

161 North Clark Street, Suite 4200 Chicago, IL 60601 (312) 819-1900 Facsimile: (312) 819-1910 www.potsinelli.com

Charles P. Sheets (312) 873-3605 (312) 873-2951 Direct Fax csheets@polsinelli.com

December 31, 2009

VIA HAND DELIVERY

Ms. Courtney Avery
Acting Chairperson
Illinois Health Facilities and Services and
Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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HEALTH FACILITIES & SERVICES REVIEW BOARD

RE: Addison Rehabilitation & Living Center (Proj. No. 09-030) – Submission of Additional Information

Dear Ms. Avery:

This office represents Elgin Property, LLC and Addison Rehabilitation and Living Center, LLC (collectively, the "Applicants"). As you are aware, on December 1, 2009, the Applicants presented their application for a certificate of need (the "Application") to construct and establish a 120-bed general long-term care facility to be located in Elgin, Illinois (the "Proposed Project") to the Illinois Health Facilities and Services and Review Board (the "Board"). Based upon concerns regarding the current Five-Star rating at the Applicants' other facilities, Aurora Rehab & Living Center and Arlington Rehab & Living Center (the "Facilities"), Mr. Penn voted "no" and the Board issued an intent to deny the Applicants' Application (2-1). Pursuant to 77 III. Admin. Code 1130.670(c), the Applicants are submitting the following supplemental information to address the Planning Board's concerns. I have enclosed letters from residents, satisfaction surveys from residents, and an open letter to the Secretary of the US Department of Health and Human Services, signed by the Attorney Generals of 31 states, which states in part, "As a result of the current Five Star methodology, comparison of individual nursing home ratings can be misleading a create significant confusion for consumers." The Attorney Generals further request that the "...current Five Star System be suspended temporarily and revised using a more appropriate criterion-referenced evaluation methodology." Finally, we also provide the analysis of the system below. We contend that the current Five-Star rating system is flawed and does not accurately assess quality of care in a nursing facility. While we understand the Board's concern with the history of poor surveys at the Facilities, we want to assure the Board that the ratings do not accurately reflect the quality of care currently provided at the Facilities and respectfully request the Board approve the Applicants' application for permit for the Proposed Project.

Overall Flaws with the Current System

While we agree that a five-star rating system would be helpful in identifying nursing homes that provide outstanding quality, the current system is flawed. Specifically, the criteria selected to measure quality, i.e., health inspections, quality measures and staffing, were not designed to measure overall quality of care. Moreover, the data collected is often out-dated and does not reflect improvements made by the nursing home and its staff to remedy issues found in survey cycles or identified in quality control measures. For example, if an issue arises and management takes corrective action and implements a quality control measure, it takes 3 full years before that issue is not reflected in the 5 star rating system. While we understand your concern with the history of poor surveys at the Facilities, we want to assure you that the ratings do not accurately reflect the quality of care currently provided at the Facilities.

In addition to using often out-dated data, the current system provides no measurable standards or benchmarks for rating nursing homes. Specifically, there is no set criteria or standards to differentiate a five-star rating from a one-star rating. Ratings are awarded based upon a pre-determined distribution, i.e., only ten percent of nursing homes in the State will be awarded a five-star rating while twenty percent of nursing homes will be awarded one-star. As a result, a nursing home's rating is more a reflection of how it performed relative to all other nursing homes in the country rather than how it performed against set criteria. We believe that this system does not afford every nursing home an equal opportunity to achieve a five-star rating. The rating criteria should be objective and transparent. While we understand that the Facilities' low ratings were mainly attributable to recent health inspection surveys, we cannot guarantee the Facilities will achieve five-star ratings in the future. No standards or benchmarks exist for the Facilities to measure their progress or to ensure they will achieve a higher rating in the future.

Furthermore, there is no consistency in the current system. Nursing homes are rated based upon their performance relative to all other nursing homes in the state. As a result, a nursing home's rating may change from month-to-month without any action on its part due to the performance of other facilities in the group. For example, the current five-star cut-off point for health inspection scores in Illinois is 10.667. Accordingly, a five-star nursing home with a health inspection score of ten (lower health inspection scores result in higher health inspection ratings) could have its rating drop to four stars not due to a new survey but because other facilities in the state performed better on their surveys and raised the cut-off. While the

¹ See CTRS. FOR MEDICARE AND MEDICAID SERVS., DEP'T OF HEALTH AND HUMAN SERVS., <u>NURSING HOME COMPARE</u> FIVE-STAR QUALITY RATING SYSTEM: TECHNICAL USERS GUIDE, STATE-LEVEL CUT POINT TABLES DECEMBER 2009 3, 6 (2009) <u>available at http://www.cms.hhs.gov/CertificationandCompliane/Downloads/cutpointstable.pdf</u> (last visited Dec. 31, 2009) [hereinafter <u>Technical Users Guide</u>] (health inspection ratings are based on the relative performance of a nursing home within a State).

actual quality of care at the nursing home did not diminish, there is a perception of decreased quality.

To provide consistency and meaningful information, nursing homes should be rated like restaurants, i.e., stars should be awarded based on how a nursing home performs relative to set standards and benchmarks. Moreover, the criteria to achieve a five-star rating should be clear to both the nursing home and consumer, so everyone is aware of the criteria to receive a five-star rating. If the number of five-star nursing homes is limited to ten percent, the standards should be elevated so only ten percent of nursing homes could likely achieve a five-star rating. Utilizing set benchmarks to award stars would not only create a more transparent rating system, but it would provide consumers with better information to identify high quality nursing homes.

Health Inspection Rating

The current rating system is fundamentally flawed due mainly to its reliance on the health inspection rating as a driver of overall quality. As discussed in greater detail in this section, health inspection surveys are designed to measure violations and not quality. Moreover, placing too much emphasis on the health inspection rating produces inconsistent results. Notwithstanding the fact that reliance on health inspections is misplaced, the health inspection rating system itself is flawed. Specifically, the survey data is outdated and does not reflect improvements in care. Additionally, utilizing three years worth of survey data adversely impacts facilities that have made concerted efforts to improve care and turnaround a facility. Finally, the health inspection surveys do not take into account the size or acuity of the resident population, which may bias the survey results.

As set forth above, the current system is flawed due to emphasis placed on the health inspection rating as a measure of overall quality. Surveys provide only a snapshot of a nursing home's practices and condition. They are designed to measure whether a nursing home complies with certain minimum standards at a particular point in time. They measure violations and do not focus on quality initiatives designed to improve resident care. Moreover, the absence of violations is not necessarily indicative of quality. A nursing home that has no cited deficiencies merely means that the facility met the minimum standards at the time of inspection, and not that it provided outstanding care. Conversely, a negative survey result is not necessarily indicative of a poor performing facility, but rather could be due to the acuity of the resident population. For example, a nursing home that primarily provides intermediate care or mental health services to residents is likely to have a higher health inspection rating than a nursing home that provides services to a more impaired patient population. Because skilled facilities, like the Applicants' Facilities, treat more high-risk patients than a mental health facilities it is more likely that a resident may have a negative outcome which would affect a survey finding. Based on the health inspection rating, it would appear the mental health facility provides better overall care than the Facility when the opposite is true, e.g., the mental health facility is not equipped handle the complex cases that a

skilled facility is designed to treat. Accordingly, survey results are not the best indicators of quality of care.

