

Sen. Wm. Sam McCann

Filed: 3/28/2017

	10000SB0987sam001 LRB100 07616 MJP 23783 a
1	AMENDMENT TO SENATE BILL 987
2	AMENDMENT NO Amend Senate Bill 987 by replacing
3	everything after the enacting clause with the following:
4 5	"Section 5. The Nursing Home Care Act is amended by changing Section 3-202.05 as follows:
6	(210 ILCS 45/3-202.05)
7	Sec. 3-202.05. Staffing ratios effective July 1, 2010 and
8	thereafter.
9	(a) For the purpose of computing staff to resident ratios,
10	direct care staff shall include:
11	(1) registered nurses;
12	(2) licensed practical nurses;
13	(3) certified nurse assistants;
14	(4) psychiatric services rehabilitation aides;
15	(5) rehabilitation and therapy aides;
16	(6) psychiatric services rehabilitation coordinators;

1

- (7) assistant directors of nursing;
- 2 (8) 50% of the Director of Nurses' time; and
- 3 (9) 30% of the Social Services Directors' time.

The Department shall, by rule, allow certain facilities subject to 77 Ill. Admin. Code 300.4000 and following (Subpart S) to utilize specialized clinical staff, as defined in rules, to count towards the staffing ratios.

8 Within 120 days of the effective date of this amendatory Act of the 97th General Assembly, the Department shall 9 10 promulgate rules specific to the staffing requirements for 11 facilities federally defined as Institutions for Mental Disease. These rules shall recognize the unique nature of 12 13 individuals with chronic mental health conditions, shall 14 include minimum requirements for specialized clinical staff, 15 including clinical social workers, psychiatrists, 16 psychologists, and direct care staff set forth in paragraphs (4) through (6) and any other specialized staff which may be 17 18 utilized and deemed necessary to count toward staffing ratios.

Within 120 days of the effective date of this amendatory 19 20 Act of the 97th General Assembly, the Department shall promulgate rules specific to the staffing requirements for 21 22 facilities licensed under the Specialized Mental Health 23 Rehabilitation Act of 2013. These rules shall recognize the 24 unique nature of individuals with chronic mental health 25 conditions, shall include minimum requirements for specialized 26 clinical staff, including clinical social workers,

psychiatrists, psychologists, and direct care staff set forth in paragraphs (4) through (6) and any other specialized staff which may be utilized and deemed necessary to count toward staffing ratios.

5 (b) Beginning January 1, 2011, and thereafter, light 6 intermediate care shall be staffed at the same staffing ratio 7 as intermediate care.

8 (c) Facilities shall notify the Department within 60 days 9 after the effective date of this amendatory Act of the 96th 10 General Assembly, in a form and manner prescribed by the 11 Department, of the staffing ratios in effect on the effective 12 date of this amendatory Act of the 96th General Assembly for 13 both intermediate and skilled care and the number of residents 14 receiving each level of care.

(d) (1) Effective July 1, 2010, for each resident needing skilled care, a minimum staffing ratio of 2.5 hours of nursing and personal care each day must be provided; for each resident needing intermediate care, 1.7 hours of nursing and personal care each day must be provided.

20 (2) Effective January 1, 2011, the minimum staffing ratios 21 shall be increased to 2.7 hours of nursing and personal care 22 each day for a resident needing skilled care and 1.9 hours of 23 nursing and personal care each day for a resident needing 24 intermediate care.

(3) Effective January 1, 2012, the minimum staffing ratios
shall be increased to 3.0 hours of nursing and personal care

10000SB0987sam001

1 each day for a resident needing skilled care and 2.1 hours of 2 nursing and personal care each day for a resident needing 3 intermediate care.

4 (4) Effective January 1, 2013, the minimum staffing ratios 5 shall be increased to 3.4 hours of nursing and personal care 6 each day for a resident needing skilled care and 2.3 hours of 7 nursing and personal care each day for a resident needing 8 intermediate care.

9 (5) Effective January 1, 2014, the minimum staffing ratios 10 shall be increased to 3.8 hours of nursing and personal care 11 each day for a resident needing skilled care and 2.5 hours of 12 nursing and personal care each day for a resident needing 13 intermediate care.

