

# Questions & Answers from Oct. 12, 2021 webinar



## Useful Links for PBJ

[Staffing Data Submission Payroll Based Journal \(PBJ\) | CMS](#)

[PBJ Policy Manual \(V2.5\) 11-19-18 \(cms.gov\)](#)

[PBJ Policy Manual FAQ \(cms.gov\)](#)

## Useful Links for DPH staffing rules

[SIREN \(illinois.gov\)](#)

[Section 300.1210 General Requirements for Nursing and Personal Care](#)

[Section 300.1220 Supervision of Nursing Services](#)

[Section 300.1230 Direct Care Staffing](#)

[Section 300.1231 Calculation of Direct Care Staffing During Inspections, Surveys and Evaluations](#)

[Section 300.1232 Waiver of Registered Professional Nurse Staffing Requirements](#)

[Section 300.1233 Quarterly Administrative Staffing Compliance Review](#)

[Section 300.1234 Penalties and Notice of Violation](#)

[Section 300.1240 Additional Requirements](#)

**PLEASE NOTE ALL DECISIONS MADE BY THE FACILITY CONCERNING THE PBJ AND CODING SHOULD BE MADE BASED ON THE PBJ MANUAL AND RELATED FAQ'S. THE ANSWERS IN THIS DOCUMENT ARE AN OPINION TO HELP GUIDE PROVIDERS BUT ARE NOT THE AUTHORITY FINAL WORD. OFFICIAL GUIDANCE SHOULD ALWAYS BE CONSULTED AND THE BASIS OF ANY FINAL DECISION.**

**1. Where do I get the form to send my census and what date do we start tracking the census and what date is the first submission due?**

- A. IDPH issued a notice via SIREN on September 17, 2021. Providers should sign up for alerts if not already. Link : [SIREN \(illinois.gov\)](#). That notice included an Excel spreadsheet to use for reporting census. From that notice:

*"The Department is requiring each facility to complete the attached Excel spreadsheet and submit to the Department on a quarterly basis. Fully completed spreadsheets should be submitted to [DPH.LTCDailyCensus@illinois.gov](mailto:DPH.LTCDailyCensus@illinois.gov). **The CY2021 Q3 Direct Care Staffing Ratio spreadsheet should be completed and returned to the Department no later than 12/1/2021.** Please include in the email the name of a facility contact person and phone number should the Department have follow-up questions concerning the facility's information."*

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2. **Due to growing shortage of staff out there, we will still be penalized even if you tried to get agency staff and they were not available AND you offered \$100, \$200, even \$300 bonuses to cover the shift. Correct?**
  - A. Yes. Penalties will be assessed regardless of the reason for the shortfall unless it is an “unforeseen circumstance”. See (a)(7) of [Section 300.1234](#)
3. **The penalty is calculated daily correct, not quarterly?**
  - A. Correct. All staffing calculations and penalties will be done for each calendar day. IDPH will do daily calculations once a quarter for all the days in the quarter for which data has been submitted.
4. **A facility with Skilled Care and Assisted Living do we need to separate the nursing time based on unit they worked in?**
  - A. Yes. Only paid time for the employee while in the SNF should be reported in the PBJ. See the PBJ manual and question 10 in the PBJ FAQs. Links at top of document.
5. **Do I not need to send my PBJ hours to IDPH? How are they going to get our PBJ data we enter? So staffing is coming from PBJ?**
  - A. Staffing is coming from the PBJ data. At this time IDPH is working with federal CMS to directly access PBJ data. As always this could change but currently the answer is no you do not need to submit PBJ data directly to IDPH.
6. **Are we allowed to include the DON, ADON, and nursing supervisors on our PBJ so it would count towards our numbers for this report? If so, can we only count them when they are working the floor?**
  - A. The IL administrative rules allow 50% of the DON hours reported on the PBJ under job title code 5 to count towards the ratio. All other RN should be split between *RN job title code 7* and *RN with administrative duties job title code 6*. The Illinois staffing ratio calculation will only count 50% of job title code 5 and job title code 7. Job title code 6 will not be counted.

Page 2-5 of the PBJ manual gives the following guidance on splitting time.

