

Appendix A

**APPLICATION FOR A LONG-TERM CARE FACILITY LICENSE
IN THE VILLAGE OF FRANKFORT**

SECTION A - GENERAL FACILITY INFORMATION

Complete Name of Facility: _____
Prior Name(s): _____
Street Address: _____
City, State, ZIP: _____
Telephone: _____
Fax: _____
Email: _____

Has the ownership of this facility changed within the past year?

[Circle one] YES NO

Contact Person for this Application: _____
Assumed Name(s): _____
Street Address: _____
City, State, ZIP: _____
Telephone: _____
Fax: _____
Email: _____

Capacity and Level of Care:

Skilled Nursing	Capacity	_____
Persons Under 22 Years of Age	Capacity	_____
Intermediate Care	Capacity	_____
Intermediate Care for the Developmentally Disabled	Capacity	_____
Sheltered Care	Capacity	_____
Community Living	Capacity	_____

SECTION B - INFORMATION REGARDING CAPACITY AND LEVEL OF CARE

Part 1 - Employee Census

Indicate the number of employees falling under the following categories:

<i>Employee Classification</i>	<i>40 or more hrs./wk.</i>	<i>30 - 39 hrs./wk.</i>	<i>20 -29 hrs./wk.</i>	<i>10 - 19 hrs./wk.</i>	<i>Less than 10 hrs./wk.</i>
Physicians					
LPNs					
RNs					
CNAs					
Physical or occupational therapists					
Other licensed health or medical personnel (list on lines below)					
All employees					

Part 2 - Resident Census

Indicate the number of employees falling under the following categories:

Total Number of Residents: _____

Age:

21 or younger: _____

22 - 30: _____

31 - 40: _____

41 - 50: _____

51 - 60: _____

61 - 70: _____

71 - 80: _____

81 - 90: _____

91 - 100: _____

101 or older: _____

Diagnoses:

- a. Mental disability or illness:
 - Mental retardation: _____
 - Documented signs and symptoms of depression: _____
 - Dementia: _____
 - Documented psychiatric diagnosis other than depression or dementia: _____
 - Behavioral symptoms: _____
 - Of those with behavioral symptoms, the total number receiving a behavioral management program: _____
 - Receiving health rehabilitative services for MI/MR: _____

- b. Physical disability or illness other than advanced age: _____

- c. Substance abuse: _____
 - Alcohol: _____
 - Illegal drugs: _____
 - Depressants: _____
 - Hallucinogens: _____
 - Narcotics: _____
 - Stimulants: _____
 - Prescription drugs: _____
 - Other: _____

Receiving Psychoactive Medication:

- Any variety: _____
- Antipsychotic: _____
- Antianxiety: _____
- Antidepressant: _____
- Hypnotic: _____

SECTION C - ACKNOWLEDGMENTS, SUBMISSIONS AND DECLARATIONS

Part 1 - Acknowledgments

Authorized village personnel must conduct an unannounced inspection of the facility prior to issuance or renewal of a license for the purpose of determining whether the facility is in compliance with the ordinances of the village, the provisions of the Nursing Home Care Act and any other rules or regulations promulgated thereunder. After a license has been issued, authorized village personnel may, without prior notice, visit and inspect the premises and personnel of any facility for the purpose of assessing said compliance. Authorized village personnel shall also, with at least 72 hours' advance notice, conduct semi-annual audits of Sex Offender Registry searches and criminal background checks. Refusal to permit an inspection or audit shall be grounds for denial of a license application or revocation of an existing license.

Part 2 - Submissions

Each applicant must submit the following prior to issuance or renewal of a license:

1. A full and complete copy of the most recent application for licensure filed with the Illinois Department of Public Health (IDPH), including all attachments and required submittals. If any information requested in the IDPH application has changed since the time of filing, the applicant must also submit a written supplement to the village.
2. A copy of the most recent license granted for the facility by the IDPH. If an applicant has not yet received a license from the IDPH, its application will be deemed incomplete until such license is granted.
3. A license fee in the amount of \$500.00.

Each applicant must also have submitted a copy of its most recent emergency life safety plan to the Village of Frankfort Police Department and the Frankfort Fire Protection District.

Date(s) of submission: _____
 Last revised: _____

Each applicant must provide the village with a written supplement to this application and/or the IDPH application within 7 days of any of the following events:

1. Any change in ownership, management or administrator.
2. Any action by the State of Illinois which could result in the limitation, suspension or revocation of its licensing.
3. Any reduction by more than 5% in the employee census.
4. Any change by more than 5% in the resident census.

Part 3 - Declarations

I certify, under penalty of perjury, that I am authorized to sign this application on behalf of the operator/licensee, that I have fully reviewed this entire application (including attachments, accompanying documents and acknowledgments) and that the information is true, correct and complete. If any information in this application is untrue, incorrect or incomplete, I understand that, in addition to pursuing any penalties provided by law, the village may reject this application or, if a license has already been granted, suspend or revoke said license.

Name of Operator/Licensee: _____

Signature of Authorized Agent: _____

Printed Name: _____

Title: _____

Date: _____

Subscribed and sworn to before me

this ____ day of _____, 20 ____.

Notary Public

Notary Seal: