assistance with activities of daily living, including personal, supportive, and intermittent health-related services available 24 hours per day to meet the scheduled and unscheduled needs of each resident.

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

In 2024, 670 complaints containing a total of 1,650 allegations claiming failure to comply with regulatory requirements were received and investigated. Results: Substantiated 464; Unsubstantiated 1,114; Pending investigation 72.

There were 21,418 Assisted Living Facility Reported Incidents submitted and reviewed by IDPH. 1,063 qualified as complaints with a total of 1,069 allegations. Results: Substantiated 585; Unsubstantiated 417; Pending investigation 67.

The total fines collected due to non-compliance with code rules for annual and complaint surveys totaled \$416,450. This reflects a more assertive use of enforcement activities aimed at ensuring sustained regulatory compliance and the highest quality of care.

DIVISION OF LIFE SAFETY AND CONSTRUCTION (LSC)

The Division of Life Safety and Construction is made up of two sections, Design and Construction and the Field Services Section. The Design and Construction Section conducts plan reviews and project inspections of licensed and certified health care facilities, which include investigations regarding complaints or incidents. This section also conducts federal surveys for CMS for non-long-term care facilities.

The Field Services Section conducts annual life safety code surveys of certified long-term care facilities for CMS, as well as initial certification surveys and complaint/incident investigations.

The division's web page contains information on forms and rules for the licensure of ambulatory surgical treatment centers (ASTCs), hospitals, and nursing homes. Frequently asked questions and policies and procedures can be found under the following link: <https://dph.illinois.gov/topics-services/health-care-regulation/life-safety-construction.html>

ACCOMPLISHMENTS

During the past year, the division was able to conduct five presentations to providers and association groups. Presentations were related to life safety code updates and emerging trends. These presentations are an asset to provider groups and to associations and help keep the industry informed and up to date.

The division chief is currently a principle voting member on five National Fire Protection Association (NFPA) code committees and is the chairperson on a sixth NFPA committee. The division chief also appointed alternates from the division to the committees to continue the state's representation in case the division chief is unable to attend a meeting. During 2024, the NFPA conducted in-person and virtual committee meetings, which started a new code cycle for the NFPA codes that is utilized in the state and by the federal CMS. The NFPA committee appointments are vital in developing policy for upcoming code cycles, which have been adopted by the federal CMS and the state.

IDPH has had representation on these NFPA committees for more than 17 years. Appointments to these committees is limited and IDPH is fortunate to be one of only a few states represented alongside other national industry professionals.

DESIGN AND CONSTRUCTION SECTION

Long-term care and non-long-term care construction and renovation projects for 2024 slightly declined from the previous year.

- Long-term care project breakdown
30 long-term care projects with fees totaling \$101,944 were received.

- Non-long-term care project breakdown

162 non-long-term care projects with plan review fees totaling \$881,549 were received.

Over the last year, non-long-term care construction and renovation projects, which include hospitals, critical access hospitals, ambulatory surgery centers, and other provider types, decreased from the previous year.

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

The Nursing Home Care Act, Hospital Licensing Act, and Ambulatory Surgical Treatment Center Act require a plan review to be completed within 30 days (design development drawings) and within 60 days (working drawings) once the drawings have been submitted.

Most projects require onsite inspections prior to use or occupancy. These inspections must be completed within 15 to 30 days (depending on the type of facility) after acceptance of the facility's project completion certifications. Many projects require onsite inspections by architectural, mechanical, electrical, and clinical disciplines.

FIELD SERVICES SECTION

The Field Services Section (FSS) is responsible for conducting the required life safety code portion of the annual nursing home certification surveys and life safety code complaint surveys on behalf of CMS.

The FSS section conducted more than 850 annual surveys for CMS and completed more than 800 federal revisits.

During 2024, the FSS, along with LSC, completed 133 life safety code inspections at existing assisted living facilities and conducted 14 assisted living facility openings and renovation project inspections.