*“CMS recognizes that staff may completely shift primary roles in a given day. For example, a nurse who spends the first four hours of a shift as the unit manager, and the last four hours of a shift as a floor nurse. In these cases, facilities can change the designated job title and report four hours as a nurse with administrative duties, and four hours as a nurse (without administrative duties).”*

7. **Are RNs in Nursing Administration counted as RNs such as care plan nurses?**
  - A. In addition to the answer above, Table 1 in the PBJ manual describes an RN with administrative duties job title 6 as, *“Nurses (RN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do perform direct care functions. Also include other RNs whose principal duties are spent*

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*conducting administrative functions. For example, Assistant Director of Nursing is conducting educational/in-service."*

**8. Can you please clarify what percentage of hours count for the DON and ADON?**

- A. 50% of the DON time reported on the PBJ counts for the staffing ratio. ADONs do not have a specific job title code. The answer to question 5 above applies as to splitting time.

**9. For PBJ, we currently code the ADON to code 6, RN with Administrative Duties, which I don't believe counts for the staffing ratios. If the ADON is doing work similar to the DON, can I code her under PBJ code 5, Director of Nursing?**

- A. No. Page 2-5 of the PBJ manual states an employee must be reported under their primary role.  
*"Reporting shall be based on the employee's primary role and their official categorical title. It is understood that most roles have a variety of non-primary duties that conducted throughout the day (e.g., helping out others when needed). **Facilities still report just the total hours of that employee based on their primary role.**"*

As discussed in the above answers, it would be appropriate to split the ADON time between *RN job title code 7* and *RN with administrative duties job title code 6*.

**10. What if you have an RN covering a CNA shift?**

- A. See the above answer. An RN's primary role is still as RN regardless of the employee covered for and should be reported as an RN. If they are covering for a CNA it is likely there are not administrative tasks so the time is likely all under *RN job title code 7*.

**11. Can we count Social Service Aides, Activity Aides, Social Service Director, and Activities Director on our PBJ for direct care staff?**

- A. Table 1 from the PBJ manual is included as appendix 1 to this document along with appendix 2, the crosswalk between the Illinois law and PBJ job code titles.

Qualified Activities Professional job code title 28 & Qualified Social Worker job code title 30 are counted in the Illinois category of Social Services Director. IDPH will ONLY count 30% of the hours reported on the PBJ for these jobs.

Other Activities Staff job code title 29 are groups with the Illinois allowed aides title and 100% of the time counts.

Please refer to table 1 for descriptions of what fits in each job title code.

**12. Can we count Paid Feeding Assistance time as CNA?**

- A. No. Paid Feeding Assistant is job code title 17 in the PBJ and is not allowed to be counted as a CNA under Illinois regulations.

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### 13. How do you find your CMMS ID#? (Item on IDPH's Census tracking spreadsheet)

- A. IDPH is referring to your 6 digit Medicare number. All Illinois Medicare numbers begin with 14. This is the id that is submitted with your PBJ.

### 14. Where do I find my Facility ID#? (Item on IDPH's Census tracking spreadsheet)

- A. This number is a 7 digit id used to identify specific nursing homes and it does not change when there is a change of ownership. This is on a facility's IDPH survey profile. A quick lookup tool for both the Medicare id and Illinois id can be found at the below link. It allows the user to look up by name, city, or county. A label screenshot example is attached as appendix 3.

[Nursing Homes in Illinois](#)

### 15. Do I need to define intermediate vs skilled care if all my beds are certified skilled? Will my census all be considered skilled in this case?

- A. A resident should be classified by the care they are receiving not the certification type for the bed. A certified skilled bed can have any resident in it. If you are billing Medicare for skilled care though then the resident must be in a skilled bed. A Medicaid resident receiving skilled care (but again Medicaid is payer) needs to be in a certified bed Medicare, Medicaid, or a dual certified bed. Staffing ratios are based on the care required for resident's not a provider's bed certifications. Licensed-only beds are still subject to the Illinois staffing regulations. A private pay resident in a licensed, non-certified bed could be receiving skilled care and would be reported on census as skilled.

