

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Nursing Home Care Act is amended by adding  
5 Section 3-102.3 as follows:

6 (210 ILCS 45/3-102.3 new)

7 Sec. 3-102.3. Religious and recreational activities;  
8 social isolation.

9 (a) In this Section:

10 "Religious and recreational activities" includes any  
11 religious, social, or recreational activity that is consistent  
12 with a resident's preferences and choosing, regardless of  
13 whether the activity is coordinated, offered, provided, or  
14 sponsored by facility staff or by an outside activities  
15 provider.

16 "Social isolation" means a state of isolation wherein a  
17 resident of a long-term care facility is unable to engage in  
18 social interactions and religious and recreational activities  
19 with other facility residents or with family members, friends,  
20 loved ones, caregivers and external support systems.

21 (b) The Department shall require each long-term care  
22 facility in the State to adopt and implement written policies,  
23 provide for the availability of technology to facility

1 residents, and ensure that appropriate staff and other  
2 capabilities are in place to prevent the social isolation of  
3 facility residents. The policies shall not be interpreted as a  
4 substitute for in-person visitation, but shall be wholly in  
5 addition to existing in-person visitation policies.

6 (c) The social isolation prevention policies adopted by  
7 each long-term care facility pursuant to subsection (b) shall  
8 be consistent with the rights and privileges guaranteed to  
9 residents and constraints provided under Sections 2-108,  
10 2-109, and 2-110 and shall:

11 (1) authorize, and include specific protocols and  
12 procedures to encourage and enable, residents of the  
13 facility to engage in in-person contact, communication,  
14 religious activity, and recreational activity with other  
15 facility residents and with family members, friends, loved  
16 ones, caregivers, and other external support systems,  
17 except when the in-person contact, communication,  
18 religious activity, or recreational activity is  
19 prohibited, restricted, or limited by federal or State  
20 statute, rule, regulation, or guidance;

21 (2) authorize, and include specific protocols and  
22 procedures to encourage and enable, residents to engage in  
23 face-to-face, verbal-based, or auditory-based contact,  
24 communication, religious activity, and recreational  
25 activity with other facility residents and with family  
26 members, friends, loved ones, caregivers, and other

1 external support systems, through the use of electronic or  
2 virtual means and methods, including, but not limited to,  
3 computer technology, the Internet, social media,  
4 videoconferencing, videophone, and other innovative  
5 technological means or methods, whenever the resident is  
6 subject to restrictions that limit his or her ability to  
7 engage in in-person contact, communication, religious  
8 activity, or recreational activity as authorized by  
9 paragraph (1);

10 (3) provide for residents of the facility to be given  
11 access to assistive and supportive technology as may be  
12 necessary to facilitate the residents' engagement in  
13 face-to-face, verbal-based, or auditory-based contact,  
14 communication, religious activity, and recreational  
15 activity with other residents, family members, friends,  
16 and other external support systems, through electronic  
17 means, as provided by paragraph (2);

18 (4) include specific administrative policies,  
19 procedures, and protocols governing:

20 (A) the acquisition, maintenance, and replacement  
21 of computers, videoconferencing equipment,  
22 distance-based communications technology, assistive  
23 and supportive technology and devices, and other  
24 technological equipment, accessories, and electronic  
25 licenses as may be necessary to ensure that residents  
26 are able to engage in face-to-face, verbal-based, or

1 auditory-based contact, communication, religious  
2 activity, and recreational activity with other  
3 facility residents and with family members, friends,  
4 loved ones, caregivers, and other external support  
5 systems, through electronic means, in accordance with  
6 the provisions of paragraphs (2) and (3) of this  
7 subsection;

8 (B) the use of environmental barriers and other  
9 controls when the equipment and devices acquired  
10 pursuant to subparagraph (A) are in use, especially in  
11 cases where the equipment or devices are likely to  
12 become contaminated with bodily substances, are  
13 touched frequently with gloved or ungloved hands, or  
14 are difficult to clean; and

15 (C) the regular cleaning and sanitizing of the  
16 equipment and devices acquired pursuant to  
17 subparagraph (A) and any environmental barriers or  
18 other physical controls used in association therewith;

19 (5) require appropriate staff to assess and regularly  
20 reassess the individual needs and preferences of facility  
21 residents with respect to the residents' participation in  
22 social interactions and religious and recreational  
23 activities, including specific protocols and procedures to  
24 ensure that the quantity of devices and equipment  
25 maintained on-site at the facility remains sufficient, at  
26 all times, to meet the assessed social and activity needs

1 and preferences of each facility resident; family members  
2 or caregivers should be considered, as appropriate, in the  
3 assessment and reassessment;

4 (6) require appropriate staff, upon the request of a  
5 resident or the resident's family members, guardian, or  
6 representative to develop an individualized visitation  
7 plan for the resident, which shall:

8 (A) identify the assessed needs and preferences of  
9 the resident and any preferences specified by the  
10 resident's representative, unless a preference  
11 specified by the resident conflicts with a preference  
12 specified by the resident's representative, in which  
13 case the resident's preference shall take priority;