In 2024, there were nine complaint/incident investigations: cause of fire, detection type, and extinguishment type.

SECTION COMPLAINT INVESTIGATIONS 2024			
	Cause of Fire/Smoke	Detection Type	Extinguishment
1	Electrical fire in heater	Staff	Staff Fire Extinguisher
2	Electrical fire in heater	Staff	Staff Fire Extinguisher
3	Electrical fire outside wall	Staff	Fire Department
4	Electrical light fixture	Staff	Staff
5	Electrical fire /electrical room	Fire Alarm	Sprinkler/Fire Department
6	Electrical wall outlet	Staff	Staff/Fire Department
7	Kitchen fire	Fire Alarm	Sprinkler System
8	Dryer fire	Staff	Fire Department
9	Lightning strike at roof	Smoke detector	Fire Department

TRAINING AND TECHNICAL DIRECTION UNIT

The Training and Technical Direction Unit assists surveyors in attaining the knowledge, skills, and abilities to carry out survey functions. This includes assessing training needs, coordinating training, creating curriculum and educational material, evaluating learning outcomes, and maintaining training records for long-term care surveyors. Two new long-term care regional trainers and two Health Care Facility and Program trainers were hired in 2024.

Federal CMS requires each state survey agency (SSA) to identify a state training coordinator and backup coordinator to be liaisons with the regional training administrator and the CMS central office. The state training coordinator oversees training concerns, logistics, scheduling, and oversight of the CMS Surveyor Training website. The unit is dedicated to ensuring the surveyors and compliance assurance team are provided with the training and resources necessary to ensure timely, consistent surveys, and swift enforcement action, as these activities translate to improved regulatory compliance and resident outcomes.

NEW SURVEYORS

IDPH continues to strive towards hiring additional long-term care surveyors to comply with Senate Bill 326 (Public Act 096-1372) and a goal of 300 long-term care beds per surveyor. Training materials are continuously revised to ensure the most up-to-date compliance information is made available to surveyors on a variety of platforms. Additionally, each newly hired surveyor is provided training tools to include webcast course listings, website access information, links to documents, attestation of survey observations, requirements for submission of the training documentation, and access to regulations.

Before attending the state Basic Surveyor Orientation (BSO), a newly hired long-term care surveyor completes more than 75 hours of mandated webcasts related to the long-term care survey process and regulations and participates in at least three onsite annual certification surveys. A minimum of 6 to 12 months of orientation time is required for a newly hired long-term care surveyor to become knowledgeable in the survey process. The time may vary depending on the learning needs of the new hire. To survey independently in certified facilities, surveyors must have completed all training modules, the BSO, and passed the CMS certification examination (SMQT).

In 2024, the state BSO restarted in-person sessions in the spring and the fall. Forty-five new surveyors completed the course. Topics covered in the training include complaint and investigation procedures, immediate jeopardy, principles of documentation, infection control, involuntary discharges, surveyor basics, and deficiency determination. The surveyor is also oriented on the Automated Survey Processing Environment (ASPEN), which is a federal survey database/platform.

When state and federal courses are completed, surveyors are registered to complete the Surveyor Minimum Qualifications Test (SMQT). In 2024, 30 surveyors completed the SMQT. Following SMQT, surveyor training continues in the form of webinars, computer-based training, face-to-face instruction, and educational emails to further the foundational skills and to provide the most up-to-date changes from CMS related to rule revisions and clarifications.

SUBPART S

Nursing facilities must comply with 77 Illinois Administrative Code 300, Subpart S Providing Services to Persons with Serious Mental Illness, which allows for the admission of individuals under the age of 65 with a diagnosis of severe mental illness (SMI). The Training and Technical Direction Unit did not receive any applications for Subpart S waivers in 2024.