### 16. What is the difference between intermediate care and skilled care? Aren't all my SNF residents considered skilled?

- A. Residents should be classified based on the care needed. An individual in a skilled facility is not necessarily receiving skilled care.

The Nursing Home Care Act in the section on the staffing ratios states,

*"Skilled care" means skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision.*

And

*"Intermediate care" means basic nursing care and other restorative services under periodic medical direction.*

The new harsher penalties cause a concern that the definitions were too vague. Some advocates pushed for a broad definition of skilled while Leading Age Illinois and other nursing home groups wanted alignment with Medicare's definition. The new language

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adopted in rule to clarify the definition in the Act is below and underlined. Most of the new language was adopted from the Medicare manual.

"Skilled care" – skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. (Section 3-202.05(b-5) of the Act) Skilled nursing services are either nursing or therapy care services, furnished pursuant to physician orders, that require the skills of a licensed nurse to treat, manage, and observe a resident's condition and evaluate a resident's care. The skilled nursing services may be provided by a CNA, under the supervision of a licensed nurse to ensure the safety of the patient and to achieve the medically desired result. A resident in a skilled nursing facility is classified as receiving skilled care if:

- A) The resident is receiving care covered by Medicare under any arrangement allowed by Title XVIII of the Social Security Act;
- B) The resident is receiving care that would be covered by Medicare, but the resident has exhausted his or her Medicare benefits; or
- C) The resident is not Medicare eligible, but is receiving care that would be covered by Medicare if the resident were eligible

Generally, if Medicare would pay for the level of care a resident is receiving regardless of Medicare enrollment or eligibility then the person is skilled.

This is reinforced with the added language in the definition of intermediate. Again, the new language is underlined.

"Intermediate care" – basic nursing care and other restorative services under periodic medical direction. (Section 3-202.05(b-5) of the Act) **Services not classified as skilled care will be classified as intermediate care.**

One participant commented that, "Determining who is Skilled and Intermediate seems very subjective. I think we need to know what skilled care is."

LeadingAge Illinois and other nursing home groups wanted a completely objective definition, but IDPH and advocate groups wanted a definition that would have made more residents skilled forcing higher staffing ratios. The final language was a compromise I feel was closer to what we wanted than the other side. Ultimately, the clinicians within a facility should be making the call as they are the most qualified to make that judgement as opposed to IDPH.

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### 17. What about a resident on Med B therapy? Is it skilled?

**It's a lower level of therapy than a Med A, but therapy is a service covered by Med A.**

- A. This is a decision that needs to be made by a clinician within the context of the skilled definition.

### 18. Two related comments were made about PBJ and intermediate care.

*"PBJ reporting: feds DON'T want intermediate staffing reported, in our experience."*

*"Feds do NOT want us to submit intermediate staffing for PBJ that that's the problem with using PBJ data for this state requirement.....they won't match up."*

The PBJ manual states the requirement in the federal law, "Only long-term care facilities that are subject to meeting the Requirements for Participation as specified in 42 CFR Part 483, Subpart B are subject to the PBJ reporting requirements. This requirement does not apply to swing beds." Any facility that participates under Medicare or Medicaid are required to report PBJ data. This would include intermediate care. To the best of my knowledge based on the federal law, PBJ manual, and related guidance all staffing in the facility should be reported. Please share any documentation that says otherwise so it can be addressed immediately with IDPH.

**Appendix 1**

**2.3 Labor and Job Codes and Descriptions**

Table 1 below provides the labor code, job code, and a description of the services associated with each type of staff to be recorded in the PBJ system.

**Table 1: Labor and Job Codes and Descriptions**

Labor Category Code	Job Title Code	Labor Description	Job Description	Description of Services
1	1	Administration Services	Administrator	Administrative staff responsible for facility management as required under 483.70(d) such as the administrator and the assistant administrator.
2	2	Physician Services	Medical Director	A physician designated as responsible for implementation of resident care policies and coordination of medical care in the facility in accordance with 483.70(h).
2	3	Physician Services	Other Physician	A salaried physician, other than the medical director, who supervises the care of residents when the attending physician is unavailable, and/or a physician(s) available to provide emergency services 24 hours a day.
2	4	Physician Services	Physician Assistant	A graduate of an accredited educational program for physician assistants who provides healthcare services typically performed by a physician, under the supervision of a physician.
3	5	Nursing Services	Registered Nurse Director of Nursing	Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.
3	6	Nursing Services	Registered Nurse with Administrative Duties	Nurses (RN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other RNs whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service. Facilities with an RN waiver who do not have an RN as DON report all administrative nursing hours in this category.
3	7	Nursing Services	Registered Nurse	Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.