(e) Ninety days after the effective date of this amendatory 14 15 Act of the 97th General Assembly, a minimum of 25% of nursing 16 and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by 17 registered nurses. These minimum requirements shall remain in 18 effect until an acuity based registered nurse requirement is 19 20 promulgated by rule concurrent with the adoption of the Resource Utilization Group classification-based 21 payment 22 methodology, as provided in Section 5-5.2 of the Illinois 23 Public Aid Code. Registered nurses and licensed practical 24 nurses employed by a facility in excess of these requirements 25 may be used to satisfy the remaining 75% of the nursing and 26 personal care time requirements. Notwithstanding this

10000SB0987sam001 -5- LRB100 07616 MJP 23783 a

1	subsection, no staffing requirement in statute in effect on the
2	effective date of this amendatory Act of the 97th General
3	Assembly shall be reduced on account of this subsection.
4	(f) On and after the effective date of this amendatory Act
5	of the 100th General Assembly, in addition to any other
6	staffing requirements under this Section, a facility licensed
7	under this Act shall comply with the following:
8	(1) The facility must have and implement a written plan
9	that:
10	(A) ensures staffing sufficient to meet the
11	minimum staffing requirements described in paragraphs
12	(3) through (8) of this subsection;
13	(B) ensures staffing sufficient to meet the needs
14	of each resident; and
15	(C) identifies procedures to obtain required staff
16	when absences occur.
17	The facility must maintain a written, weekly staffing
18	schedule showing the number and category of staff assigned
19	to each shift and the person to be called in the event of
20	an absence.
21	(2) The facility must have the number of on-duty
22	nursing staff publicly posted 24 hours each day. The posted
23	staffing forms must (A) be prominently displayed in a
24	public area and readily accessible to residents and
25	visitors; (B) be at least 8.5 x 14 inches and printed in a
26	minimum font size of 16; and (C) include the facility's

name, current date, current resident census per shift, the total number and actual hours worked by registered nurses, licensed practical nurses, and nursing assistants directly responsible for resident services per shift, and the minimum staffing standard, nursing assistant to resident ratio, under paragraph (6) of this subsection.

The posted staffing information must be an accurate
 reflection of the actual staff working each shift.

9 <u>Upon oral or written request, the facility must make</u> 10 <u>direct care staffing data available to the public for</u> 11 <u>review at a cost not to exceed the community standard. The</u> 12 <u>facility must maintain the posted nurse staffing data for a</u> 13 <u>minimum of 18 months.</u>

14 (3) Resident service needs must be the primary 15 consideration in determining the number and categories of nursing personnel needed. Nursing staff must be sufficient 16 in quantity and quality to provide nursing services for 17 each resident as needed, including restorative services 18 that enable each resident to achieve and maintain the 19 20 highest practicable degree of function, self-care, and 21 independence, as determined by the resident's care plan. 22 Sufficient staffing under this paragraph must be provided 23 even though it exceeds other requirements specified by this 24 subsection or specified in a waiver.

25 <u>(4) Licensed nurse hours must include no less than one</u>
 26 <u>registered nurse hour per resident per week. When a</u>

registered nurse serves as the administrator in the 1 2 temporary absence of an administrator, the registered 3 nurse's hours must not be used to meet minimum nursing 4 hours. In facilities with 41 or more beds, the hours of a 5 licensed nurse who serves as facility administrator must not be included in any licensed nurse coverage required by 6 7 this subsection. The licensed nurse serving as a charge nurse must not be counted toward the minimum staffing 8 9 requirements under paragraph (6) of this subsection. 10 (5) The facility must have a licensed charge nurse on each shift 24 hours per day. 11 12 A registered nurse must serve as the licensed charge 13 nurse for no less than 8 consecutive hours between the 14 start of day shift and the end of evening shift, 7 days a 15 week. The director of nursing services may serve as the 16 charge nurse only when the facility has 60 or fewer 17 18 residents. 19 The requirements of this paragraph (5) may be waived by 20 the Department. The request for waiver must comply with the 21 provisions of this Act and must be reviewed annually. The 22 waiver shall be considered by the Department if the 23 facility certifies that (i) the facility has been unable to 24 recruit appropriate personnel despite diligent efforts, 25 including offering wages at the community prevailing rate 26 for nursing facilities; (ii) the waiver does not endanger