14 (B) address the need for a visitation schedule and  
15 establish a visitation schedule if deemed to be  
16 appropriate;

17 (C) document the long-term care facility's defined  
18 virtual hours of visitation and inform the resident  
19 and the resident's representative that visitation  
20 pursuant to paragraph (2) of subsection (c) will  
21 adhere to the defined visitation hours;

22 (D) describe the location and modalities to be  
23 used in visitation; and

24 (E) describe the respective responsibilities of  
25 staff, visitors, and the resident when engaging in  
26 visitation pursuant to the individualized visitation

1           plan;

2           (7) notify the resident and the resident's  
3 representative that they have the right to request of  
4 facility staff the creation and review of a resident's  
5 individualized visitation plan;

6           (8) include specific policies, protocols, and  
7 procedures governing a resident's requisition, use, and  
8 return of devices and equipment maintained pursuant to  
9 subparagraph (A) of paragraph (4), and require appropriate  
10 staff to communicate those policies, protocols, and  
11 procedures to residents; and

12           (9) designate at least one member of the therapeutic  
13 recreation or activities department, or, if the facility  
14 does not have such a department, designate at least one  
15 senior staff member, as determined by facility management,  
16 to train other appropriate facility employees, including,  
17 but not limited to, activities professionals and  
18 volunteers, social workers, occupational therapists, and  
19 therapy assistants, to provide direct assistance to  
20 residents upon request and on an as-needed basis, as  
21 necessary to ensure that each resident is able to  
22 successfully access and use, for the purposes specified in  
23 paragraphs (2) and (3) of this subsection, the technology,  
24 devices, and equipment acquired pursuant to subparagraph  
25 (A) of paragraph (4).

26           (d) A long-term care facility may apply for civil monetary

1 penalty fund grants and may request other available federal  
2 and State funds to obtain assistive and supportive  
3 technologies and related accessories that would facilitate  
4 communication between residents and other family members,  
5 friends, and external support systems.

6 (e) The Department shall determine whether a long-term  
7 care facility is in compliance with the provisions of this  
8 Section and the policies, protocols, and procedures adopted  
9 pursuant to this Section when conducting an annual licensure  
10 and certification survey, when a complaint is received, or as  
11 frequently as may be necessary to ensure compliance with the  
12 provisions of this Section.

13 In addition to any other applicable penalties provided by  
14 law, a long-term care facility that fails to comply with the  
15 provisions of this Section or properly implement the policies,  
16 protocols, and procedures adopted pursuant to subsection (b)  
17 shall be liable to pay an administrative penalty as a Type "C"  
18 violation, the amount of which shall be determined in  
19 accordance with a schedule established by the Department by  
20 rule. The schedule shall provide for an enhanced  
21 administrative penalty in the case of a repeat or ongoing  
22 violation. Implementation of an administrative penalty as a  
23 Type "C" violation under this subsection shall not be imposed  
24 prior to January 1, 2023.

25 (f) Whenever a complaint received by the Office of State  
26 Long Term Care Ombudsman discloses evidence that a long-term

1 care facility has failed to comply with the provisions of this  
2 Section or to properly implement the policies, protocols, and  
3 procedures adopted pursuant to subsection (b), the Office of  
4 State Long Term Care Ombudsman shall refer the matter to the  
5 Department.

6 (g) This Section does not impact, limit, or constrict a  
7 resident's right to or usage of his or her personal property or  
8 electronic monitoring under Section 2-115.

9 (h) Within 60 days after the effective date of this  
10 amendatory Act of the 102nd General Assembly, the Department  
11 shall adopt any rules necessary to implement the provisions of  
12 this Section. The rules shall include, but need not be limited  
13 to, minimum standards for the social isolation prevention  
14 policies to be adopted pursuant to subsection (b), a penalty  
15 schedule to be used pursuant to subsection (e), and policies  
16 regarding a long-term care facility's Internet access and  
17 subsequent Internet barriers in relation to a resident's  
18 visitation plan pursuant to paragraph (2) of subsection (c).  
19 The Department's rules shall take into account Internet  
20 bandwidth limitations outside of the control of a long-term  
21 care facility.

22 Section 10. The Illinois Administrative Procedure Act is  
23 amended by adding Section 5-45.8 as follows:

24 (5 ILCS 100/5-45.8 new)



1       Sec. 5-45.8. Emergency rulemaking; Nursing Home Care Act.  
2       To provide for the expeditious and timely implementation of  
3       this amendatory Act of the 102nd General Assembly, emergency  
4       rules implementing Section 3-102.3 of the Nursing Home Care  
5       Act may be adopted in accordance with Section 5-45 by the  
6       Department of Public Health. The adoption of emergency rules  
7       authorized by Section 5-45 and this Section is deemed to be  
8       necessary for the public interest, safety, and welfare.

9       This Section is repealed on January 1, 2027.

10       Section 99. Effective date. This Act takes effect upon  
11       becoming law.