3	8	Nursing Services	Licensed Practical/Vocational Nurse with Administrative Duties	Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located, and do not perform direct care functions. Also include other nurses whose principal duties are spent conducting administrative functions. For example, the LPN Charge Nurse is conducting educational/in-service, or other duties which are not considered to be direct care giving.
3	9	Nursing Services	Licensed Practical/Vocational Nurse	Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located. Do not include those hours of LPN/LVNs reported elsewhere.
3	10	Nursing Services	Certified Nurse Aide	Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150 and who are providing nursing or nursing-related services to residents. Do not include volunteers.
3	11	Nursing Services	Nurse Aide in Training	Individuals who are in the first 4 months of employment and who are receiving training in a State approved Nurse Aide training and competency evaluation program and are providing nursing or Nursing related services for which they have been trained and are under the supervision of a licensed or registered nurse. Do not include volunteers.
3	12	Nursing Services	Medication Aide/Technician	Individuals, other than a licensed professional, who fulfill the State requirement for approval to administer medications to residents.
2	13	Physician Services	Nurse Practitioner	A registered nurse with specialized graduate education who is licensed by the state to diagnose and treat illness, independently or as part of a healthcare team.
3	14	Nursing Services	Clinical Nurse Specialist	A registered nurse with specialized graduate education who provides advanced nursing care.
4	15	Pharmacy Services	Pharmacist	The licensed pharmacist(s) who a facility is required to use for various purposes, including providing consultation on pharmacy services, establishing a system of records of controlled drugs, overseeing records and reconciling controlled drugs, and/or performing a monthly drug regimen review for each resident.
5	16	Dietary services	Dietitian	A person(s), employed full, part-time or on a consultant basis, who is either registered by the Commission of Dietetic Registration of the American Dietetic Association, or is qualified to be a dietitian on the basis of experience in identification of dietary needs, planning and implementation of dietary programs.



5	17	Dietary services	Paid Feeding Assistant	Person who meets the requirements specified in C.F.R. Section 483.60(h)(1)(i) and 483.60(h)(1)(ii) and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization. Paid feeding assistants can only feed residents who do not have complicated feeding problems that would require the training of a nurse or nurse aide. Paid feeding assistants must not feed any residents with complicated feeding problems or perform any other nursing or nursing-related tasks. <i>A feeding assistant must work under the supervision of an RN or a LPN.</i>
6	18	Therapeutic Services	Occupational Therapist	Persons licensed/registered as occupational therapists according to State law in the State in which the facility is located. Include OTs who spend less than 50 percent of their time as activities therapists.
6	19	Therapeutic Services	Occupational Therapy Assistant	Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Occupational Therapist (OT) to carry out the OT's comprehensive plan of care, without the direct supervision of the therapist. Include OT Assistants who spend less than 50 percent of their time as Activities Therapists.
6	20	Therapeutic Services	Occupational Therapy Aide	Person(s) who have specialized training to assist an OT to carry out the OT's comprehensive plan of care under the direct supervision of the therapist, in accord with State law.
6	21	Therapeutic Services	Physical Therapist	Persons licensed/registered as physical therapists, according to State law where the facility is located.
6	22	Therapeutic Services	Physical Therapy Assistant	Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Physical Therapist (PT) to carry out the PT's comprehensive plan of care, without the direct supervision of the PT.
6	23	Therapeutic Services	Physical Therapy Aide	Person(s) who have specialized training to assist a PT to carry out the PT's comprehensive plan of care under the direct supervision of the therapist, in accordance with State law.
6	24	Therapeutic Services	Respiratory Therapist	Persons(s) who are licensed under state law (except in Alaska) as respiratory therapists.
6	25	Therapeutic Services	Respiratory Therapy Technician	Person(s) who provide respiratory care under the direction of respiratory therapists and physicians
6	26	Therapeutic Services	Speech/Language Pathologist	Persons licensed/registered, according to State law where the facility is located, to provide speech therapy and related services (e.g., teaching a resident to swallow).
6	27	Therapeutic Services	Therapeutic Recreation Specialist	Person(s) who, in accordance with State law, are licensed/registered and are eligible for certification as a therapeutic recreation specialist by a recognized accrediting body.