In addition, because the current system places too much emphasis on health inspection surveys it can lead to inconsistent results. In fact, a nursing home's overall rating begins with, and essentially is, the facility's health inspection rating adjusted by its performance on the quality and staffing measures. It is important to note that a nursing home's overall rating can only be adjusted by at most one star (upward or downward) based on its performance on the quality and staffing measures.² This leads to inconsistent results. To illustrate, earlier this year we reviewed the ratings of every Illinois nursing home on the Nursing Home Compare website. We found six nursing homes received five-star overall ratings despite two-star ratings in quality measures and staffing³ while eleven facilities received four-star overall ratings and four stars in each individual measure (health inspection, quality, and staffing).⁴ Based upon the current rating system, it appears that the overall quality at the six five-star facilities is better than at the eleven four-star facilities. However, the individual measures indicate that the four-star facilities actually provide more quality measures and higher staffing ratios then the five star facilities.

As set forth above, surveys are designed to measure violations at a particular point in time, and do not accurately assess quality. Additionally, health inspection surveys are generally conducted on an annual basis and such data is often not immediately reflected in the Online Survey, Certification and Reporting ("OSCAR") data used to calculate health inspection ratings. As a result, survey data is often outdated before the health inspection rating is calculated. Moreover, as discussed further in this section, the survey data used to calculate the health inspection rating does not reflect improvements made at a nursing home between surveys. Moreover, based upon the current calculation of the health inspection ratings, such improvements will likely not be fully reflected in a facility's health inspection rating for two years.

As stated above, the current rating system can negatively impact a nursing home for up to three years if they have a negative survey, even when significant changes or

² Id. at 13-14 (staffing score of four or five stars will increase overall rating by one star, staffing score of one star will reduce overall rating by one star; quality score of five stars will increase overall rating by one star and quality star of one star will decrease overall rating by one star).

³ See CTRS. FOR MEDICARE AND MEDICAID SERVS., DEP'T OF HEALTH AND HUMAN SERVS., NURSING HOME COMPARE available at http://www.medicare.gov/NHCompare/Include/DataSection/Questions/Home Select.asp (last visited Feb. 13, 2009) [hereinafter Nursing Home Compare] (Bethalto Care Center, Buckingham Pavilion, Pittsfield Manor, Pope County Care Center, St. Benedict Nursing & Rehab, Villa Scalabrini Nursing & Rehab awarded five star overall rating, five star rating in health inspection and two star ratings in staffing and quality measures).

⁴ Id. (Dolton Healthcare Centre, Fairmont Care Centre, Fairview Haven, Harbor Crest Home, Illini Restorative Care, The Lutheran Home, Mendota Lutheran Home, Northwoods Care Centre, Resthave Home – Whiteside County, Scott County Nursing Center, and Sunset Home awarded four star overall rating and four star rating in health inspection, staffing and quality measures).

improvements are made. The health inspection rating is based upon the weighted average of the compliance, complaint and revisit surveys for the most recent three years with more recent surveys weighted more heavily than earlier surveys. Each survey, in turn, is scored based upon the scope and severity of each deficiency cited - the more serious and widespread the deficiency, the more points assigned. If a facility is unable to correct major deficiencies additional revisit points will be assigned to the facility. The weighted scores of the three survey periods are then compared to the State's cut-off points to determine the facility's rating. It is important to note that when a nursing home is cited for one or more deficiencies on its survey, the current system for Medicare/Medicaid compliance allows the facility an opportunity to correct the alleged deficient practice and to return to compliance. No such opportunity is afforded to nursing homes under the current 5 star rating system. For example if a facility received a one-star health inspection rating for the most recent survey period, based upon the current calculation of the health inspection rating, it is unlikely that the facility's health inspection rating will reflect the significant improvements made in the last year. Even if the facility receives no deficiency citations in the next survey period, the perfect score would be impaired by the prior year's survey results. In fact, one-half of the score will be based on those prior years' surveys, making it unlikely the facility would receive above a two-star health inspection rating despite significant improvements in quality of care.⁵

Finally, it is important to note that surveys do not differentiate between the size or acuity levels at different nursing homes. For example, nursing homes that admit more impaired patients are likely to have lower health inspection ratings than nursing homes with more restrictive admission policies due to the higher propensity for negative outcomes at higher acuity facilities. As set forth above, surveys measure negative outcomes and do not focus on positive or progressive treatment. Moreover, surveys are scored based in part upon the number of cited deficiencies, i.e., negative outcomes. As a result, nursing homes that accept higher acuity resident populations will likely have more cited deficiencies than facilities with lower acuity resident populations. Accordingly, such facilities will generally have lower health inspection ratings and appear to provide a lower level of care when the opposite is true.

⁵ Sec CTRS. FOR MEDICARE AND MEDICAID SERVS., DEP'T OF HEALTH AND HUMAN SERVS, <u>Technical Users Guide</u>, <u>supra</u> note 1 at 13-14 (health inspection surveys are weighted 1/2 for the most recent year, 1/3 for the next recent year, and 1/6 for the second most recent year).

Quality Measures

In addition to health inspection surveys, CMS' use of quality measures to rate nursing homes is misplaced. CMS rates a nursing home based on its performance on a subset of ten Minimum Data Set ("MDS") quality measures. Like health inspection surveys, the MDS quality measures selected focus on negative outcomes rather than positive and progressive measures to improve resident care. While such quality measures are useful in highlighting potential problem areas that need further review and investigation, they are not definitive measures of quality of care and were never intended to rate facilities.

One quality measure used to rate nursing homes is the percent of residents who have pressure sores. Focusing solely on the number of pressure sores is misplaced because it ignores the rate of pressure sores healed, which is a better indicator of quality. Moreover, this criterion is biased against nursing homes that admit fragile high-risk residents that may have pressure sores before they are admitted. Such facilities will always have a greater number of pressure sores than facilities that admit healthier, more ambulatory residents. Accordingly, nursing homes with more restrictive admission policies will appear to have better outcomes with pressure sores than nursing homes that have a higher acuity resident population when precisely the opposite is true.

Two other quality measures concern activities of daily living ("ADL"). Specifically, they focus on residents whose need for help with daily activities has increased and whose ability to move about in and around their room got worse. While ADL decline is the greatest predictor of morbidity, this criterion ignores improvement in ADL functionality. As we all know, ADL decline can be unavoidable. ADL improvement is a better indicator of quality than ADL decline. It requires extra effort and motivation on the part of the entire nursing home to improve a resident's abilities in daily living tasks. Additionally, it shows a facility's commitment to the health and well being of its residents and not to accept the inevitable.

Additionally, measuring quality by the percent of residents with moderate to severe pain is also a misleading indicator of quality. Pain is often under-assessed in the elderly. Facilities providing high quality care encourage residents to report pain so the source of the pain can be properly addressed. Moreover, assessing and then reducing the frequency or intensity of pain is a mark of quality that goes beyond providing basic care to improving care. Utilizing the percent of residents with moderate to severe pain as a quality measure discourages facilities from instituting programs that will encourage residents to report pain. Accordingly, emphasis on such measures may lead to under-reporting of pain, which will lower the quality of care residents receive.

