



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB5012

Introduced 2/8/2024, by Rep. Lindsey LaPointe

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Assisted Living and Shared Housing Act. Adds provisions concerning involuntary terminations of residency, hearings when residency is involuntarily terminated, and readmission of residents. Provides that an establishment shall notify a resident when the establishment's ability to meet the resident's needs may be affected. Provides that if an establishment initiates a termination of residency, then the resident shall be provided with written notice. Provides that the Department of Public Health shall (rather than may) offer assistance to an establishment and resident in preparation for a residency termination. Provides that an establishment that improperly terminates the residency of a resident shall be assessed a violation. Makes additions to provisions concerning resident rights. Makes other changes. Amends the Nursing Home Care Act. Makes changes to provisions concerning the involuntary transfer or discharge of a resident, hearings when a resident is involuntarily transferred or discharged, and the readmission of residents. Provides that a resident has a right not to be unlawfully transferred or discharged from a facility. Makes other changes. Amends the Assisted Living and Shared Housing Act and the Nursing Home Care Act. Provides that in certain circumstances the Department shall order immediate readmission of a resident. Provides that failure to readmit a resident after receiving an order to do so from the Department shall result in a specified daily fine. Provides that the Department shall adopt rules related to conflicts of interest for persons who conduct specified hearings.

LRB103 36301 CES 66399 b

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 Assisted Living and Shared Housing Act is  
5 amended by changing Sections 10, 15, 75, 80, 90, and 95 as  
6 follows:

7 (210 ILCS 9/10)

8 Sec. 10. Definitions. For purposes of this Act:

9 "Activities of daily living" means eating, dressing,  
10 bathing, toileting, transferring, or personal hygiene.

11 "Assisted living establishment" or "establishment" means a  
12 home, building, residence, or any other place where sleeping  
13 accommodations are provided for at least 3 unrelated adults,  
14 at least 80% of whom are 55 years of age or older and where the  
15 following are provided consistent with the purposes of this  
16 Act:

17 (1) services consistent with a social model that is  
18 based on the premise that the resident's unit in assisted  
19 living and shared housing is his or her own home;

20 (2) community-based residential care for persons who  
21 need assistance with activities of daily living, including  
22 personal, supportive, and intermittent health-related  
23 services available 24 hours per day, if needed, to meet

1 the scheduled and unscheduled needs of a resident;

2 (3) mandatory services, whether provided directly by  
3 the establishment or by another entity arranged for by the  
4 establishment, with the consent of the resident or  
5 resident's representative; and

6 (4) a physical environment that is a homelike setting  
7 that includes the following and such other elements as  
8 established by the Department: individual living units  
9 each of which shall accommodate small kitchen appliances  
10 and contain private bathing, washing, and toilet  
11 facilities, or private washing and toilet facilities with  
12 a common bathing room readily accessible to each resident.  
13 Units shall be maintained for single occupancy except in  
14 cases in which 2 residents choose to share a unit.  
15 Sufficient common space shall exist to permit individual  
16 and group activities.

17 "Assisted living establishment" or "establishment" does  
18 not mean any of the following:

19 (1) A home, institution, or similar place operated by  
20 the federal government or the State of Illinois.

21 (2) A long term care facility licensed under the  
22 Nursing Home Care Act, a facility licensed under the  
23 Specialized Mental Health Rehabilitation Act of 2013, a  
24 facility licensed under the ID/DD Community Care Act, or a  
25 facility licensed under the MC/DD Act. However, a facility  
26 licensed under any of those Acts may convert distinct

1 parts of the facility to assisted living. If the facility  
2 elects to do so, the facility shall retain the Certificate  
3 of Need for its nursing and sheltered care beds that were  
4 converted.

5 (3) A hospital, sanitarium, or other institution, the  
6 principal activity or business of which is the diagnosis,  
7 care, and treatment of human illness and that is required  
8 to be licensed under the Hospital Licensing Act.

9 (4) A facility for child care as defined in the Child  
10 Care Act of 1969.

11 (5) A community living facility as defined in the  
12 Community Living Facilities Licensing Act.

13 (6) A nursing home or sanitarium operated solely by  
14 and for persons who rely exclusively upon treatment by  
15 spiritual means through prayer in accordance with the  
16 creed or tenants of a well-recognized church or religious  
17 denomination.

18 (7) A facility licensed by the Department of Human  
19 Services as a community-integrated living arrangement as  
20 defined in the Community-Integrated Living Arrangements  
21 Licensure and Certification Act.

22 (8) A supportive residence licensed under the  
23 Supportive Residences Licensing Act.

24 (9) The portion of a life care facility as defined in  
25 the Life Care Facilities Act not licensed as an assisted  
26 living establishment under this Act; a life care facility

1           may apply under this Act to convert sections of the  
2           community to assisted living.

3           (10) A free-standing hospice facility licensed under  
4           the Hospice Program Licensing Act.

5           (11) A shared housing establishment.

6           (12) A supportive living facility as described in  
7           Section 5-5.01a of the Illinois Public Aid Code.

8           "Department" means the Department of Public Health.

9           "Director" means the Director of Public Health.

10          "Emergency situation" means imminent danger of death or  
11          serious physical harm to a resident of an establishment.

12          "Involuntary termination of residency" means the full  
13          release of any resident from a facility, without the informed  
14          consent of the resident, freely given and not coerced.

15          "Involuntary termination of residency" includes an assisted  
16          living or shared housing establishment's failure to readmit a  
17          resident following hospitalization, other medical leave, or  
18          other absence from the establishment.

19          "License" means any of the following types of licenses  
20          issued to an applicant or licensee by the Department:

21           (1) "Probationary license" means a license issued to  
22           an applicant or licensee that has not held a license under  
23           this Act prior to its application or pursuant to a license  
24           transfer in accordance with Section 50 of this Act.

25           (2) "Regular license" means a license issued by the  
26           Department to an applicant or licensee that is in

1 substantial compliance with this Act and any rules  
2 promulgated under this Act.

3 "Licensee" means a person, agency, association,  
4 corporation, partnership, or organization that has been issued  
5 a license to operate an assisted living or shared housing  
6 establishment.

7 "Licensed health care professional" means a registered  
8 professional nurse, an advanced practice registered nurse, a  
9 physician assistant, and a licensed practical nurse.