6	28	Therapeutic Services	Qualified Activities Professional	Person(s) who meet the definition of activities professional at 483.24(c)(2)(i) <i>and</i> 483.24 (c)(2)(ii) (A) <i>or</i> (B) <i>or</i> (C) <i>or</i> (D) and who are providing an on-going program of activities designed to meet residents' interests and physical, mental or psychosocial needs. Do not include hours reported as Therapeutic Recreation Specialist, Occupational Therapist, OT Assistant, or other categories listed above.
6	29	Therapeutic Services	Other Activities Staff	Persons providing an on-going program of activities designed to meet residents' needs and interests. Do not include volunteers or hours reported elsewhere.
6	30	Therapeutic Services	Qualified Social Worker	Person licensed to practice social work in the State where the facility is located, or if licensure is not required, persons with a bachelor's degree in social work, a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling and psychology, and one year of supervised social work experience in a health care setting working directly with elderly individuals.
6	31	Therapeutic Services	Other Social Worker	Person(s) other than the qualified social worker who are involved in providing medical social services to residents. Do not include volunteers.
7	32	Dental Services	Dentist <b>(NOT REQUIRED/OPTIONAL)</b>	Persons licensed as dentists, according to State law where the facility is located, to provide routine and emergency dental services.
8	33	Podiatry Services	Podiatrist <b>(NOT REQUIRED/OPTIONAL)</b>	Persons licensed/registered as podiatrists, according to State law where the facility is located, to provide podiatric care.
9	34	Mental Health Services	Mental Health Service Worker	Staff (excluding those included under therapeutic services) who provide programs of services targeted to residents' mental, emotional, psychological, or psychiatric well-being and which are intended to: <ul style="list-style-type: none"> <li>• Diagnose, describe, or evaluate a resident's mental or emotional status;</li> <li>• Prevent deviations from mental or emotional well-being from developing; or</li> <li>• Treat the resident according to a planned regimen to assist him/her in regaining, maintaining, or increasing emotional abilities to function.</li> </ul> <p>Among the specific services included are psychotherapy and counseling, and administration and monitoring of psychotropic medications targeted to a psychiatric diagnosis.</p>
10	35	Vocational Services	Vocational Service Worker <b>(NOT REQUIRED/OPTIONAL)</b>	Evaluation and training aimed at assisting the resident to enter, re-enter, or maintain employment in the labor force, including training for jobs in integrated settings (i.e., those which have both disabled and nondisabled workers) as well as in special settings such as sheltered workshops.

11	36	Clinical Laboratory Services	Clinical Laboratory Service Worker <b>(NOT REQUIRED/OPTIONAL)</b>	Entities that provide laboratory services and are approved by Medicare as independent laboratories or hospitals.
12	37	Diagnostic X-ray Services	Diagnostic X-ray Service Worker <b>(NOT REQUIRED/OPTIONAL)</b>	Radiology services, ordered by a physician, for diagnosis of a disease or other medical condition.
13	38	Administration & Storage of Blood Services	Blood Service Worker <b>(NOT REQUIRED/OPTIONAL)</b>	Blood bank and transfusion services.
14	39	Housekeeping Services	Housekeeping Service Worker <b>(NOT REQUIRED/OPTIONAL)</b>	Services, including those of the maintenance department, necessary to maintain the environment. Includes equipment kept in a clean, safe, functioning and sanitary condition. Includes housekeeping services supervisor and facility engineer.
15	40	Other Services	Other Service Worker <b>(NOT REQUIRED/OPTIONAL)</b>	Record total hours worked for all personnel not already recorded (For example, librarian).