Other indicators of quality that we believe should be included but are not currently included are as follows: (1) pressure sore prevention services (MDS Sections M5 and M6);

(2) nursing rehabilitation/restorative care programs and services (MDS Section P3); (3) specialty services (MDS Sections P1a and P1b); and (4) emotional and psychosocial well being (MDS Section P2). These services are designed to promote not only quality of care, but quality of life and should be included as quality measures. Specifically, pressure sore prevention services are an indication of a nursing home's commitment to protecting residents from pressure sores. Moreover, nursing homes that progressively pursue pressure sore prevention with residents with no pressure sores are not just reacting to a resident's deteriorating condition but rather they are proactively promoting quality of life and quality of care. Rehabilitation and restorative programs and services are designed to improve resident independence and prevent functional deterioration as well as to positively contribute to the health and well being of residents with more serious medical conditions. Such programs indicate a nursing home's commitment not to accept the chronic conditions of aging as inevitable but to reverse such conditions and improve a resident's quality of life. Additionally, facilities that provide specialized treatments and programs for complex conditions or therapies should receive recognition in the quality measures for the higher level of quality and medical sophistication they offer. Such facilities provide higher level services not necessarily because they are required to but rather hecause they strive to be the best and provide the best for their residents. Finally, nursing homes committed to improving a resident's emotional and mental functions demonstrate their commitment to a holistic approach to care, i.e., care for both the body and the spirit. These and many other practices are designed to improve a resident's overall quality of life and are hallmarks of high quality nursing homes. Accordingly, the quality ratings should take into account a nursing home's performance on these quality measures in addition to or in lieu of the current quality measures.

Staffing Data

The staffing rating system is fundamentally flawed and the least transparent of the three quality measures. The staffing rating is based on the number of nursing hours per resident per day. The nursing hours per resident per day are calculated by dividing the total nursing hours by the nursing home's resident census. The nursing hours per resident per day are then adjusted to reflect the acuity of the resident population by using the Resource Utilization Group ("RUG") categories of the residents in the nursing home. The nursing home is then awarded a star rating for both its total nurse staffing and registered nurse staffing based on the adjusted data.

By its own acknowledgement, CMS states the staffing data is substantially flawed.⁶ First, the staffing levels provided by nursing homes represent the two-week period prior to state inspection. Because the staffing data collected represents a specific two-week period, it may or may not accurately represent the facility's average staffing levels. Additionally, CMS

⁶ Sec Ctrs. for Medicare and Medicaid Servs., Dep't of Health and Human Servs., <u>Nursing Home Compare</u>, <u>supra</u> note 3 (disclaiming accuracy of the staffing data).

does not independently verify the staffing data collected, which further impairs the credibility of the data.

Another impediment to the quality of the staffing data is the fact that it is approximately 9.4 months old when it is adjusted with current RUG data. As staffing levels are adjusted based on resident acuity, the staffing at the time of the state inspection may not accurately reflect staffing levels at the time the RUG data is collected. As a result, this methodology may inaccurately portray the quality of a nursing home's staffing levels.

Moreover, it is important to note that case mix adjustment methodology has not been disclosed to the public, which makes it difficult for nursing homes to understand their ratings or how to improve in the future. It is therefore possible that a facility can receive a one-star rating for staffing and be above both the national and state average in total licensed nurse staff hours per resident per day, licensed practical nurse/licensed vocational nurse hours per resident per day, and certified nurse aide hours per resident per day and below the national and state average on registered nurse hours per resident per day. Due the lack of transparency in the rating system, it is difficult for a facility to improve its staffing score in the future.

More importantly, the staffing rating does not accurately reflect the level of the direct care provided to residents. For example, if a facility employs several non-nursing staff members in addition to the nursing personnel to provide bealth care to residents, only the registered nurses, licensed practical nurses, and nurse aides are included in the calculation of nursing hours. While it is true that nurses and nursing assistants were the primary care providers twenty years ago, such is not the case today. As nursing homes admit more and more impaired residents, advance practice nursing and rehabilitation services have become a vital part in the provision of quality care. Moreover, studies show physician extenders, such as registered nurse practitioners, improve the quality of care in nursing homes; however, because their hours are reported as medical extenders, they are not captured as nursing hours. Likewise, residents benefit from a higher level of therapy services and expanded therapy staffs; however, these non-nursing hours are not included in the rating system despite the added benefit to residents. These "non-nursing" staff members are important components in the overall delivery of care to residents. Accordingly, the hours of direct care attributed to these individuals should be included in the facility's staffing rating.

<u>. [d</u>

^{*} Registered nurses include registered nurses on staff, the director of nursing, and nurses with administrative duties.

⁹ License practical nurses include license practical/licensed vocational nurses.

¹⁰ Nurse aides include certified nurse aides, aides in training, and medication aides/technicians.

As set forth above, the staffing rating is based on the adjusted nursing hours per resident per day. As such, the rating is based solely on the number of nursing staff and does not take into account the stability of the nursing staff. While it is important that a nursing home be adequately staffed, a stable well-trained staff that knows the residents is better than a large staff with significant turnover. Specifically, high turnover causes disruption in the continuity of care and results in lower patient care outcomes. Moreover, the time and resources used to train new staff in high turnover facilities could be better utilized in providing patient care, which could result in improved outcomes. Additionally a study conducted in Illinois in the 1990s found no correlation between the number of violations and the number of staff, i.e., a larger staff does not result in fewer violations. For example, a nursing home with a large staff and high turnover that relies on agency nurses may actually provide a lower level of care than a nursing home with a small but stable staff. This is due to the fact that experienced personnel must supervise and train new staff resulting in the diversion of resources away from patient care. Accordingly, low turnover is a greater indicator of quality than high staffing levels.

Conclusion

As set forth throughout, we believe that a five-star rating system could be a useful tool for consumers in selecting a nursing home; however, the current system is fundamentally flawed. As discussed, the current rating system utilizes tools that were never designed to measure quality or rank nursing homes. Moreover, the data used to evaluate quality is often out-dated and does not reflect changes made to improve the quality of care at a nursing home. As a result, we do not believe that the Facilities' ratings accurately portrays the level of care currently provided.

Sincerely,

Charles P. Sheets

CPS:amc ee: Michael Constantino 056520 132070 80836

¹¹ CTRS, FOR MEDICARE AND MEDICAID SERVS, & EDU-CATERING, LLP, DEVELOPMENT OF THE ARTIFACTS OF CULTURAL CHANGE TOOI, 16 (2006) available at http://siq.air.org/PDF/artifacts.pdf (fast visited Feb. 18, 2009).

STATE ATTORNEYS GENERAL

A Communication From the Chief Legal Officers Of the Following States and Territories:

Alabama * Alaska * California * Colorado * Connecticut * Florida * Georgia Guam * Kansas * Kentucky * Louisiana * Mainc * Massachusetts Mississippi * Missouri * Montana * Nebraska * New Jersey New Mexico * North Dakota * Oklahoma * Pennsylvania * Rhode Island South Carolina * South Dakota * Tennessee * Utah * Virginia Washington * West Virginia * Wyoming

August 20, 2009

Via Facsimile

The Honorable Kathleen Sebelius Secretary Department of Health and Human Services

Dear Secretary Sebelius,

As Attorneys General we take seriously our statutory duty to protect consumers. Of particular concern is care for the elderly and disabled, particularly those who find themselves in nursing homes.

Regrettably not all nursing homes in our country provide the same high quality of care that we would want for the elderly. As a result it is vitally important that family members have at their disposal accurate factual information to assist them in making the difficult and often painful decision regarding placement of their loved one.

We have no objection to the present criteria used by CMS for evaluating nursing homes. Nor would we advocate changes that would compromise a strong assessment of nursing home proficiency and quality. However, we strongly support a nationwide criterion-referenced evaluation methodology for establishing proficiency at all levels for nursing homes as opposed to the normative state-by-state methodology presently utilized by CMS. The correct and appropriate criterion-referenced evaluation methodology would gauge the success or failure of a given nursing home by an absolute national standard.

While the current Five Star System for rating nursing homes unveiled by CMS on December 18, 2008 establishes nationwide criteria for nursing homes, it uses a normative methodology with fixed quotas to determine individual nursing home ratings on a state-by-state basis making it impossible to evaluate nursing homes across state lines. As a result of the current Five Star methodology, comparison of individual nursing home ratings can be misleading and create significant confusion for consumers.

In the interest of consumers as well as providers, we believe it imperative that the current Five Star System be suspended temporarily and revised using a more appropriate criterion-referenced

evaluation methodology. Fortunately, CMS' Nursing Home Compare System that was in place before Five Star remains available to consumers as a tool for nursing home selection during what should be a short revision process. When the revised system is ready to be announced we are prepared as consumer advocates in our respective states to help educate consumers about the existence of the revised system and the importance of using it as a part of their decision making process in choosing a nursing home.

Thank you for your consideration of this request.

Sincerely,

Martha Coakley

Attorney General of Massachusetts

Markon Country

William C. Mims

Attorney General of Virginia

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Troy King

Attorney General of Alabama

Edward S. Brown /

Daniel S. Sullivan

Attorney General of Alaska

Edmund G. Brown, Jr.

Attorney General of California

John W. Suthers

Attorney General of Colorado

Richard Blumenthal

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Alica I Fratage

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Alicia G. Limtiaco

Attorney General of Guam



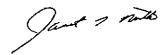
Steve Six Attorney General of Kansas



Jack Conway
Attorney General of Kentucky



James D. Caldwell
Attorney General of Louisiana



Janet T. Mills
Attorney General of Maine



Jim Hood Attorney General of Mississippi



Chris Koster Attorney General of Missouri



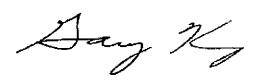
Steve Bullock Attorney General of Montana



Jon Bruning Attorney General of Nebraska



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Attorney General of New Jersey



Gary King Attorney General of New Mexico

MA Edwards

Wayne Stenehjem
Attorney General of North Dakota

W.A. Drew Edmondson Attorney General of Oklahoma

Tam Coulit

Tom Corbett
Attorney General of Pennsylvania

Frefriet Etypick

Patrick C. Lynch Attorney General of Rhode Island

Kny WeMaster

Henry McMaster Attorney General of South Carolina

Lawrence Long
Attorney General of South Dakota

Robert E. Cooper, Jr.
Attorney General of Tennessee

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Mark L. Shurtleff
Attorney General of Utah

Rob McKenna Attorney General of Washington

Rob MKenna.

Darrell V. McGraw, Jr. Attorney General of West Virginia

Bruce A. Salzburg
Attorney General of Wyoming

by Bob Gatty

Attorneys general recommend Five-Star overhaul

At a glance...

In August, 31 state attorneys general urged HHS Secretary Kathleen Sebelius to temporarily suspend the Five-Star Quality Rating System, so it can be revised using a more appropriate evaluation methodology. s nursing home interests in Washington continue to battle proposed Medicare cuts to help finance healthcare reform, they also have tackled another issue: the five-star nursing home rating system launched by the Centers for Medicare & Medicaid Services (CMS).

In late August, the American Health Care Association (AHCA) welcomed an August 20 request by 31 state attorneys general that the Five-Star Quality Rating System be temporarily suspended until it can be revised to

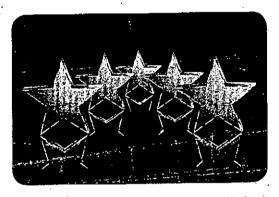
compare individual nursing homes against a national standard rather than on a state-by-state basis. The state AGs said the current system makes it impossible to evaluate nursing homes across state lines and can be misleading and confusing to consumers.

CMS has been working to expand the rating system over the past year, building upon the Nursing Home Compare system that was initially launched to help consumers decide which nursing home would best serve their families' needs.

Under the new system, a rating of one to five stars is given to nursing homes within three separate caregories—health inspections, quality measures, and staffing levels. Through Nursing Home Compare, consumers can check alternatives to nursing home care and follow specific steps that are recommended in making a nursing home selection.

But the state AGs who are concerned about whether the five-star system is misleading, sent a letter August 20 to Secretary of Health and Human Services Secretary Kathleen Sebelius urging that the five-star system be suspended until it can be revised.

"We strongly support a nationwide criterion-



referenced evaluation methodology for establishing proficiency at all levels for nursing homes as opposed to the normative state-by-state methodology presently utilized by CMS," the letter said. "The correct and appropriate criterion-referenced evaluation methodology would gauge the success or failure of a given nursing home by an absolute national standard.

"In the interest of consumers as well as providers, we believe it imperative that the current Five-Star System be suspended temporarily and revised using a more appropriate criterion-referenced evaluation methodology," the letter said, noting that the Nursing Home Compare system would still be available to consumers "during what should be a short revision process."

In a news release, AHCA President and CEO Bruce Yarwood said the long-term care community appreciates the effort "to provide consumers an accurate representation of the care our profession provides every day for millions of frail, elderly, and disabled individuals.

"The fact that these 31 state leaders, who are dedicated to protecting consumers, came together

to highlight weaknesses of the current Five-Star System speaks volumes about the weaknesses in a system that was developed to aid consumers," said Yarwood. "We join these attorneys general in urging Secretary Sebelius to re-evaluate CMS' scoring and ratings criteria to ensure that appropriate information that truly reflects the quality of nursing home care is available for all consumers."

Signing the letter to Sebelius were the attorneys general of Alabama, Alaska,

California, Colorado, Connecticut, Florida, Georgia, Guam, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, and Wyoming.

Meanwhile, nursing home organizations continued to object to proposals contained in healthcare reform legislation advanced in the House of Representatives that would slash \$32 billion from Medicare for nursing home care.

Yarwood, in mid-August, issued a statement saying that seniors hoping to gain insight into the health reform debate were being distracted by "extremist and inaccurate rhetoric" from healthcare reform opponents, distracting them to the "real threat" posed by the proposed cuts in the House bill.

"We encourage public officials and citizens alike to focus on policy ideas, not negative sound bits that scare seniors and obscure the facts," he said. The proposed cuts would be in addition to \$1.2 billion in reductions imposed in July by CMS.

"These cuts are too deep, not sustainable, and beyond placing seniors' quality of care atrisk, would force caregiver layoffs and job cuts at a time Congress and the Obama administration are attempting to stem the tide on rising state and national unemployment rates," he said. "These enormous Medicare cuts, which will place upwards of 50,000 key jobs in jeopardy, make no sense on a health or economic policy basis."

AHCA released a national survey by the Mellman Group, which finds that Americans by significant margins strongly oppose those cuts over other funding options. According to the poll, 66% of voters would be less likely to support their local member of Congress for reelection if they voted to cut seniors' Medicare-funded care to finance health reform.

In its analysis of the survey results, the Mellman Group said most Americans believe such cuts would reduce the quality of care seniors receive in nursing homes,



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Rural Health

Religious Nonmedical Health Care Institutions Transplant On the Web site people will be able to arrange the order of the nursing homes according to any of the three aspects above, as well as an overall quality rating based on those three sources of information.

Caution: No rating system can address all of the important consideration that go into a decision about which nursing home may be best for a particular person. Examples include the extent to which specialty care is provided (such as specialized rehabilitation or dementia care) or how easy it will be for family members to visit the nursing home resident. As such visits can improve both the residents quality of life and quality of care, it may often be better to select a nursing home that is very close, compared to a higher rated nursing home that would be far away. Consumers should therefore use the Web site only together with other sources of information for the nursing homes (including a visit to the nursing home) and State or local organizations (such as local advocacy groups and the State Ombudsman program).

In the Downloads section below, the Five-Star Quality Rating System Technical Users' Guide provides in-depth descriptions of the ratings and the methods used to calculate them. Beginning with the March 2009 version, the Technical Users' Guide consists of two documents: the Five-Star Quality Rating System Technical Users' Guide and the Five Star Quality Rating System State-Level Cut Point Tables. In addition, beginning with March 2009 we have posted a data file that contains reported, expected, and adjusted staffing time values for all nursing homes on Nursing Home Compare - **Updated November 2009**.

Downloads

General Overview of Five-Star Quality Rating System (PDF, 847 KB)

Summary of Updates to the Technical Users' Guide - Updated October 2009 (PDF, 30 KB)

<u>Five-Star Quality Rating System Technical Users' Guide - Updated</u> <u>October 2009 (PDF, 516 KB)</u>

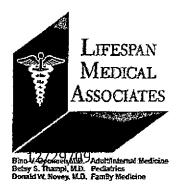
<u>Five-Star Quality Rating System State-Level Cut Point Tables - Updated November 2009 (PDF, 226 KB)</u>

NEW! Expected and Adjusted Staff Time Values Data Set - Updated November 2009 (ZIP, 2.92 MB)

<u>Five-Star Quality Rating System Technical Expert Panel (PDF, 18 KB)</u>

Consumer Fact Sheet (PDF, 35 KB)

Summary of Public Comments (PDF, 73 KB)



350 West Kensington Road Suite 120 Mount Prospect, IL 60056 Phone: 847-222-9595 Fax: 847-222-9565

To Whom It May Concern:

I am writing this letter in support of the quality of care that my patients and family members have reported through personal review and organizational review of the Arlington rehab. As the medical director of Arlington Rehab, Manor Care, Brentwood, Lutheran Social Services of Illinois, and Oakton Pavilion and Arms; we as a private medical group have the ability to scrutinize across the span of multiple facilities.

Arlington Rehab has had an average of 4.88/5.00 score report. The highest of any nursing home in the Northwest suburbs of Chicago that we provide medical leadership to. Notwithstanding the high degree of complexity and demands of the patients in our service area as well.

The nursing staff is among the best, the team work and ancillary support is strong, and leadership in taken on account by every administrative personnel who takes heed on the demands of running the best facility I send patients to in the region.

I have discharged and followed patients to The Arlington Rehabilitation & Living Center on several occasions and found the quality of care offered there is above and beyond the industry standard.

I have seen the quality of life that their residents enjoy on a daily basis and I feel a sense of ease and comfort knowing I have a patient at The Arlington. They have superior care and I am notified in a timely and professional manner in any change of status or condition of my patients.

I was shocked to learn the facility was rated 1 star, as most every patient under my care gives the facility tremendously positive reviews. The Arlington really cares and they go above and beyond to ensure my patients are given the best medical attention, but most importantly the highest quality of life.

Respectfully.

Bino Oommen, M.D.

Clinical Professor of Medicine Chicago Medical School

Elizabeth (Liz) Hudson 111 Baybrook Drive Unit 511 Palatine, IL 60074

November 14, 2009

Arlington Rehabilitation and Living Center 1666 Checker Road Long Grove, IL 60047

Dear Director,

I stayed at your facility in the month of October 2009, for over a month. It truly was a difficult time in my life and your dedicated staff nursed me back to health and made me feel comfortable. Your nurses and your therapists were attentive, patient and understanding. They got me back on track and taught me how to manage by myself again. I am truly grateful to everyone there who gave me my life back. My heartfelt thank you to you and the entire staff.

Sincerely,

Liz Hudson



12/29/09

To Whom It May Concern:

I have discharged and followed patients to The Arlington Rehabilitation & Living Center on several occasions and found the quality of care offered there is above and beyond the industry standard.

I have seen the quality of life that their residents enjoy on a daily basis and I feel a sense of ease and comfort knowing I have a patient at The Arlington. They have superior care and I am notified in a timely and professional manner in any change of status or condition of my patients.

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Thank you,

Dr. Howard Axe



12/29/09

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Thank you

Dr. Robert Schwertzenberg

FROM:

18472156960 12/29/2009 13:55

FAX ND. :18474191964

Dec. 30 2009 09:39AM

BKPG ARLINGTON REHAB



12/29/09

To Whom It May Concern:

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12/29/09

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I was shocked to learn the facility was rated 1 star, as most every patient under my care gives the facility tremendously positive reviews. The Arlington really cares and they go above and beyond to ensure my patients are given the best medical attention, but most importantly the highest quality of life.

Thank you,

Dr. Brogadi

Wonderful Staff @ Thank you so much for the beautiful plants you sent us in memory of our mom, Milie Naurot. We will plant The arlington, them in our gardens this Springs in her honor. also, thank you for all your support, love and care your gave our mom throughout her journey in the mine years she lived at the arlington. your heartful words of kindness will always be remembered.

Whenk you for being there always — every day in a very deep and important way, fore, Millie Nautotamily

DEAR EDITH-

THANK YOU SO MUCH FOR THE CARE YOU PROVIDED FOR MY FATHER, ED GRABOW.

Brenda provided somuch help when he moved to THE ARLINGTON. She helped me through all the paperwork and made a difficult process seem easy.

JERRY is such a Kind compossionate man. He was always very Kind and patient with my dad.

I was always impressed with everyone on your staff. They are truly special people.

Thank you so much for the tender care you gove to Faye Brodsky (my wife) Thanks again, Ben Brodsky

To behalf of the formly of horraine hills I want to thank horraine hills I want to thank to be all the patient you care. To all the count less hours of music you gave her thought to the fait you thank you for all the halp you discuss to make the many her all the halp you discuss to an answering her and patience in answering her gove he in under standing her discusses and patience in answering her governed to you all bace Hording her good for the in under standing her discusses and patience in answering her governed to you all bace Hording her good for the patients. I am discuss the form of the patients and patients and bace Hording her good to be a formation of the patients.

The Staff on Unit 100 -

Much I appreciated all your hard wark and case you gove my Mon. It really is a Shame you didn't know the real aclele-ciez you would of loved her as Much as I did-The war a great woman + Mother-I loved her Very Much. again Thank you so much for Taking care of Her-Oll of you are anyels for doing what you do everyday. I wish all of you the Very best

Morrisa Sockrava

(Adel Hekert)

During a time like this we realize how much our family and friends really mean to us

Your expression of sympathy will always be remembered

The family of Adele Hubert Rita, Petu & Monica Dear Edith,

Thank you so much for
all you did for Ron and
me in his last few months

Ands can never express
our gratitude but here is
a little something for you.

Statefully

Lynne Maggin

Thank you for your render care for Ron when he was no longer the man he really was: gentle and loving. He would do anything he could to help others. He loved everyone unconditionally.

Our family appreciates all the kindnesses you extended to him when he was aggressive and difficult. This disease is so brutal. It robs people of their true spirit and life-long values. You are special to see beyond that and treat everyone with dignity and respect.

It takes angels here on earth to comfort and care for those afflicted with illness. God must smile on you as your work is difficult and your patience must be tested each day. God bless you and all those you love..

RESIDENT/FAMILY SATISFACTION SURVEY

Please indicate on the scale below the most appropriate answer to each statement. (5-strongly agree; 4-agree; 3-somewhat agree; 2-somewhat disagree; 1-disagree; 0-strongly disagree)

STR A	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
ADMINISTRATION Office staff is accessible and courteous	(TC)	4	m	2	1	0
Management is interested in my satisfaction	(S)	4	ťħ	7		0
My concerns and questions are handled in	(v)	4	m	2	П	0
a fair and timely manner) (
The facility is responsive to suggestions	(F)	4	en	. 2	1	0
The administrator is visible and willing to assist	(T)	4	œ	, 2		0
Personal funds are easily accessible	> 4	4	(3)	7	_	0
NURSING						
The Director of nursing/designee is available	רעיז	4	က	2	 -	. 0
For family consultations) (
The nursing staff is informative and helpful	<i>ا</i> مر	4	33	2	-	0
Treatments and medication are given	(ş)	4	,m	2	П	0
In a timely manner)					=
Residents are clean and well groomed	(P)	4	æ	2		0
Call lights are answered promptly	ري.	(Э	2	←	0

Staff responds promptly to emergencies (Alarms for chairs, doors, or medical needs) (5) 4 3 2 1 0 Staff intervences in a timely manner when (5) 4 3 2 1 0 Resident's clothing is laundered and returned (5) 4 3 2 1 0 Itimely manner Staff makes an effort to find misplaced clothing (5) 4 3 2 1 0 Overall, the facility is clean, odor free and 5 (4) 3 2 1 0 Overall, the recipionist is helpful and courteous 5 (4) 3 2 1 0 The receptionist is helpful and courteous 5 (4) 3 2 1 0 The social Service staff is helpful and courteous 5 (4) 3 2 1 0 A variety of activities are offired 5 (4) 3 2 1 0 Residents are able to pursue 5 (4) 3 2 1 0 Residents are able to pursue 5 (4) 3 2 1 0 Overall good quality and appearance of food 5 (4) 3 2 1 0 Overall good quality and appearance of food 5 (4) 3 2 1 0 Overall good quality and appearance of food 5 (4) 3 2 1 0 Overall good quality and appearance of food 5 (4) 3 2 1 0	Signature (3)	STR SERVICES	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE	
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STRONGLY AGREE 5		A	133 N
Variety of food is good Food is served promptly	Efforts are made to meet personal food Preferences THERAPY The therapists treat residents with respect And in a professional manner	The resident is satisfied with the outcome Of his/her therapy services Therapy was intiated in a timely manner	What most impresses you about our facility A left with the Manner How fould we improve our services?

Name of Resident STEVE BEIRNS

Relationship to Resident_

Room Number 3/1

Person Completing Survey ME Date 12 - 3 - 09

RESIDENT/FAMILY SATISFACTION SURVEY

Please indicate on the scale below the most appropriate answer to each statement. (5-strongly agree; 4-agree; 3-somewhat agree; 2-somewhat disagree; 1-disagree; 0-strongly disagree)

STRC . AG	STRONGLY AGREE AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
ADMINISTRATION Office staff is accessible and courteous	5	٣	7		0
Management is interested in my satisfaction	5	ж	. 2		0
My concerns and questions are handled in	5	т	. 23		0
a fair and timely manner					
The facility is responsive to suggestions	5	m	2	-	0
The administrator is visible and willing to assist	5	т	7		0
Personal funds are easily accessible	5 (4)	es.	2	-	0
NURSING	, (
The Director of nursing/designee is available	5	ю	2	П	0
For family consultations	1				
The nursing staff is informative and helpful	5 4	ю.	2	П	0
Treatments and medication are given	5	ю	7	r	0
In a timely manner					
Residents are clean and well groomed	5	æ	2	-	. 0
Call lights are answered promptly	5	3	7	-	0

STROF AGR	STRONGLY AGREE AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
Staff responds promptly to emergencies (Alarms for chairs, doors, or medical needs)	5	ю	7	.	0
Staff intervenes in a timely manner when Residents display unsafe behavior	5	m	7	ı	0
Resident's clothing is laundered and returned timely manner	5	т	7	-	0
Staff makes an effort to find misplaced clothing	5 (4)	m	7	-	C
Overall, the facility is clean, odor free and The grounds are attractive	5	ы	7	-	0
m and safe	s (A)	m	7	_	C
The receptionist is helpful and courteous	s (4)	ю	7		· c
The Social Service staff is helpful and courteous	5	ю	7	-	· C
The activities are of interest to the resident	s A	m	2		· c
A variety of activities are offered	, —	m	2	·	· C
Residents are able to pursue		m	5	· ,	o
Past and new leisure/interests	1		:	•	·
Staff encourages and assists residents 5	(4)	m	2	_	C
Overall good quality and appearance of food 5	_	ю	7	•	0

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STRONGLY AGREE SOMEWHAT SOMEWHAT DISAGREE STRONGLY AGREE AGREE DISAGREE DISAGREE	5 4 3 2 1	comptly 5 $\textcircled{4}$ 3 2 1 0	to meet personal food 5 (4) 3 2 1 0	the residents with respect 5 (4) 3 2 1 0 on all manner	trisfied with the outcome 5 (4) 3 2 1 0	ated in a timely manner 5 (4) 3 2 1 0	sses you about our facility
	Variety of food is good	Food is served promptly	Efforts are made to meet personal food Preferences	THERAPY The therapists treat residents with respect And in a professional manner	The resident is satisfied with the Of his/her therapy services	Therapy was intiated in a timely	What most impresses you about

How could we improve our services?

Relationship to Resident Room Number 3 2 5 Name of Resident Laginary Person Completing Survey_

10/24/09

Date



Take a Minute. Make a Difference. How are we doing?

A The Arlington Rehabilitation & Living Center, we are determined to meet your expectations and share with you the feeling of genuine hospitality. Our philosophy at The Arlington is to provide residents with quality and personalized care. When you evaluate our service, you give us more than your opinions. You give us the tools we need to build a vigorous and responsive care team.