10 "Mandatory services" include the following:

11 (1) 3 meals per day available to the residents  
12 prepared by the establishment or an outside contractor;

13 (2) housekeeping services including, but not limited  
14 to, vacuuming, dusting, and cleaning the resident's unit;

15 (3) personal laundry and linen services available to  
16 the residents provided or arranged for by the  
17 establishment;

18 (4) security provided 24 hours each day including, but  
19 not limited to, locked entrances or building or contract  
20 security personnel;

21 (5) an emergency communication response system, which  
22 is a procedure in place 24 hours each day by which a  
23 resident can notify building management, an emergency  
24 response vendor, or others able to respond to his or her  
25 need for assistance; and

26 (6) assistance with activities of daily living as

1 required by each resident.

2 "Negotiated risk" is the process by which a resident, or  
3 his or her representative, may formally negotiate with  
4 providers what risks each are willing and unwilling to assume  
5 in service provision and the resident's living environment.  
6 The provider assures that the resident and the resident's  
7 representative, if any, are informed of the risks of these  
8 decisions and of the potential consequences of assuming these  
9 risks.

10 "Owner" means the individual, partnership, corporation,  
11 association, or other person who owns an assisted living or  
12 shared housing establishment. In the event an assisted living  
13 or shared housing establishment is operated by a person who  
14 leases or manages the physical plant, which is owned by  
15 another person, "owner" means the person who operates the  
16 assisted living or shared housing establishment, except that  
17 if the person who owns the physical plant is an affiliate of  
18 the person who operates the assisted living or shared housing  
19 establishment and has significant control over the day to day  
20 operations of the assisted living or shared housing  
21 establishment, the person who owns the physical plant shall  
22 incur jointly and severally with the owner all liabilities  
23 imposed on an owner under this Act.

24 "Physician" means a person licensed under the Medical  
25 Practice Act of 1987 to practice medicine in all of its  
26 branches.

1 "Resident" means a person residing in an assisted living  
2 or shared housing establishment.

3 "Resident's representative" means a person, other than the  
4 owner, agent, or employee of an establishment or of the health  
5 care provider unless related to the resident, designated in  
6 writing by a resident or a court to be his or her  
7 representative. This designation may be accomplished through  
8 the Illinois Power of Attorney Act, pursuant to the  
9 guardianship process under the Probate Act of 1975, or  
10 pursuant to an executed designation of representative form  
11 specified by the Department.

12 "Self" means the individual or the individual's designated  
13 representative.

14 "Shared housing establishment" or "establishment" means a  
15 publicly or privately operated free-standing residence for 16  
16 or fewer persons, at least 80% of whom are 55 years of age or  
17 older and who are unrelated to the owners and one manager of  
18 the residence, where the following are provided:

19 (1) services consistent with a social model that is  
20 based on the premise that the resident's unit is his or her  
21 own home;

22 (2) community-based residential care for persons who  
23 need assistance with activities of daily living, including  
24 housing and personal, supportive, and intermittent  
25 health-related services available 24 hours per day, if  
26 needed, to meet the scheduled and unscheduled needs of a



1 resident; and

2 (3) mandatory services, whether provided directly by  
3 the establishment or by another entity arranged for by the  
4 establishment, with the consent of the resident or the  
5 resident's representative.

6 "Shared housing establishment" or "establishment" does not  
7 mean any of the following:

8 (1) A home, institution, or similar place operated by  
9 the federal government or the State of Illinois.

10 (2) A long term care facility licensed under the  
11 Nursing Home Care Act, a facility licensed under the  
12 Specialized Mental Health Rehabilitation Act of 2013, a  
13 facility licensed under the ID/DD Community Care Act, or a  
14 facility licensed under the MC/DD Act. A facility licensed  
15 under any of those Acts may, however, convert sections of  
16 the facility to assisted living. If the facility elects to  
17 do so, the facility shall retain the Certificate of Need  
18 for its nursing beds that were converted.

19 (3) A hospital, sanitarium, or other institution, the  
20 principal activity or business of which is the diagnosis,  
21 care, and treatment of human illness and that is required  
22 to be licensed under the Hospital Licensing Act.

23 (4) A facility for child care as defined in the Child  
24 Care Act of 1969.

25 (5) A community living facility as defined in the  
26 Community Living Facilities Licensing Act.

1           (6) A nursing home or sanitarium operated solely by  
2           and for persons who rely exclusively upon treatment by  
3           spiritual means through prayer in accordance with the  
4           creed or tenants of a well-recognized church or religious  
5           denomination.

6           (7) A facility licensed by the Department of Human  
7           Services as a community-integrated living arrangement as  
8           defined in the Community-Integrated Living Arrangements  
9           Licensure and Certification Act.

10          (8) A supportive residence licensed under the  
11          Supportive Residences Licensing Act.

12          (9) A life care facility as defined in the Life Care  
13          Facilities Act; a life care facility may apply under this  
14          Act to convert sections of the community to assisted  
15          living.

16          (10) A free-standing hospice facility licensed under  
17          the Hospice Program Licensing Act.

18          (11) An assisted living establishment.

19          (12) A supportive living facility as described in  
20          Section 5-5.01a of the Illinois Public Aid Code.

21          "Total assistance" means that staff or another individual  
22          performs the entire activity of daily living without  
23          participation by the resident.

24          (Source: P.A. 99-180, eff. 7-29-15; 100-513, eff. 1-1-18.)

1           Sec. 15. Assessment and service plan requirements. Prior  
2 to admission to any establishment covered by this Act, a  
3 comprehensive assessment that includes an evaluation of the  
4 prospective resident's physical, cognitive, and psychosocial  
5 condition shall be completed. At least annually, a  
6 comprehensive assessment shall be completed, and upon  
7 identification of a significant change in the resident's  
8 condition, including, but not limited to, a diagnosis of  
9 Alzheimer's disease or a related dementia, the resident shall  
10 be reassessed. The Department may by rule specify  
11 circumstances under which more frequent assessments of skin  
12 integrity and nutritional status shall be required. The  
13 comprehensive assessment shall be completed by a physician.  
14 Based on the assessment, the resident's interests and  
15 preferences, dislikes, and any known triggers for behavior  
16 that endangers the resident or others, a written service plan  
17 shall be developed and mutually agreed upon by the provider,  
18 and the resident, and the resident's representative, if any.  
19 The service plan, which shall be reviewed annually, or more  
20 often as the resident's condition, preferences, or service  
21 needs change, shall serve as a basis for the service delivery  
22 contract between the provider and the resident. The resident  
23 and the resident's representative, if any, shall be given a  
24 copy of the most recent assessment; a supplemental assessment,  
25 if any, done by the establishment; and a service plan. Based on  
26 the assessment, the service plan may provide for the

1 disconnection or removal of any appliance.