## Appendix 2


### Section 300.APPENDIX B Crosswalk of Nursing Home Care Act Job Descriptions and Payroll Based Journal Job Titles

<b>Nursing Staff</b>		
<b>Illinois Category Section 300.1230(i)</b>	<b>PBJ Job Title Code</b>	<b>PBJ Job Description</b>
Section 300.1230(i)(1) Registered Nurses Section 300.1230(i)(7) Assistant Directors of Nursing (DON) and (i)(8) 50% DON	Job Titles 5, 7, 13 and 14	Registered Nurse Registered Nurse, DON Nurse Practitioner Clinical Nurse Specialist
Section 300.1230(i)(2) Licensed Practical Nurse	Job Title 9	Licensed Practical/Vocational Nurse
Section 300.1230(i)(3) Certified Nurse Assistants	Job Titles 10, 11 and 12	Certified Nurse Aide Nurse Aide in Training Medication Aide/Technician

<b>Non-Nurse Direct Care Staff</b>		
<b>Illinois Category Section 300.1230(i)</b>	<b>PBJ Job Title Code</b>	<b>PBJ Job Description</b>
Section 300.1230(i)(4) Psychiatric Services Rehabilitation Aide Section 300.1230(i)(6) Psychiatric Services Rehabilitation Coordinator	Job Title 34	Mental Health Service Worker
Section 300.1230(i)(5) Rehabilitation and Therapy Aides	Job Titles 19, 20, 22, 23, 25 and 29	Occupational Therapy Assistant Occupational Therapy Aide Physical Therapy Assistant Physical Therapy Aide Respiratory Therapy Technician Other Activities Staff
Section 300.1230(i)(9) 30% of Social Services Director	Job Titles 28 and 30	Qualified Activities Professional Qualified Social Worker
Section 300.1230(i)(10) Licensed Physical, Occupational, Speech, and Respiratory Therapists	Job Titles 18, 21, 24, 26	Occupational Therapist Physical Therapy Therapist Respiratory Therapist Speech/Language Pathologist

(Source: Former Appendix B repealed at 16 Ill. Reg. 17089, effective November 3, 1992; new Appendix B added at 45 Ill. Reg. 1134, effective January 8, 2021)

**Appendix 3**  
**IDPH Look up website**


ILLINOIS DEPARTMENT OF PUBLIC HEALTH

# Nursing Homes in Illinois

Who Regulates Nursing Homes?

A Listing of Illinois Nursing Homes

How to Select a Nursing Home

Centers for Medicare and Medicaid Services Nursing Home Compare Website

Quarterly Reports of Nursing Home Violation

Illinois Law on Advance Directives

Nursing Homes with No Certification Deficiencies

Nursing Home Care Act

Illinois Health Care Worker Registry

Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

### Facility Information

**CITY VIEW MULTICARE CENTER**  
 5825 WEST CERMAK ROAD  
 CICERO IL 60804  
 ADMINISTRATOR: JAMI MOORE  
 TELEPHONE: 708-656-9120

Licensee ID	: 0053827
Facility ID	: 6009948
Skilled beds	: 148
Intermediate beds	: 337
Icf-dd beds	: 0
Shelter Care beds	: 0
Community Living beds	: 0
Under 22 beds	: 0
Medicare beds	: 0
Medicare/Medicaid beds	: 148
Medicaid beds	: 337
Fax	: 708-656-9128
County	: Cook
Medicare Certification Number	: 14-5850
Medicare Skilled Certification Number	: 14A404
Medicaid ICF/DD Certification Number	: 14E170
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

**General**  
[Facility Information](#)  
[Ownership information](#)

**Surveys**

**Administration**  
[Staffing](#)  
[Admission Restrictions](#)

This is the Illinois facility id

**Residents**  
[Primary Diagnosis](#)  
[Age Gender & Level of Care](#)  
[Racial / Ethnic Groups](#)

**Patient Days**  
[Level of Care](#)  
[Payment Source](#)  
[Private Payment Rates](#)

This is the CMMS ID or Medicare

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