1	the health or safety of residents; and (iii) a registered
2	nurse or physician is available and obligated to
3	immediately respond to telephone calls from the facility.
4	(6) The facility must determine the specific time frame
5	for beginning and ending each consecutive 8-hour shift
6	using one of the following options:
7	(A) Option one shall include (i) a day shift from
8	5:30 a.m. to 1:30 p.m., (ii) an evening shift from 1:30
9	p.m. to 9:30 p.m., and (iii) a night shift from 9:30
10	p.m. to 5:30 a.m.
11	(B) Option 2 shall include (i) a day shift from 6
12	a.m. to 2 p.m., (ii) an evening shift from 2 p.m. to 10
13	p.m., and (iii) a night shift from 10 p.m. to 6 a.m.
14	(C) Option 3 shall include (i) a day shift from
15	6:30 a.m. to 2:30 p.m., (ii) an evening shift from 2:30
16	p.m. to 10:30 p.m., and (iii) a night shift from 10:30
17	p.m. to 6:30 a.m.
18	(D) Option 4 shall include (i) a day shift from 7
19	a.m. to 3 p.m., (ii) an evening shift from 3 p.m. to 11
20	p.m., and (iii) a night shift from 11 p.m. to 7 a.m.
21	Each resident must have assigned and be informed of the
22	nursing assistant responsible for his or her care and
23	services on each shift. The numbers listed in this
24	subsection represent the minimum staffing requirement. The
25	numbers do not represent sufficient nursing staff. The
26	number of staff necessary to meet the needs of each

resident determines sufficient nursing staff. The number 1 2 of residents per nursing assistant must not exceed the 3 ratios under this paragraph. 4 On and after January 1, 2018, the number of residents per nursing assistant must not exceed the following ratios: 5 for day shifts, there shall be at least one nursing 6 assistant per 7 residents; for evening shifts, there shall 7 8 be at least one nursing assistant per 9.5 residents; for 9 night shifts, there shall be at least one nursing assistant 10 per 17 residents. Each facility must submit a quarterly staffing report 11 12 to the Department using the Department's approved method and format. The report must provide an accurate daily 13 14 account of resident census and nursing assistant staffing 15 levels for each shift. The facility must submit the report to the Department no later than the end of the month 16 immediately following the end of each calendar quarter. The 17 report must specify the shifts in which the minimum 18 19 staffing standards as set forth in this paragraph were not 20 met. Upon the Department's request, the facility must 21 provide documents to support the quarterly staffing 22 report, including payroll records. (7) This subsection does not prohibit nursing 23 24 assistants from providing services to a resident to whom

25 <u>they are not assigned. The facility must ensure that</u>
 26 <u>nursing assistants only perform those tasks for which they</u>

1	are competent and qualified to perform and that are
2	permitted by the laws of this State. Nursing assistants
3	with a restricted duty status may be counted toward meeting
4	the minimum staffing ratio as set forth in paragraph (6) of
5	this subsection if the nursing assistant is able to perform
6	90% of the authorized duties and responsibilities, with or
7	without accommodation, required of a certified nursing
8	assistant.
9	The facility must ensure that a nursing assistant is
10	not assigned more residents than the number for which the
11	nursing assistant is able to meet the individual service
12	needs. The facility must have a minimum of 2 nursing staff
13	on duty within the facility at all times. Nursing staff
14	must be present at all times in each detached building,
15	distinct and segregated area including those separated by
16	closed doors, and on each level or floor where residents
17	are housed.
18	Nursing assistants do not include dining assistants.
19	Nursing assistants serving as restorative aides must not be
20	counted toward the minimum staffing requirement under
21	paragraph (6) of this subsection.
22	(8) A facility must not employ any person as a nursing
23	assistant for longer than 4 months from the date of hire
24	without the person being certified as a certified nursing
25	assistant. The facility must ensure no more than 25% of the
26	nursing assistants assigned to residents per shift

1	pursuant to paragraph (6) of this subsection are
2	uncertified nursing assistants.
3	(9) The facility must ensure that all nursing
4	assistants administering non-injectable medications are
5	certified as nursing assistants and licensed as medication
6	aides. Documentation of this certification and license
7	must be maintained in the facility. The licensed medication
8	aide assigned to administer medications must not be counted
9	toward meeting the minimum staffing requirements for
10	direct service of residents under paragraph (6) of this
11	subsection.
12	(Source: P.A. 97-689, eff. 6-14-12; 98-104, eff. 7-22-13.)

13 Section 99. Effective date. This Act takes effect July 1, 14 2017.".