2 (Source: P.A. 91-656, eff. 1-1-01.)

3 (210 ILCS 9/75)

4 Sec. 75. Residency requirements.

5 (a) No individual shall be accepted for residency or  
6 remain in residence if the establishment cannot provide or  
7 secure appropriate services, if the individual requires a  
8 level of service or type of service for which the  
9 establishment is not licensed or which the establishment does  
10 not provide, or if the establishment does not have the staff  
11 appropriate in numbers and with appropriate skill to provide  
12 such services.

13 (b) Only adults may be accepted for residency.

14 (c) A person shall not be accepted for residency if:

15 (1) the person poses a serious threat to himself or  
16 herself or to others;

17 (2) the person is not able to communicate his or her  
18 needs and no resident representative residing in the  
19 establishment, and with a prior relationship to the  
20 person, has been appointed to direct the provision of  
21 services;

22 (3) the person requires total assistance with 2 or  
23 more activities of daily living;

24 (4) the person requires the assistance of more than  
25 one paid caregiver at any given time with an activity of

1           daily living;

2           (5) the person requires more than minimal assistance  
3           in moving to a safe area in an emergency;

4           (6) the person has a severe mental illness, which for  
5           the purposes of this Section means a condition that is  
6           characterized by the presence of a major mental disorder  
7           as classified in the Diagnostic and Statistical Manual of  
8           Mental Disorders, Fourth Edition (DSM-IV) (American  
9           Psychiatric Association, 1994), where the individual is a  
10          person with a substantial disability due to mental illness  
11          in the areas of self-maintenance, social functioning,  
12          activities of community living and work skills, and the  
13          disability specified is expected to be present for a  
14          period of not less than one year, but does not mean  
15          Alzheimer's disease and other forms of dementia based on  
16          organic or physical disorders;

17          (7) the person requires intravenous therapy or  
18          intravenous feedings unless self-administered or  
19          administered by a qualified, licensed health care  
20          professional;

21          (8) the person requires gastrostomy feedings unless  
22          self-administered or administered by a licensed health  
23          care professional;

24          (9) the person requires insertion, sterile irrigation,  
25          and replacement of catheter, except for routine  
26          maintenance of urinary catheters, unless the catheter care

1 is self-administered or administered by a licensed health  
2 care professional;

3 (10) the person requires sterile wound care unless  
4 care is self-administered or administered by a licensed  
5 health care professional;

6 (11) (blank);

7 (12) the person is a diabetic requiring routine  
8 insulin injections unless the injections are  
9 self-administered or administered by a licensed health  
10 care professional;

11 (13) the person requires treatment of stage 3 or stage  
12 4 decubitus ulcers or exfoliative dermatitis;

13 (14) the person requires 5 or more skilled nursing  
14 visits per week for conditions other than those listed in  
15 items (13) and (15) of this subsection for a period of 3  
16 consecutive weeks or more except when the course of  
17 treatment is expected to extend beyond a 3 week period for  
18 rehabilitative purposes and is certified as temporary by a  
19 physician; or

20 (15) other reasons prescribed by the Department by  
21 rule.

22 (d) A resident with a condition listed in items (1)  
23 through (15) of subsection (c) shall have his or her residency  
24 terminated.

25 (e) Residency shall be terminated when services available  
26 to the resident in the establishment are no longer adequate to

1 meet the needs of the resident. The establishment shall notify  
2 the resident and the resident's representative, if any, when  
3 there is a significant change in the resident's condition that  
4 affects the establishment's ability to meet the resident's  
5 needs. The requirements of subsection (c) of Section 80 shall  
6 then apply. This provision shall not be interpreted as  
7 limiting the authority of the Department to require the  
8 residency termination of individuals.

9 (f) Subsection (d) of this Section shall not apply to  
10 terminally ill residents who receive or would qualify for  
11 hospice care and such care is coordinated by a hospice program  
12 licensed under the Hospice Program Licensing Act or other  
13 licensed health care professional employed by a licensed home  
14 health agency and the establishment and all parties agree to  
15 the continued residency.

16 (g) Items (3), (4), (5), and (9) of subsection (c) shall  
17 not apply to a quadriplegic, paraplegic, or individual with  
18 neuro-muscular diseases, such as muscular dystrophy and  
19 multiple sclerosis, or other chronic diseases and conditions  
20 as defined by rule if the individual is able to communicate his  
21 or her needs and does not require assistance with complex  
22 medical problems, and the establishment is able to accommodate  
23 the individual's needs. The Department shall prescribe rules  
24 pursuant to this Section that address special safety and  
25 service needs of these individuals.

26 (h) For the purposes of items (7) through (10) of

1 subsection (c), a licensed health care professional may not be  
2 employed by the owner or operator of the establishment, its  
3 parent entity, or any other entity with ownership common to  
4 either the owner or operator of the establishment or parent  
5 entity, including but not limited to an affiliate of the owner  
6 or operator of the establishment. Nothing in this Section is  
7 meant to limit a resident's right to choose his or her health  
8 care provider.

9 (i) Subsection (h) is not applicable to residents admitted  
10 to an assisted living establishment under a life care contract  
11 as defined in the Life Care Facilities Act if the life care  
12 facility has both an assisted living establishment and a  
13 skilled nursing facility. A licensed health care professional  
14 providing health-related or supportive services at a life care  
15 assisted living or shared housing establishment must be  
16 employed by an entity licensed by the Department under the  
17 Nursing Home Care Act or the Home Health, Home Services, and  
18 Home Nursing Agency Licensing Act.

19 (Source: P.A. 103-444, eff. 1-1-24.)

20 (210 ILCS 9/80)

21 Sec. 80. Involuntary termination of residency.

22 (a) Residency shall be involuntarily terminated only for  
23 the following reasons:

24 (1) as provided in Section 75 of this Act;

25 (2) nonpayment of contracted charges after the



1 resident and the resident's representative have received a  
2 minimum of 30 days' ~~30 days~~ written notice of the  
3 delinquency and the resident or the resident's  
4 representative has had at least 15 days to cure the  
5 delinquency; or

6 (3) failure to execute a service delivery contract or  
7 to substantially comply with its terms and conditions,  
8 failure to comply with the assessment requirements  
9 contained in Section 15, or failure to substantially  
10 comply with the terms and conditions of the lease  
11 agreement.