FEDERAL SURVEYS

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

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

RESIDENT ASSESSMENT INSTRUMENT /MINIMUM DATA SET

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

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

On October 1, 2023, CMS made significant changes to the MDS Assessment Item Sets that affected all Medicare and Medicaid reimbursements. Information regarding these changes was sent out by Siren from the state RAI coordinator to facilities, as well as, answered in emails and phone calls from facility staff. The state RAI coordinator met with the Medicaid Team at IHFS to determine requirements needed for specific reimbursement and possible future administrative code changes. Education and direction were also provided to survey staff who will review MDS assessments during survey activities in long-term care facilities. This communication and education are ongoing to both facilities and survey staff.

DEMENTIA COALITION

CMS implemented a National Dementia Partnership Program “with the mission to improve quality of care for nursing home residents living with dementia.” The partnership consists of federal and state agencies, nursing homes, providers, advocacy groups, and caregivers. It focuses on delivering health care to individuals with dementia that is person-centered, comprehensive, and interdisciplinary. It also focuses on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication, and a systematic process to evaluate individuals. Utilizing a multidimensional strategy, the partnership promotes developing new approaches in dementia care, reconnecting with people using person-centered care approaches, and restoring good health and quality of life in nursing homes.

IDPH, the Quality Improvement Association (Teligen), and the Illinois Health Care Association are co-team leaders in 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, physicians, pharmacists, and social workers. During the meetings, current data related to antipsychotic use, trends, and training needs are reviewed and analyzed.

STATE SURVEY PERFORMANCE STANDARDS

In 2001, CMS established a set of state survey performance standards (SPSS) to determine whether the state survey agencies (SSAs) met the survey and certification program requirements. These standards were revised in 2006 and 2016. This evaluation does not restrict the CMS Regional Office (RO) from performing other oversight activities to ensure that the SSAs are meeting the terms of their agreement. Furthermore, the SPSS neither creates new policy for the SSAs nor nullifies federal law, regulations, the State Operations Manual, or the formal policy provided by CMS. In 2023, the OHCR met each of the scoring dimensions.

DIVISION OF ADMINISTRATIVE RULES AND PROCEDURES

The long-term care administrative rules (see Appendix A), which are maintained by the Division of Administrative Rules and Procedures (ARP), fall under the authority of 11 acts including the following: Nursing Home Care Act, ID/DD Community Care Act, MC/DD Act, Specialized Mental Health and Rehabilitation Act, Community Living Facilities Act, Assisted Living and Shared Housing Act, and the Abused and Neglected Long-Term Care Facility Residents Reporting Act.

ARP also administers the Long-Term Care Assistants and Aides Training Programs Code, which is under the authority of the Nursing Home Care Act, the MC/DD Act, and the ID/DD Community Care Act; the Authorized Electronic Monitoring in Long-Term Care Facilities Act and its set of rules; the Civil Money Penalty Reinvestment Program rules, which are under the authority of the Nursing Home Care Act; the Equity in Long-Term Care Quality Act; Section 195 of the Department of Public Health Powers and Duties Law; and the Health Care Worker Background Check Act and its set of rules and the Health Care Worker Registry.

SELECT ACTIVITIES

- Responded to more than 86,000 telephone and email requests for assistance and information regarding the Health Care Worker Registry (HCWR).
- Added 194,575 new criminal background checks to the registry.
- Added 8,394 certified nursing assistants (CNAs) to the registry.
- Added 5,224 direct service personnel (DSP) to the registry.
- Added administrative findings for 89 health care workers to the registry for abuse, neglect, or theft.
- Processed 2,262 requests for the waiver of criminal convictions.
- No new Livescan Vendor Authorization Contracts were entered into in 2024. Contracts are renewed every three years, and the current contract period expires at the end of 2025. There are currently 38 Livescan vendors that scan fingerprints for the HCWR.

ADMINISTRATIVE RULES ACTIONS

The Division of Administrative Rules and Procedures (ARP) staff works with program staff to identify necessary amendments for long-term care administrative rules, to address new or revised statutory requirements, to identify best practices and current IDPH procedures, and to address industry requests that have been proposed through the Long-Term Care Facility or DD Facility Advisory boards. During 2024, ARP staff proposed and adopted numerous amendments to various long-term care administrative rules to implement new statutory requirements and to update codes to align with current IDPH procedures. A listing of these rulemakings is provided below.