Please complete this quick customer satisfaction survey and let us know how we are doing. This is the most direct way for us to assess what we need to change to improve care and services. It also gives us insights into the things we are doing right. Your comments can improve the quality of care for you and many other people. Please return to the attention of Whitney Arado at the following:

The Arlington Rehabilitation & Living Center 1666 Checker Rd. Long Grove, IL. 60047

Please complete the questions by checking the appropriate response. Scale: E-Excellent G-Good F-Fair

1. Overall quality of nursing care 2. Overall quality of activities 4. Overall quality of food services 4. Overall quality of food services/dietary 5. Overall quality of care provided by your physicians 6. Overall quality of care provided 7. Presentation of facility, cleanliness, etc. 8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? Please tell us what you would do to make The Arlington Rehabilitation & Living
2. Overall quality of activities
3. Overall quality of rehab services 4. Overall quality of food services/dietary 5. Overall quality of care provided by your physicians 6. Overall quality of care provided 7. Presentation of facility, cleanliness, etc. 8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? E ☐ G ☐ F ☐ F ☐ G ☐
4. Overall quality of food services/dietary 5. Overall quality of care provided by your physicians 6. Overall quality of care provided 7. Presentation of facility, cleanliness, etc. 8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? E□ G☒ F□ E□ G☒ F□ E□ G☒ F□ Yes ☒ No □
5.Overall quality of care provided by your physicians 6. Overall quality of care provided 7. Presentation of facility, cleanliness, etc. 8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? E□ G☒ F□ E□ G☒ F□ Yes ☒ No □
6. Overall quality of care provided 7. Presentation of facility, cleanliness, etc. 8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? E□ G☒ F□ E□ G☒ F□ Yes ☒ No □
7. Presentation of facility, cleanliness, etc. 8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? Yes ☒ No ☐
8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? Yes ☒ No ☐
9. Would you recommend our facility to a friend/family? Yes ☒ No ☐
9. Would you recommend our facility to a friend/family? Yes ☒ No ☐
Please tell us what you would do to make The Arlington Rehabilitation & Living
Center a better place to live.
ELIMINATE SANDWICHES MADE
WIPROCESSED LUNGH MEAT
Would you like to have the administrator contact you? Yes □ No □
Please tell us your name and when the administrator can reach you.
Your feedback is important to us!
Your feedback is important to us! Name/Resident's name: Lois Kaharic



Take a Minute. Make a Difference. How are we doing?

The Arlington Rehabilitation & Living Center, we are determined to meet your expectations and share with you the feeling of genuine hospitality. Our philosophy at The Arlington is to provide residents with quality and personalized care. When you evaluate our service, you give us more than your opinions. You give us the tools we need to build a vigorous and responsive care team.

Please complete this quick customer satisfaction survey and let us know how we are doing. This is the most direct way for us to assess what we need to change to improve care and services. It also gives us insights into the things we are doing right. Your comments can improve the quality of care for you and many other people. Please return to the attention of Whitney Arado at the following:

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Please complete the questions by checking the appropriate response.

Scale: E= Excellent G=Good F= Fal	T /
2. Overall quality of nursing care 2. Overall quality of activities 3. Overall quality of rehab services 4. Overall quality of food services/dietary 5. Overall quality of care provided by your physicians 5. Overall quality of care provided 7. Presentation of facility, cleanliness, etc. 8. How would you rate the Admission Process? 9. Would you recommend our facility to a friend/family? Please tell us what you would do to make The Arlington R Center a better place to live.	EE G F F F F F F F F F F F F F F F F F F
Would you like to have the administrator contact you? Please tell us your name and when the administrator can r Your feedback is important to us! Name/Resident's name: Phone Number: 1 / 261-11 Best time to call:	Yes □ No □ reach you.



Take a Minute. Make a Difference. How are we doing?

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Please tell us what you would do to make The Arlington Re	habilitation & Living
Center a better/place to live.	- More
Would you like to have the administrator contact you? Please tell us your name and when the administrator can re Your feedback is important to us!	Yes No No Reach you.
Name/Resident's name: Na Y MONG Best time to call: 924 -619 - 2259	ZM/_

RESIDENT/FAMILY SATISFACTION SURVEY

ST	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
ADMINISTRATION Office staff is accessible and courteous	3	4	6	2	-	0
Management is interested in my satisfaction	A	4	ę,	2	1	0
My concerns and questions are handled in	3	4	3	2		0
a fair and timely manner						
The facility is responsive to suggestions	5	4		7	,1	0
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Person Completing Survey 5977 Name of Resident Date_ TA COBELL Relationship to Resident_ Room Number 334

How could we improve our services?

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RESIDENT/FAMILY SATISFACTION SURVEY

Residents are clean and well groomed Call lights are answered promptly	The nursing staff is informative and helpful Treatments and medication are given	NURSING The Director of nursing/designee is available 5	Personal funds are easily accessible	The administrator is visible and willing to assist 5	The facility is responsive to suggestions 5	a fair and timely manner	My concerns and questions are handled in 5	Management is interested in my satisfaction 5	ADMINISTRATION Office staff is accessible and courteous 5	STRONGLY AGREE	(2.80 organ agree) - species - section of the secti
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Date 9-11-09Name of Resident Joseph Daffer Room Number 757 110

Person Completing Survey Mary Ellen Collen Relationship to Resident Nece 1804

RESIDENT/FAMILY SATISFACTION SURVEY

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How could we improve our services?

Name of Resident KATHARINA FRANK
Person Completing Survey HUSBAND A. 7.

Room Number 304

Relationship to Resident HUSBAND



Take a Minute. Make a Difference. How are we doing?

At The Arlington Rehabilitation & Living Center, we are determined to meet your expectations and share with you the feeling of genuine hospitality. Our philosophy at The Arlington is to provide residents with quality and personalized care. When you evaluate our service, you give us more than your opinions. You give us the tools we need to build a vigorous and responsive care team.

Please complete this quick customer satisfaction survey and let us know how we are doing. This is the most direct way for us to assess what we need to change to improve care and services. It also gives us insights into the things we are doing right. Your comments can improve the quality of care for you and many other people. Please return to the attention of Whitney Arado at the following:

The Arlington Rehabilitation & Living Center 1666 Checker Rd. Long Grove, IL. 60047

Please complete the questions by checking the appropriate response.

Scale: E=Excellent G=Good F=Fair

 Overall quality of nursing care Overall quality of activities Overall quality of rehab services Overall quality of food services/dietary Overall quality of care provided by your physicians Overall quality of care provided Presentation of facility, cleanliness, etc. How would you rate the Admission Process? Would you recommend our facility to a friend/family? 	EX GX FO EOGO FO N/A EX GO FO EOGO FO EOGO FO EX GO FO EX GO FO EX GO FO Yes X NoO
Please tell us what you would do to make The Arlington R Center a better place to live.	kehabilitation & Living
Would you like to have the administrator contact you? Please tell us your name and when the administrator can refer your feedback is important to us! Name/Resident's name:	day

1666 Checker Road Long Grove, Illinois 60047 · TEL (847) 419-1111 · FAX (847) 419-1119

RESIDENT/FAMILY SATISFACTION SURVEY

In a timely manner Residents are clean and well groomed Call lights are answered promptly	For family consultations The nursing staff is informative and helpful Treatments and medication are given	NURSING The Director of nursing/designee is available	The facility is responsive to suggestions The facility is responsive to suggestions Personal funds are easily accessible	a fair and timely manner	Management is interested in my satisfaction (My concerns and questions are handled in	ADMINISTRATION Office staff is accessible and courteous ((5-strongly agree;4-agree; 5-somewhat agree; 2-somety Agree Agree
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08-11-09



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Would you like to have the administrator contact you? Please tell us your name and when the administrator can read your feedback is important to us! Name/Resident's name: Edith Couros Phone Number: \$47-934-5759 Best time to call: E1	



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Please complete the questions by checking the appropriate response.