12 (b) A 30-day ~~30-day~~ written notice of residency  
13 termination shall be provided to the resident, the resident's  
14 representative, or both, the Department, and the long term  
15 care ombudsman, which shall include the reason for the pending  
16 action, the date of the proposed move, and a notice, the  
17 content and form to be set forth by rule, of the resident's  
18 right to appeal, the steps that the resident or the resident's  
19 representative must take to initiate an appeal, and a  
20 statement of the resident's right to continue to reside in the  
21 establishment until a decision is rendered. The notice shall  
22 include a toll free telephone number to initiate an appeal and  
23 a written hearing request form, together with a postage paid,  
24 pre-addressed envelope to the Department. If the resident or  
25 the resident's representative, if any, cannot read English,  
26 the notice must be provided in a language the individual

1 receiving the notice can read or the establishment must  
2 provide a translator who has been trained to assist the  
3 resident or the resident's representative in the appeal  
4 process. In emergency situations as defined in Section 10 of  
5 this Act, the 30-day provision of the written notice may be  
6 waived.

7 (c) The establishment shall attempt to resolve with the  
8 resident or the resident's representative, if any,  
9 circumstances that if not remedied have the potential of  
10 resulting in an involuntary termination of residency and shall  
11 document those efforts in the resident's file. This action may  
12 occur prior to or during the 30 day notice period, but must  
13 occur prior to the termination of the residency. In emergency  
14 situations as defined in Section 10 of this Act, the  
15 requirements of this subsection may be waived.

16 (d) A request for a hearing shall stay an involuntary  
17 termination of residency until a decision has been rendered by  
18 the Department, according to a process adopted by rule. During  
19 this time period, the establishment may not terminate or  
20 reduce any service without the consent of the resident or the  
21 resident's representative, if any, for the purpose of making  
22 it more difficult or impossible for the resident to remain in  
23 the establishment.

24 (e) The establishment shall offer the resident and the  
25 resident's representative, if any, resident and the resident's  
26 representative, if any, residency termination and relocation

1 assistance including information on available alternative  
2 placement. Residents shall be involved in planning the move  
3 and shall choose among the available alternative placements  
4 except when an emergency situation makes prior resident  
5 involvement impossible. Emergency placements are deemed  
6 temporary until the resident's input can be sought in the  
7 final placement decision. No resident shall be forced to  
8 remain in a temporary or permanent placement.

9 (f) The Department may offer assistance to the  
10 establishment and the resident in the preparation of residency  
11 termination and relocation plans to assure safe and orderly  
12 transition and to protect the resident's health, safety,  
13 welfare, and rights. In nonemergencies, and where possible in  
14 emergencies, the transition plan shall be designed and  
15 implemented in advance of transfer or residency termination.

16 (g) An establishment may not initiate a termination of  
17 residency due to an emergency situation if the establishment  
18 is able to safely care for the resident and (1) a resident has  
19 been hospitalized and the resident's physician states that  
20 returning to the establishment would not create an imminent  
21 danger of death or serious physical harm to a resident; or (2)  
22 the emergency can be negated by changes in staffing,  
23 activities, health care, personal care, or rooming  
24 accommodations, consistent with the license of the  
25 establishment. The Department may not find an establishment to  
26 be in violation of Section 75 of this Act for failing to

1 initiate an emergency discharge in these circumstances.

2 (h) If the Department determines that an involuntary  
3 termination of residency does not meet the requirements of  
4 this Act, the Department shall issue a written decision  
5 stating that the involuntary termination of residency is  
6 denied. If the action of the establishment giving rise to the  
7 request for hearings is the establishment's failure to readmit  
8 the resident following hospitalization, other medical leave of  
9 absence, or other absence, the Department shall order the  
10 immediate readmission of the resident to the establishment.

11 (i) If an order to readmit is entered pursuant to  
12 subsection (h), the establishment shall immediately comply. As  
13 used in this subsection, "comply" means the establishment and  
14 the resident have agreed on a schedule for readmission or the  
15 resident is living in the establishment. If the resident,  
16 resident's representative, a long-term care ombudsman, or any  
17 other individual notifies the Department that the  
18 establishment is not complying with an agreed-upon schedule,  
19 or that the establishment is not complying with the  
20 representation described in subsection (k), a surveyor shall  
21 make an on-site inspection to determine compliance.

22 (j) An establishment that does not readmit a resident  
23 after the Department has ordered readmission shall be assessed  
24 a fine in accordance with a Type 1 violation. Additionally, a  
25 daily fine of \$1,250 beginning on the third day after the  
26 readmission order was issued by the Department shall be

1 assessed. This fine shall be imposed for every day thereafter,  
2 until the establishment notifies the Department that it is in  
3 compliance with the order and a surveyor makes an on-site  
4 inspection to determine if there is compliance or the resident  
5 confirms to the Department that there is compliance, as  
6 defined in subsection (i) of this Section. The establishment  
7 shall be required to submit an acceptable plan of correction  
8 to the Department within 30 days after the violation is  
9 affirmed.

10 (k) Once a notice of appeal is filed, the Department shall  
11 hold a hearing unless the notice of appeal is withdrawn. If the  
12 notice of appeal is withdrawn based upon a representation made  
13 by the establishment to the resident and the Department,  
14 including the hearing officer, that a resident who has been  
15 previously denied readmission will be readmitted, failure to  
16 comply with the representation shall be considered a failure  
17 to comply with a Department order pursuant to subsection (h)  
18 and shall result in the imposition of a fine as provided in  
19 subsection (j) of this Section.

20 (l) A long term care ombudsman may request a hearing on  
21 behalf of a resident and secure representation of a resident  
22 if, in the judgment of the long term care ombudsman, doing so  
23 is in the best interests of the resident and the resident does  
24 not object.

25 (Source: P.A. 91-656, eff. 1-1-01.)