- Adopted a new Part 77-50 (Essential Support Person Code) to implement the Essential Support Person Act (Public Act 103-0261).
- Adopted amendments to the Assisted Living and Shared Housing Establishment Code to implement Public Acts 103-0261 (Essential Support Person Act), 103-0444 (removed the residency

prohibition for individuals who require sliding scale insulin administration), and 102-1037 (Certified Nursing Assistant Internship Program).

- Adopted amendments to the Skilled Nursing and Intermediate Care Facilities Code to implement Public Acts 102-0646 and 103-0489 (informed consent for prescribing psycho-tropic medications to residents), P.A. 103-0001 (gives IDPH flexibility in statutorily mandated inspections during public health emergencies), P.A. 102-1007 (employee assistance programs); P.A. 103-0320, (requires the State Long Term Care Ombudsman to be notified of a resident's involuntary transfer or discharge), P.A. 102-1037 (Certified Nursing Assistant Internship Program), P.A. 102-1095 (prohibits the use of latex gloves in facilities), P.A. 101-0116 (requires facilities to have the closed captioning on TV sets), and P.A. 102-1080 (resident rights).
- Adopted amendments to the Sheltered Facilities Code included a comprehensive overhaul of the entire part and amendments to implement Public Acts 103-0320 (requires the State Long Term Care Ombudsman to be notified of a resident's involuntary transfer or discharge), P.A. 102-1037 (Certified Nursing Assistant Internship Program), P.A. 103-0001 (gives IDPH flexibility in statutorily mandated inspections during public health emergencies), and P.A. 102-1095 (prohibits use of latex gloves in facilities).
- Adopted amendments to the Illinois Veterans' Homes Code to implement Public Acts 102-1037 (Certified Nursing Assistant Internship Program) and 103-0320 (requires the State Long-Term Care Ombudsman to be notified of a resident's involuntary transfer or discharge).
- Adopted amendments to the Intermediate Care for the Developmentally Disabled Facilities Code included a comprehensive overhaul of the entire part and an amendment to implement Public Act 102-1037 (Certified Nursing Assistant Internship Program).
- Adopted amendments to the Medically Complex for the Developmentally Disabled Facilities Code to implement Public Acts 102-1007 (employee assistance programs) and P.A. 102-1037 (Certified Nursing Assistant Internship Program).
- Adopted amendments to the Long-Term Care Assistants and Aides Training Programs Code to implement Public Act 102-1037 (Certified Nursing Assistant Internship Program) and to align the code with current industry best practices and with current IDPH procedures.
- Proposed amendments to the Skilled Nursing and Intermediate Care Facilities Code to implement Public Acts 103-0691 (participation in the Medical Assistance Program) and P.A.103-0776 (transition plans for transfer of ownership).
- Proposed amendments to the Illinois Veterans' Homes Code include a comprehensive overhaul of the entire part, including implementing Public Act 103-0489 (requirements for obtaining informed consent for psychotropic medications) and P.A. 103-0001 (gives IDPH flexibility in statutorily mandated inspections during public health emergencies).
- Proposed amendment to the Long-Term Care Assistants and Aides Training Programs code to implement Public Act 103-0695 (option for CNA students to take their examinations in Spanish or English).

HEALTH CARE WORKER REGISTRY

The Health Care Worker Registry (HCWR) Section's principal responsibility is to provide information to health care employers about unlicensed health care workers, including certified nursing assistant (CNA) certification; CNA administrative findings of abuse, neglect, or theft; criminal background checks; disqualifying convictions; waivers that allow an exception to the prohibition of employment when there is a disqualifying conviction; and developmentally disabled aide training. The HCWR Section provides application forms and instructions needed to assist health care workers seeking to be a nurse aide in Illinois or who are seeking to be granted a waiver for disqualifying convictions that are revealed on an Illinois background check. The HCWR Section further supports the registry, which has a public and a private website, by staffing a call center and responding to email inquiries.

Health care employers who operate licensed 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 residents' living quarters and access to residents' financial, medical, or personal records. For the facility to hire the individual, a fingerprint-based fee applicant (Fee-App) background check must be conducted by an approved IDPH Livescan vendor. The individual may not work with disqualifying convictions unless the individual has been granted a waiver of those convictions. If the individual is to be hired as a CNA, the facility must verify that the individual has met the proper training and competency test requirements. The individual cannot have any administrative findings of abuse, neglect, or theft.

The Illinois State Police automatically sends any new convictions to the registry. If a new disqualifying conviction is received for an individual working on a waiver, the waiver is automatically revoked, and the facility is notified that the person must be terminated.

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

HEALTH CARE WORKER REGISTRY STATISTICS	
Active Basic Nursing Assistant Training Programs	389
Direct Service Personnel (DSP) Added	4,758
Total number of CNAs on the Registry as of 12/31/2024	385,197
Total number of DSPs on the Registry as of 12/31/2024	144,716

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 to 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. For 2024, there was a total of 89

administrative findings – 50 abuses, six neglect, three (theft) misappropriation of property, one of material obstruction, and 29 financial exploitations.

BACKGROUND CHECKS AND DISQUALIFYING CONVICTIONS

IDPH licenses the following health care employers:

- Community living facilities
- Life care facilities
- Long-term care facilities
- Home health agencies, home services agencies, or home nursing agencies
- Hospice care programs or volunteer hospice programs
- Sub-acute care facilities
- Post-surgical recovery care facilities
- Children’s respite homes
- Freestanding emergency centers
- Hospitals
- Assisted living and shared housing establishments

The Health Care Worker Background Check Act requires unlicensed direct care employees hired by health care employers to have a fingerprint-based criminal history records check.

In addition, each long-term care facility must initiate a fingerprint-based criminal history records check for unlicensed employees with duties that involve or may involve contact with residents or access to the residents’ living quarters, or the financial, medical, or personal records of residents.

If a criminal history records check indicates a conviction of one or more of the offenses enumerated in Section 25 of the act, the individual shall not be employed from the time the employer receives the results of the background check until the time the individual receives a waiver, if one is granted by IDPH. An individual may request a waiver by completing a waiver application, providing a written explanation of each disqualifying conviction, providing documentation relating to payment of fines or completion of probation, and providing other relevant information.

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

The following table depicts the number of background checks and waiver requests performed and/or granted in 2024.

BACKGROUND CHECKS AND WAIVER REQUESTS	
Background Checks Added to the Registry	194,575
Total Background Checks on the Registry	1,450,738
Waivers Granted	2,076
Waivers Denied	186
Waivers Revoked	13
Total Waivers Returned for Lack of Information	1,184
Total Waivers Processed	2,262

Beyond ensuring the ongoing educational needs of the BLTC are met, the unit plays a crucial role in overseeing the training of nursing assistant programs throughout all skilled nursing facilities. Responsibilities include:

- Approval of and daily administration of all advanced nursing assistant training programs (ANATP) and basic nursing assistant training programs (BNATP), instructors, and evaluators.
- Approval of and daily administration of resident attendant (RA) programs and review of RA program submissions.
- Monitoring and implementation of CMS-updated guidance regarding nursing assistant training programs.
- Identification and notification of nurse aide training site restrictions imposed because of serious regulatory deficiencies.
- Responding to the Nurse Assistant Training and Competency Evaluation Program (NATCEP) waiver requests.

NURSE ASSISTANT TRAINING AND COMPETENCY EVALUATION PROGRAM

Competency testing for nursing assistants is achieved primarily by the completion of an IDPH-approved BNATP. BNATPs are offered in a variety of settings throughout the state, including community colleges, other educational institutions, and health care providers. Advanced nursing assistant training program sponsors are currently supported by three community colleges and two hospitals.

