**Section 300.4040 General Requirements for Facilities Subject to Subpart S**

a) The psychiatric rehabilitation services program of the facility shall provide the following services as needed by facility residents under Subpart S:

1) 24 hours of continuous supervision, support and therapeutic interventions;

2) Psychotropic medication administration, monitoring, and self-administration;

3) Case management services and discharge preparation and training;

4) Psychiatric rehabilitation services addressing major domains of functioning and skills development: self-maintenance, social and community living, occupational preparedness, symptom management, and substance abuse avoidance;

5) Crisis services; and

6) Personal care assistance.

b) The psychiatric rehabilitation services programs in the facility shall be designed to improve or maintain the resident's level of functioning and independence.

c) The facility's psychiatric rehabilitation program shall have the following overall goals:

1) Encourage the engagement of each resident in his/her recovery and rehabilitation;

2) Increase acquisition, performance, and retention of skills to enhance independence and promote community integration;

3) Support the progressive assumption of as much personal responsibility, self-management, and self-determination as each resident can manage;

4) Broaden the use of living, coping, and occupational skills to new environments with an ultimate goal of discharge to a more independent living arrangement, as appropriate;

5) Decrease psychotic, self-injurious, antisocial, and aggressive behaviors;

6) Decrease the impact of cognitive deficits as an impediment to learning new skills; and

7) Foster the human dignity, personal worth, and quality of life of each resident.

d) The psychiatric rehabilitation program shall provide education and training to maximize residents' capacities for self-management of psychotropic medications and utilization of other supportive mental health services, such as cooperation with prescribed treatment regimen, self-medication, recognition of early symptoms of relapse, and interactive effects with other drugs and alcohol.

e) The facility shall have written policies and procedures related to smoking, including smoke-free areas, risk assessment for individuals who smoke, and the conditions and locations where smoking is permitted in the facility, if permitted at all.

f) A facility shall document all leaves and therapeutic transfers. Such documentation shall include date, time, condition of resident, person to whom the resident was released, planned destination, anticipated date of return, and any special instructions on medication dispensed.

(Source: Added at 26 Ill. Reg. 3113, effective February 15, 2002)