1 (210 ILCS 9/90)

2 Sec. 90. Contents of service delivery contract. A contract  
3 between an establishment and a resident must be entitled  
4 "assisted living establishment contract" or "shared housing  
5 establishment contract" as applicable, shall be printed in no  
6 less than 12 point type, and shall include at least the  
7 following elements in the body or through supporting documents  
8 or attachments:

9 (1) the name, street address, and mailing address of  
10 the establishment;

11 (2) the name and mailing address of the owner or  
12 owners of the establishment and, if the owner or owners  
13 are not natural persons, the type of business entity of  
14 the owner or owners;

15 (3) the name and mailing address of the managing agent  
16 of the establishment, whether hired under a management  
17 agreement or lease agreement, if the managing agent is  
18 different from the owner or owners;

19 (4) the name and address of at least one natural  
20 person who is authorized to accept service on behalf of  
21 the owners and managing agent;

22 (5) a statement describing the license status of the  
23 establishment and the license status of all providers of  
24 health-related or supportive services to a resident under  
25 arrangement with the establishment;

26 (6) the duration of the contract;

1           (7) the base rate to be paid by the resident and a  
2 description of the services to be provided as part of this  
3 rate;

4           (8) a description of any additional services to be  
5 provided for an additional fee by the establishment  
6 directly or by a third party provider under arrangement  
7 with the establishment;

8           (9) the fee schedules outlining the cost of any  
9 additional services;

10          (10) a description of the process through which the  
11 contract may be modified, amended, or terminated;

12          (11) a description of the establishment's complaint  
13 resolution process available to residents and notice of  
14 the availability of the Department on Aging's Senior  
15 Helpline for complaints;

16          (12) the name of the resident's designated  
17 representative, if any;

18          (13) the resident's obligations in order to maintain  
19 residency and receive services including compliance with  
20 all assessments required under Section 15;

21          (14) the billing and payment procedures and  
22 requirements;

23          (15) a statement affirming the resident's freedom to  
24 receive services from service providers with whom the  
25 establishment does not have a contractual arrangement,  
26 which may also disclaim liability on the part of the

1 establishment for those services;

2 (16) a statement that medical assistance under Article  
3 V or Article VI of the Illinois Public Aid Code is not  
4 available for payment for services provided in an  
5 establishment, excluding contracts executed with residents  
6 residing in licensed establishments participating in the  
7 Department on Aging's Comprehensive Care in Residential  
8 Settings Demonstration Project;

9 (17) a statement detailing the admission, risk  
10 management, and residency termination criteria and  
11 procedures;

12 (18) a written explanation, prepared by the Office of  
13 State Long Term Care Ombudsman, statement listing the  
14 rights specified in Sections 80 and Section 95, including  
15 an acknowledgment by the establishment and acknowledging  
16 that, by contracting with the assisted living or shared  
17 housing establishment, the resident does not forfeit those  
18 rights;

19 (19) a statement detailing the Department's annual  
20 on-site review process including what documents contained  
21 in a resident's personal file shall be reviewed by the  
22 on-site reviewer as defined by rule; and

23 (20) a statement outlining whether the establishment  
24 charges a community fee and, if so, the amount of the fee  
25 and whether it is refundable; if the fee is refundable,  
26 the contract must describe the conditions under which it



1 is refundable and how the amount of the refund is  
2 determined.

3 (Source: P.A. 93-775, eff. 1-1-05; 94-256, eff. 7-19-05.)

4 (210 ILCS 9/95)

5 Sec. 95. Resident rights. No resident shall be deprived of  
6 any rights, benefits, or privileges guaranteed by law, the  
7 Constitution of the State of Illinois, or the Constitution of  
8 the United States solely on account of his or her status as a  
9 resident of an establishment, nor shall a resident forfeit any  
10 of the following rights:

11 (1) the right to retain and use personal property and  
12 a place to store personal items that is locked and secure;

13 (2) the right to refuse services and to be advised of  
14 the consequences of that refusal;

15 (3) the right to respect for bodily privacy and  
16 dignity at all times, especially during care and  
17 treatment;

18 (4) the right to the free exercise of religion;

19 (5) the right to privacy with regard to mail, phone  
20 calls, and visitors;

21 (6) the right to uncensored access to the State  
22 Ombudsman or his or her designee;

23 (7) the right to be free of retaliation for  
24 criticizing the establishment or making complaints to  
25 appropriate agencies;

1 (8) the right to be free of chemical and physical  
2 restraints;

3 (9) the right to be free of abuse or neglect or to  
4 refuse to perform labor;

5 (10) the right to confidentiality of the resident's  
6 medical records;

7 (11) the right of access and the right to copy the  
8 resident's personal files maintained by the establishment;

9 (12) the right to 24 hours access to the  
10 establishment;

11 (13) the right to a minimum of 90 days' ~~90-days~~ notice  
12 of a planned establishment closure;

13 (14) the right to a minimum of 30 days' ~~30-days~~ notice  
14 of an involuntary residency termination, except where the  
15 resident poses a threat to himself or others, or in other  
16 emergency situations, and the right to appeal such  
17 termination; if an establishment withdraws a notice of  
18 involuntary termination of residency, then the resident  
19 has the right to maintain residency at the establishment;

20 ~~and~~

21 (15) the right to a 30-day notice of delinquency and  
22 at least 15 days right to cure delinquency;~~i-~~

23 (16) the right to not be unlawfully transferred or  
24 discharged;

25 (17) the right to retain residency during any hospital  
26 stay totaling 10 days or less following a hospital

1           admission; and  
2           (18) the right not to be charged for any period during  
3           which the resident was unlawfully denied residency.  
4           (Source: P.A. 91-656, eff. 1-1-01.)

5           Section 10. The Nursing Home Care Act is amended by  
6           changing Sections 1-111, 1-114.005, 1-128, 2-104, 2-111,  
7           3-401, 3-401.1, 3-402, 3-404, 3-405, 3-410, 3-411, and 3-413  
8           and by adding Sections 3-305.6 and 3-413.1 as follows:

9           (210 ILCS 45/1-111) (from Ch. 111 1/2, par. 4151-111)  
10          Sec. 1-111. "Discharge" means the full release of any  
11          resident from a facility. "Discharge" includes a nursing  
12          facility's failure to readmit following hospitalization, other  
13          medical leave, or other absence.  
14          (Source: P.A. 81-223.)

15          (210 ILCS 45/1-114.005)  
16          Sec. 1-114.005. High risk designation. "High risk  
17          designation" means a violation of a provision of the Illinois  
18          Administrative Code or statute that has been identified by the  
19          Department through rulemaking or designated in statute to be  
20          inherently necessary to protect the health, safety, and  
21          welfare of a resident. "High risk designation" includes an  
22          unlawful discharge of a resident.  
23          (Source: P.A. 96-1372, eff. 7-29-10.)