BASIC NURSE ASSISTANT TRAINING PROGRAM SPONSORS – 2024			
Community Colleges	125	Nursing Homes	39
Vocational Schools	91	Hospitals	7
High Schools	119	Home Health Agencies	1
TOTAL NUMBER OF ACTIVE BASIC NURSING ASSISTANT TRAINING PROGRAMS			382

ADVANCED NURSE ASSISTANT TRAINING PROGRAM SPONSORS – 2024			
Community Colleges	4	Nursing Homes	0
Vocational Schools	1	Hospitals	2
High Schools	0	Home Health Agencies	0
TOTAL NUMBER OF ACTIVE ADVANCED NURSING ASSISTANT TRAINING PROGRAMS			7

In 2024, of the 17,812 students eligible to sit for the competency/certification examination, 15,532 (87%) passed; 1,501 (8.4% failed); and 779 (4.4%) were counted as “no-shows.”

NATCEP RESTRICTIONS

Long-term care facilities are utilized as clinical practice sites for nurse aide training program students. Students learn related skills and apply that knowledge in providing care to residents in a facility. When a facility has certain sanctions imposed by CMS due to serious regulatory deficiencies, the facility is prohibited from serving as a clinical practice site. Further, the facility may also be restricted from conducting its own nurse aide training program (NATCEP). In 2024, 458 clinical practice site restriction notices were issued to facilities.

Facilities may request a waiver from IDPH of the NATCEP restrictions. The waivers are reviewed according to the CMS guidelines. In 2024, 48 waiver requests were received and approved.

RESIDENT ATTENDANT PROGRAMS

Resident attendant (RA) programs train individuals to assist residents in a facility with eating, drinking, and limited personal hygiene. In 2024, IDPH approved two new programs submitted by a skilled care facility. Requirements for RA programs are in the 77 Illinois Administrative Code, Section 300.662. Currently, there are 72 active programs in the state.

INSTRUCTOR TRAINING PROGRAMS

Part 395 Long-Term Care Assistants and Aides Training Programs Code requires instructors and evaluators teaching in NATCEP to be approved by IDPH before instructing students. In 2024, 280 instructors and evaluators were approved. In 2024, community colleges conducted 20 “Train-the-Trainer” courses, which 90 instructors and evaluators completed.

APPENDIX A: ANNUAL REPORT STATUTORY AUTHORITY

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

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

ABUSED AND NEGLECTED LONG-TERM CARE FACILITY RESIDENTS REPORTING ACT

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

IDPH shall report annually to the General Assembly on the incidence of abuse and neglect of long-term care facility residents with special attention to residents who have mental disabilities. The report shall include, but not be limited to, data on the number and source of reports of suspected abuse or neglect filed under this act, the nature of any injuries to residents, the final determination of investigations, the type and number of cases where abuse or neglect is determined to exist, and the final disposition of cases. (Source: P.A. 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; P.A. 97-813, eff. 7-13-12; P.A. 98-104, eff. 7-22-13, and P.A. 99-642, eff. 7-28-16.)

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

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

(MC/DD) ACT, (210 ILCS 46/3-804) (SEC. 3-804)

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

AUTHORIZED ELECTRONIC MONITORING IN LONG-TERM CARE FACILITIES ACT

(210 ILCS 32/55)

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

Equity in Long-Term Care Quality Act

(30 ILCS 772/25)

IDPH shall report to the General Assembly on January 1 each year, the number of scholarships awarded during the preceding year, and the demographics of the awardees. (Source: P.A. 101-0559, eff. 8-23-19)

APPENDIX B: ADMINISTRATIVE RULES

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

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

Administrative Rules Promulgated Under the Authority of the MC/DD Act [210 ILCS 46]

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

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

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

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

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

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

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

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

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

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

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

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

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

Administrative Rules Promulgated Under the Authority of the Authorized Electronic Monitoring in Long-Term Care Facilities Act, [210 ILCS 32]

- *Authorized Electronic Monitoring in Long-Term Care Facilities Code, (77 Ill. Adm. Code 389)*

Administrative Rules Promulgated Under the Authority of the Nursing Home Care Act, the Equity in Long-Term Care Quality Act, and Section 195 of the Department of Public Health Powers and Duties Law

- *Civil Money Penalty Reinvestment Program (77 Ill. Adm. Code 425)*
- *Freedom of Information Act, [5 ILCS 140/1]*

APPENDIX C: STATUTORY AUTHORITY FOR ADVISORY BOARDS

DEVELOPMENTALLY DISABLED FACILITY ADVISORY BOARD

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

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

LONG-TERM CARE FACILITY ADVISORY BOARD

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

Section 2-204: "(c) The Advisory Board shall advise the Department of Public Health on all aspects of its responsibilities under this Act and the Specialized Mental Health Rehabilitation Act of 2013, including the format and content of any rules promulgated by the Department of Public Health. Any such rules, except emergency rules promulgated pursuant to Section 5-45 of the Illinois Administrative Procedure Act, are null and void without obtaining the advice of the Advisory Board. If the Department 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 the Department within 90 days, the rules shall be considered acted upon." (Source: P.A. 97-38, eff. 6-28-11; P.A. 98-104, eff. 7-22-13; P.A. 98-463, eff. 8-16-13.)

APPENDIX D: WEBSITE ADDRESSES AND USEFUL LINKS

Centers for Medicare & Medicaid Services (CMS)

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

CNA Approved Training Programs

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

Community Living Facilities Licensing Act

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

Filing a Complaint

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

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/>

Intellectually Disabled/Developmentally Disabled Community Care Act

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

Life Safety and Construction

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

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

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

Nursing Home Care Act

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

Nursing Homes: Resources, Forms, Laws & Rules, and Publications

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

Office of Health Care Regulation

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

Specialized Mental Health Rehabilitation Facility Act

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

APPENDIX E: OHCR CONTACT INFORMATION

PROGRAM	PROGRAM DESCRIPTION
Long-Term Care: Field Operations (LTC: FO) 525 W. Jefferson St., 5 th floor Springfield, IL 62761 Tel: 217-785-5180 Fax: 217-785-9182	Violations, survey questions, general long-term care facility issues, survey process, licensure, federal surveys, and state, and federal certification.
Long-Term Care: Compliance Assurance (LTC: CA) 525 W. Jefferson St., 5 th floor Springfield, IL 62761 Tel: 217-782-5180 Fax: 217-785-4200	Certification and licensure survey review, federal enforcement, licensure applications, change of ownership, bed changes, hearing requests, FOIA, licensure violations, and facility staffing requirements.
Assisted Living (AL) 525 W. Jefferson St., 5 th floor Springfield, IL 62761 Tel: 217-786-0670 Fax: 217-557-2432	Rule interpretation, establishment compliance history, general licensure questions, licensure application processing, and changes of ownership for assisted living facilities.
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 various entities, the central reporting location for the Abused and Neglected Long-Term Care Facilities Residents Reporting Act.
Training and Technical Direction Unit (TTU) 525 W. Jefferson St., 4 th floor Springfield, IL 62761 Tel: 217-785-2630 Email: DPH.Education@ilinois.gov	Surveyor training; guidance to the long-term care provider industry. Administers the Nurse Aide Training Program, including approvals of instructors and new programs.
Administrative Rules and 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	Information on accessing rules or recommendations for rule changes, Health Care Worker Registry Background Check Act, CNA waivers, CNA equivalencies, and Portal Registration Authority (PRA) inquiries.
Life Safety and Construction (LSC) 525 W. Jefferson St., 4 th floor Springfield, IL 62761 Tel: 217-785-4264 Fax: 217-782-0382 Email: dph.design.standards@illinois.gov	Physical plant plan reviews, new construction, building modification, Life Safety Code interpretation, licensure, and federal life safety code surveys.