Scale: E-Excellent G-Good F= Fair

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Name/Resident's name: JEAR-Y MYLIN	
Name/Resident's name: JEAR-Y MYLIN Phone Number: <u>847 255-4594</u> Best time to call: Aed	YTINE
	

RESIDENT/FAMILY SATISFACTION SURVEY

Call lights are answered promptly (5)	Residents are clean and well groomed	In a timely manner	The nursing staff is informative and helpful (5)	The Director of nursing/designee is available (5) For family consultations	NURSING (5	ling to assist	The facility is responsive to suggestions	a fair and timely manner	My concerns and questions are handled in G	Management is interested in my satisfaction	Office staff is accessible and courteous (2)	STRONGLY AGREE	
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Name of Resident 45NRYKA SOBOLEWSKA Room Number 204

Person Completing Survey BOLENA LARWOWSKIP Relationship to Resident DAW SHIFR

8-11-09

Aaron Mann,

I arrived at The Arlington on February 21, 2009 after undergoing a intensive spinal fusion. Not only was I immobilized with a large incision down my back, but anyone who knows me would tell you that I never stay away from home for more than a few days, so an extensive rehab stay was not something that was going to be easy for me.

I am writing this letter to let you know how well I was treated and how much I appreciated your caring, attentive staff who made me feel welcome and "at home" during my stay.

When I arrived one of the first employees to greet me was Turner, you know the nurse with the great personality and hairdo. My first thoughts were that perhaps this won't be so bad after all. Turner is a fine nurse that you have working for your organization. He and I got along just great!

There were a so many individuals who made my stay pleasant I would like to commend the following people: Chrissy made the admission process very easy and she came in to visit with me each day during my stay to ensure that I didn't have any concerns. Rosa always came in to care for me with a smile and she was quick to respond if I needed some assistance. Sammy or as he became known to me as "Rocco" was an excellent nurse and he treated me with the utmost respect. Derrick tended to my incision which healed beautifully - even my orthopedic surgeon commented on the quality attention that my wound was given. Julie always kept a watchful eye and she was always so pleasant.

You should be proud to have such high quality individuals working for you. All the people who took care of me were proud to work at The Arlington and it came through in their daily work.

It was not easy for me to have someone take care of me, but your staff never made me feel uncomfortable and made it clear that it was their job to take care of me and that they were happy to do it!

I walked out of the Arlington after a few weeks of intense rehab and am now back home. Thank you to your entire staff for such a positive experience during a difficult time.

Yours very truly, Linda Buulla

Linda Broverman



12/29/09

To Whom It May Concern:

I have discharged and followed patients to The Aurora Rehabilitation & Living Center on several occasions and found the quality of care offered there is above and beyond the industry standard.

I have seen the quality of life that their residents enjoy on a daily basis and I feel a sense of ease and comfort knowing I have a patient at The Aurora Rehabilitation & Living Center. They have superior care and I am notified in a timely and professional manner in any change of status or condition of my patients.

I was shocked to learn the facility was rated 1 star, as most every patient under my care gives the facility tremendously positive reviews. The Aurora Rehabilitation & Living Center really cares and they go above and beyond to ensure my patients are given the best medical attention, but most importantly the highest quality of life.

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Thank you

FAX NO. :18474191964 AURORA RECEPTION Dec. 30 2009 09:28AM P2

12/29/2009 17:07 FAX 630 898 1208



12/29/09

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Yours Mober M. D.

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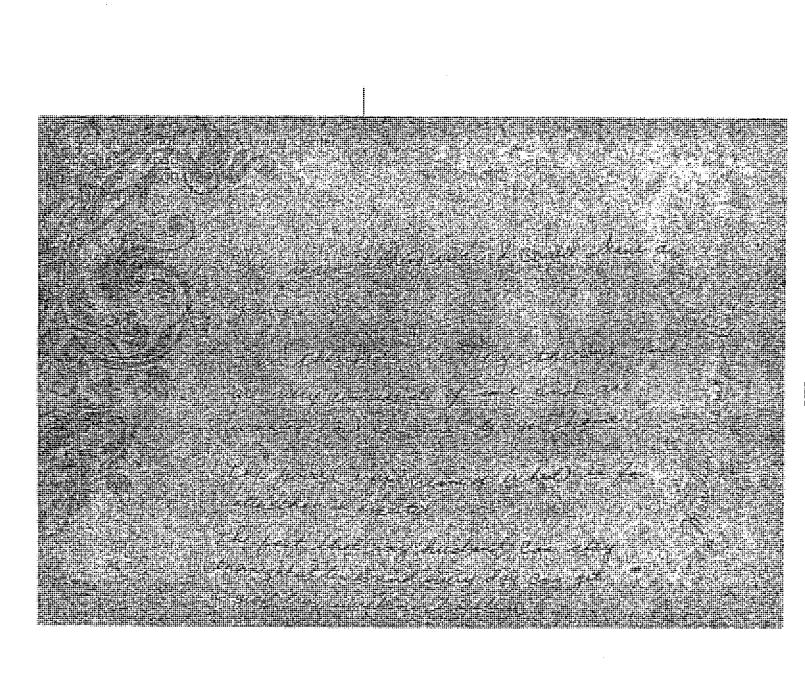
The Aftington-Rehabilitation & Living Center 1,666 Checker Road & 10 Long Grove, IL-60047 847-419 1111

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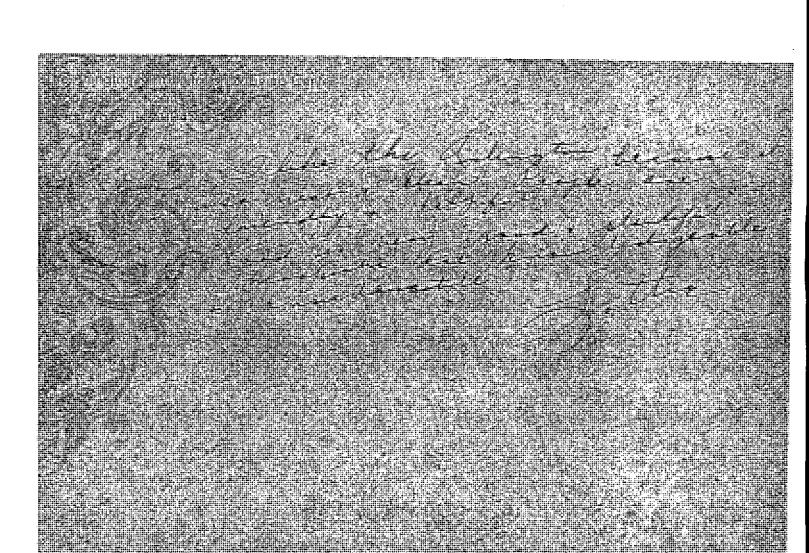
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