1 (210 ILCS 45/1-128) (from Ch. 111 1/2, par. 4151-128)

2 Sec. 1-128. "Transfer" means a change in status of a  
3 resident's living arrangements from one facility to another  
4 facility. "Transfer" includes a nursing facility's failure to  
5 readmit a resident following hospitalization, other medical  
6 leave, or other absence, resulting in the resident being moved  
7 to another institutional setting.

8 (Source: P.A. 81-223.)

9 (210 ILCS 45/2-104) (from Ch. 111 1/2, par. 4152-104)

10 Sec. 2-104. (a) A resident shall be permitted to retain  
11 the services of his own personal physician at his own expense  
12 or under an individual or group plan of health insurance, or  
13 under any public or private assistance program providing such  
14 coverage. However, the facility is not liable for the  
15 negligence of any such personal physician. Every resident  
16 shall be permitted to obtain from his own physician or the  
17 physician attached to the facility complete and current  
18 information concerning his medical diagnosis, treatment and  
19 prognosis in terms and language the resident can reasonably be  
20 expected to understand. Every resident shall be permitted to  
21 participate in the planning of his total care and medical  
22 treatment to the extent that his condition permits. No  
23 resident shall be subjected to experimental research or  
24 treatment without first obtaining his informed, written

1 consent. The conduct of any experimental research or treatment  
2 shall be authorized and monitored by an institutional review  
3 board appointed by the Director. The membership, operating  
4 procedures and review criteria for the institutional review  
5 board shall be prescribed under rules and regulations of the  
6 Department and shall comply with the requirements for  
7 institutional review boards established by the federal Food  
8 and Drug Administration. No person who has received  
9 compensation in the prior 3 years from an entity that  
10 manufactures, distributes, or sells pharmaceuticals,  
11 biologics, or medical devices may serve on the institutional  
12 review board.

13 The institutional review board may approve only research  
14 or treatment that meets the standards of the federal Food and  
15 Drug Administration with respect to (i) the protection of  
16 human subjects and (ii) financial disclosure by clinical  
17 investigators. The Office of State Long Term Care Ombudsman  
18 and the State Protection and Advocacy organization shall be  
19 given an opportunity to comment on any request for approval  
20 before the board makes a decision. Those entities shall not be  
21 provided information that would allow a potential human  
22 subject to be individually identified, unless the board asks  
23 the Ombudsman for help in securing information from or about  
24 the resident. The board shall require frequent reporting of  
25 the progress of the approved research or treatment and its  
26 impact on residents, including immediate reporting of any

1 adverse impact to the resident, the resident's representative,  
2 the Office of the State Long Term Care Ombudsman, and the State  
3 Protection and Advocacy organization. The board may not  
4 approve any retrospective study of the records of any resident  
5 about the safety or efficacy of any care or treatment if the  
6 resident was under the care of the proposed researcher or a  
7 business associate when the care or treatment was given,  
8 unless the study is under the control of a researcher without  
9 any business relationship to any person or entity who could  
10 benefit from the findings of the study.

11 No facility shall permit experimental research or  
12 treatment to be conducted on a resident, or give access to any  
13 person or person's records for a retrospective study about the  
14 safety or efficacy of any care or treatment, without the prior  
15 written approval of the institutional review board. No nursing  
16 home administrator, or person licensed by the State to provide  
17 medical care or treatment to any person, may assist or  
18 participate in any experimental research on or treatment of a  
19 resident, including a retrospective study, that does not have  
20 the prior written approval of the board. Such conduct shall be  
21 grounds for professional discipline by the Department of  
22 Financial and Professional Regulation.

23 The institutional review board may exempt from ongoing  
24 review research or treatment initiated on a resident before  
25 the individual's admission to a facility and for which the  
26 board determines there is adequate ongoing oversight by

1 another institutional review board. Nothing in this Section  
2 shall prevent a facility, any facility employee, or any other  
3 person from assisting or participating in any experimental  
4 research on or treatment of a resident, if the research or  
5 treatment began before the person's admission to a facility,  
6 until the board has reviewed the research or treatment and  
7 decided to grant or deny approval or to exempt the research or  
8 treatment from ongoing review.

9 The institutional review board requirements of this  
10 subsection (a) do not apply to investigational drugs,  
11 biological products, or devices used by a resident with a  
12 terminal illness as set forth in the Right to Try Act.

13 (b) All medical treatment and procedures shall be  
14 administered as ordered by a physician. All new physician  
15 orders shall be reviewed by the facility's director of nursing  
16 or charge nurse designee within 24 hours after such orders  
17 have been issued to assure facility compliance with such  
18 orders.

19 All physician's orders and plans of treatment shall have  
20 the authentication of the physician. For the purposes of this  
21 subsection (b), "authentication" means an original written  
22 signature or an electronic signature system that allows for  
23 the verification of a signer's credentials. A stamp signature,  
24 with or without initials, is not sufficient.

25 According to rules adopted by the Department, every woman  
26 resident of child-bearing age shall receive routine

1 obstetrical and gynecological evaluations as well as necessary  
2 prenatal care.

3 (c) Every resident shall be permitted to refuse medical  
4 treatment and to know the consequences of such action, unless  
5 such refusal would be harmful to the health and safety of  
6 others and such harm is documented by a physician in the  
7 resident's clinical record. The resident's refusal shall free  
8 the facility from the obligation to provide the treatment. If  
9 a resident's refusal of treatment does not endanger other  
10 residents or staff, then the refusal of treatment is not  
11 grounds for discharge.

12 (d) Every resident, resident's guardian, or parent if the  
13 resident is a minor shall be permitted to inspect and copy all  
14 his clinical and other records concerning his care and  
15 maintenance kept by the facility or by his physician. The  
16 facility may charge a reasonable fee for duplication of a  
17 record.

18 (Source: P.A. 99-270, eff. 1-1-16.)

19 (210 ILCS 45/2-111) (from Ch. 111 1/2, par. 4152-111)

20 Sec. 2-111. A resident shall not be transferred or  
21 discharged in violation of this Act. A resident may not be  
22 charged for any period during which the resident was  
23 unlawfully denied the right to reside in a facility. A  
24 resident may be discharged from a facility after he gives the  
25 administrator, a physician, or a nurse of the facility written



1 notice of his desire to be discharged. If a guardian has been  
2 appointed for a resident or if the resident is a minor, the  
3 resident shall be discharged upon written consent of his  
4 guardian or if the resident is a minor, his parent unless there  
5 is a court order to the contrary. In such cases, upon the  
6 resident's discharge, the facility is relieved from any  
7 responsibility for the resident's care, safety or well-being.  
8 A resident has the right to not be unlawfully transferred or  
9 discharged. An unlawful transfer or discharge is, at minimum,  
10 a Type A violation.

11 (Source: P.A. 81-223.)

12 (210 ILCS 45/3-305.6 new)

13 Sec. 3-305.6. Failure to readmit a resident. A facility  
14 that fails to comply with an order of the Department to readmit  
15 a resident who wishes to return to the facility and is  
16 appropriate for that level of care, shall be assessed a fine in  
17 accordance with a Type A violation. Additionally, a daily fine  
18 of \$1,250 beginning on the third day after the readmission  
19 order was issued by the Department shall be assessed. This  
20 fine shall be imposed for every day thereafter, until the  
21 facility notifies the Department that it is in compliance with  
22 the order and a surveyor conducts an on-site inspection that  
23 confirms compliance or the resident or resident's  
24 representative confirms to the Department in writing that  
25 there is compliance.

1       As used in this Section, "compliance with the order" means  
2       a resident is living in a facility, or a facility and a  
3       resident have agreed on a schedule for readmission. If a  
4       resident subsequently notifies the Department that a facility  
5       is not complying with an agreed-upon schedule, a surveyor  
6       shall make an on-site inspection to determine compliance.

7           (210 ILCS 45/3-401) (from Ch. 111 1/2, par. 4153-401)

8           Sec. 3-401. A facility may involuntarily transfer or  
9       discharge a resident only for one or more of the following  
10      reasons:

11           (a) the facility is unable to meet the medical needs  
12           of the resident, as documented in the resident's clinical  
13           record by the resident's physician for medical reasons ~~for~~  
14           ~~medical reasons;~~

15           (b) for the resident's physical safety;

16           (c) for the physical safety of other residents, the  
17       facility staff or facility visitors; or

18           (d) for either late payment or nonpayment for the  
19       resident's stay, except as prohibited by Titles XVIII and  
20       XIX of the federal Social Security Act. For purposes of  
21       this Section, "late payment" means non-receipt of payment  
22       after submission of a bill. If payment is not received  
23       within 45 days after submission of a bill, a facility may  
24       send a notice to the resident and responsible party  
25       requesting payment within 30 days. If payment is not

1 received within such 30 days, the facility may thereupon  
2 institute transfer or discharge proceedings by sending a  
3 notice of transfer or discharge to the resident and  
4 responsible party by registered or certified mail. The  
5 notice shall state, in addition to the requirements of  
6 Section 3-403 of this Act, that the responsible party has  
7 the right to pay the amount of the bill in full up to the  
8 date the transfer or discharge is to be made and then the  
9 resident shall have the right to remain in the facility.  
10 Such payment shall terminate the transfer or discharge  
11 proceedings. This subsection does not apply to those  
12 residents whose care is provided for under the Illinois  
13 Public Aid Code. The Department shall adopt rules setting  
14 forth the criteria and procedures to be applied in cases  
15 of involuntary transfer or discharge permitted under this  
16 Section.

17 In nonemergency situations, prior to issuing the notice of  
18 transfer or discharge of a resident under subsection (a), (b),  
19 or (c) of this Section, an attending physician shall conduct  
20 an in-person assessment and provide an explanation that in the  
21 physician's medical opinion, the safety threshold under the  
22 Act and the federal regulations has or has not been breached  
23 with the findings documented in the resident's clinical  
24 record. When the resident has the resident's own physician,  
25 that physician and not a physician working for the facility  
26 should be the physician that conducts the in-person assessment

1 of the resident. In the absence of other bases for transfer or  
2 discharge in this Section, unless it has complied with the  
3 prior notice and other procedural requirements of this Act, a  
4 facility may not refuse to readmit a resident following a  
5 medical leave of absence if the resident's need for care does  
6 not exceed the provisions of the facility's license.

7 (Source: P.A. 91-357, eff. 7-29-99.)

8 (210 ILCS 45/3-401.1) (from Ch. 111 1/2, par. 4153-401.1)

9 Sec. 3-401.1. (a) A facility participating in the Medical  
10 Assistance Program is prohibited from failing or refusing to  
11 retain as a resident any person because he or she is a  
12 recipient of or an applicant for the Medical Assistance  
13 Program. A resident who is in the process of appealing the  
14 denial of his or her application for the Medical Assistance  
15 Program is considered to be a Medicaid applicant under this  
16 Section.

17 (a-5) After the effective date of this amendatory Act of  
18 1997, a facility of which only a distinct part is certified to  
19 participate in the Medical Assistance Program may refuse to  
20 retain as a resident any person who resides in a part of the  
21 facility that does not participate in the Medical Assistance  
22 Program and who is unable to pay for his or her care in the  
23 facility without Medical Assistance only if:

24 (1) the facility, no later than at the time of  
25 admission and at the time of the resident's contract

1 renewal, explains to the resident (unless he or she is  
2 incompetent), and to the resident's representative, and to  
3 the person making payment on behalf of the resident for  
4 the resident's stay, in writing, that the facility may  
5 discharge the resident if the resident is no longer able  
6 to pay for his or her care in the facility without Medical  
7 Assistance;

8 (2) the resident (unless he or she is incompetent),  
9 the resident's representative, and the person making  
10 payment on behalf of the resident for the resident's stay,  
11 acknowledge in writing that they have received the written  
12 explanation.

13 (a-10) For the purposes of this Section, a recipient or  
14 applicant shall be considered a resident in the facility  
15 during any hospital stay totaling 10 days or less following a  
16 hospital admission. The Department of Healthcare and Family  
17 Services shall recoup funds from a facility when, as a result  
18 of the facility's refusal to readmit a recipient after  
19 hospitalization for 10 days or less, the recipient incurs  
20 hospital bills in an amount greater than the amount that would  
21 have been paid by that Department (formerly the Illinois  
22 Department of Public Aid) for care of the recipient in the  
23 facility. The amount of the recoupment shall be the difference  
24 between the Department of Healthcare and Family Services'  
25 (formerly the Illinois Department of Public Aid's) payment for  
26 hospital care and the amount that Department would have paid

1 for care in the facility.

2 (b) A facility which violates this Section shall be guilty  
3 of a business offense and fined not less than \$500 nor more  
4 than \$1,000 for the first offense and not less than \$1,000 nor  
5 more than \$5,000 for each subsequent offense.

6 (Source: P.A. 95-331, eff. 8-21-07.)

7 (210 ILCS 45/3-402) (from Ch. 111 1/2, par. 4153-402)

8 Sec. 3-402. Involuntary transfer or discharge of a  
9 resident from a facility shall be preceded by the discussion  
10 required under Section 3-408 and by a minimum written notice  
11 of 30 ~~21~~ days, except in one of the following instances:

12 (a) When the resident's attending physician has completed  
13 an assessment and determines the resident should be discharged  
14 because of the resident's health care needs, an emergency  
15 discharge may be ordered. ~~When an emergency transfer or~~  
16 ~~discharge is ordered by the resident's attending physician~~  
17 ~~because of the resident's health care needs. The State Long~~  
18 ~~Term Care Ombudsman shall be notified at the time of the~~  
19 ~~emergency transfer or discharge.~~

20 (b) When the transfer or discharge is mandated by the  
21 physical safety of other residents, the facility staff, or  
22 facility visitors, as documented in the clinical record. The  
23 Department, the Office of State Long Term Care Ombudsman, and  
24 the resident's managed care organization, if applicable, and  
25 the State Long Term Care Ombudsman shall be notified prior to

1 any such involuntary transfer or discharge. The Department  
2 shall immediately offer transfer, or discharge and relocation  
3 assistance to residents transferred or discharged under this  
4 subparagraph (b), and the Department may place relocation  
5 teams as provided in Section 3-419 of this Act.

6 (c) When an identified offender is within the provisional  
7 admission period defined in Section 1-120.3. If the Identified  
8 Offender Report and Recommendation prepared under Section  
9 2-201.6 shows that the identified offender poses a serious  
10 threat or danger to the physical safety of other residents,  
11 the facility staff, or facility visitors in the admitting  
12 facility and the facility determines that it is unable to  
13 provide a safe environment for the other residents, the  
14 facility staff, or facility visitors, the facility shall  
15 transfer or discharge the identified offender within 3 days  
16 after its receipt of the Identified Offender Report and  
17 Recommendation.

18 (Source: P.A. 103-320, eff. 1-1-24.)

19 (210 ILCS 45/3-404) (from Ch. 111 1/2, par. 4153-404)

20 Sec. 3-404. A request for a hearing made under Section  
21 3-403 shall stay a transfer or discharge pending a hearing or  
22 appeal of the decision, unless a condition which would have  
23 allowed transfer or discharge in less than 30 ~~21~~ days as  
24 described under paragraphs (a) and (b) of Section 3-402  
25 develops in the interim.

1 (Source: P.A. 81-223.)

2 (210 ILCS 45/3-405) (from Ch. 111 1/2, par. 4153-405)

3 Sec. 3-405. A copy of the notice required by Section 3-402  
4 shall be placed in the resident's clinical record and a copy  
5 shall be transmitted to the Department, the State Long Term  
6 Care Ombudsman, the resident, ~~and~~ the resident's  
7 representative, if any, the resident's managed care  
8 organization, if applicable, and the Office of State Long Term  
9 Care Ombudsman.

10 (Source: P.A. 103-320, eff. 1-1-24.)

11 (210 ILCS 45/3-410) (from Ch. 111 1/2, par. 4153-410)

12 Sec. 3-410. A resident subject to involuntary transfer or  
13 discharge from a facility, the resident's guardian or if the  
14 resident is a minor, his parent shall have the opportunity to  
15 file a request for a hearing with the Department within 10 days  
16 following receipt of the written notice of the involuntary  
17 transfer or discharge by the facility. A long term care  
18 ombudsman may request a hearing on behalf of the resident, and  
19 secure representation for the resident, if, in the judgment of  
20 the long term care ombudsman, doing so is in the best interests  
21 of the resident, and the resident does not object.

22 (Source: P.A. 81-223.)

23 (210 ILCS 45/3-411) (from Ch. 111 1/2, par. 4153-411)



1           Sec. 3-411. The Department of Public Health, when the  
2 basis for involuntary transfer or discharge is other than  
3 action by the Department of Healthcare and Family Services  
4 (formerly Department of Public Aid) with respect to the Title  
5 XIX Medicaid recipient, shall hold a hearing at the resident's  
6 facility not later than 10 days after a hearing request is  
7 filed, and render a decision within 14 days after the filing of  
8 the hearing request. The Department has continuing  
9 jurisdiction over the transfer or discharge irrespective of  
10 the timing of the hearing and decision. Once a request for a  
11 hearing is filed, the Department shall hold a hearing unless  
12 the request is withdrawn by the resident. If the request for a  
13 hearing is withdrawn based upon a representation made by the  
14 facility to the resident and the Department, including the  
15 hearing officer, that a resident who has been denied  
16 readmission will be readmitted, and the resident or resident  
17 representative notifies the Department that the facility is  
18 still denying readmission, failure to readmit is considered  
19 failure to comply with a Department order to readmit pursuant  
20 to Section 3-305.6, including the imposition of a daily fine  
21 under Section 3-305.6.

22           (Source: P.A. 95-331, eff. 8-21-07.)

23           (210 ILCS 45/3-413) (from Ch. 111 1/2, par. 4153-413)

24           Sec. 3-413. If the Department determines that a transfer  
25 or discharge is authorized under Section 3-401, the resident

1 shall not be required to leave the facility before the 34th day  
2 following receipt of the notice required under Section 3-402,  
3 or the 10th day following receipt of the Department's  
4 decision, whichever is later, unless a condition which would  
5 have allowed transfer or discharge in less than 30 ~~21~~ days as  
6 described under paragraphs (a) and (b) of Section 3-402  
7 develops in the interim. The Department maintains jurisdiction  
8 over the transfer or discharge irrespective of the timing of  
9 the notice and discharge.

10 (Source: P.A. 81-223.)

11 (210 ILCS 45/3-413.1 new)

12 Sec. 3-413.1. Denial of transfer or discharge. If the  
13 Department determines that a transfer or discharge is not  
14 authorized under Section 3-401, then the Department shall  
15 issue a written decision stating that the transfer or  
16 discharge is denied. If the action of the facility giving rise  
17 to the request for hearings is the facility's failure to  
18 readmit the resident following hospitalization, other medical  
19 leave of absence, or other absence, then the Department shall  
20 order the immediate readmission of the resident to the  
21 facility. The facility shall comply with the order  
22 immediately. A surveyor shall make an on-site inspection of  
23 the facility's compliance with the order unless the resident  
24 or resident representative notifies the Department in writing  
25 that there is compliance.

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