



Sen. Kimberly A. Lightford

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10300HB5151sam002

LRB103 36857 LNS 74163 a

1 AMENDMENT TO HOUSE BILL 5151

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5151, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

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

8 (210 ILCS 9/10)

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

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

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

1 Act:

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

5 (2) community-based residential care for persons who  
6 need assistance with activities of daily living, including  
7 personal, supportive, and intermittent health-related  
8 services available 24 hours per day, if needed, to meet  
9 the scheduled and unscheduled needs of a resident;

10 (3) mandatory services, whether provided directly by  
11 the establishment or by another entity arranged for by the  
12 establishment, with the consent of the resident or  
13 resident's representative; and

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

25 "Assisted living establishment" or "establishment" does  
26 not mean any of the following:

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

3           (2) A long term care facility licensed under the  
4 Nursing Home Care Act, a facility licensed under the  
5 Specialized Mental Health Rehabilitation Act of 2013, a  
6 facility licensed under the ID/DD Community Care Act, or a  
7 facility licensed under the MC/DD Act. However, a facility  
8 licensed under any of those Acts may convert distinct  
9 parts of the facility to assisted living. If the facility  
10 elects to do so, the facility shall retain the Certificate  
11 of Need for its nursing and sheltered care beds that were  
12 converted.

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

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

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

21           (6) A nursing home or sanitarium operated solely by  
22 and for persons who rely exclusively upon treatment by  
23 spiritual means through prayer in accordance with the  
24 creed or tenants of a well-recognized church or religious  
25 denomination.

26           (7) A facility licensed by the Department of Human

1 Services as a community-integrated living arrangement as  
2 defined in the Community-Integrated Living Arrangements  
3 Licensure and Certification Act.

4 (8) A supportive residence licensed under the  
5 Supportive Residences Licensing Act.

6 (9) The portion of a life care facility as defined in  
7 the Life Care Facilities Act not licensed as an assisted  
8 living establishment under this Act; a life care facility  
9 may apply under this Act to convert sections of the  
10 community to assisted living.

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

13 (11) A shared housing establishment.

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

16 "Department" means the Department of Public Health.

17 "Director" means the Director of Public Health.

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

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

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

26 (2) "Regular license" means a license issued by the

1 Department to an applicant or licensee that is in  
2 substantial compliance with this Act and any rules  
3 promulgated under this Act.

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

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

11 "Mandatory services" include the following:

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

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

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

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

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

1           (6) assistance with activities of daily living as  
2           required by each resident.

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

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

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

1 branches.

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

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

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

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

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

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

1 needed, to meet the scheduled and unscheduled needs of a  
2 resident; and

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

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

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

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

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

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

26 (5) A community living facility as defined in the



1 Community Living Facilities Licensing Act.

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

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

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

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

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

19 (11) An assisted living establishment.

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

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

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

1 (210 ILCS 9/15)

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

1 establishment; and a service plan. Based on the assessment,  
2 the service plan may provide for the disconnection or removal  
3 of any appliance.

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

5 (210 ILCS 9/75)

6 Sec. 75. Residency requirements.

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

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

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

17 (1) the person poses a serious threat to himself or  
18 herself or to others;

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

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

1           (4) the person requires the assistance of more than  
2 one paid caregiver at any given time with an activity of  
3 daily living;

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

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

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

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

26           (9) the person requires insertion, sterile irrigation,

1 and replacement of catheter, except for routine  
2 maintenance of urinary catheters, unless the catheter care  
3 is self-administered or administered by a licensed health  
4 care professional;

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

8 (11) (blank);

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

13 (13) the person requires treatment of stage 3 or stage  
14 4 decubitus ulcers or exfoliative dermatitis;

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

22 (15) other reasons prescribed by the Department by  
23 rule.

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

1 (e) Residency shall be terminated when services available  
2 to the resident in the establishment are no longer adequate to  
3 meet the needs of the resident. The establishment shall notify  
4 the resident and the resident's representative, if any, when  
5 there is a significant change in the resident's condition that  
6 affects the establishment's ability to meet the resident's  
7 needs. The requirements of subsection (c) of Section 80 shall  
8 then apply. This provision shall not be interpreted as  
9 limiting the authority of the Department to require the  
10 residency termination of individuals.

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

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

1 service needs of these individuals.

2 (h) For the purposes of items (7) through (10) of  
3 subsection (c), a licensed health care professional may not be  
4 employed by the owner or operator of the establishment, its  
5 parent entity, or any other entity with ownership common to  
6 either the owner or operator of the establishment or parent  
7 entity, including but not limited to an affiliate of the owner  
8 or operator of the establishment. Nothing in this Section is  
9 meant to limit a resident's right to choose his or her health  
10 care provider.

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

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

22 (210 ILCS 9/80)

23 Sec. 80. Involuntary termination of residency.

24 (a) Residency shall be involuntarily terminated only for  
25 the following reasons:

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

2 (2) nonpayment of contracted charges after the  
3 resident and the resident's representative have received a  
4 minimum of 30 days' ~~30 days~~ written notice of the  
5 delinquency and the resident or the resident's  
6 representative has had at least 15 days to cure the  
7 delinquency; or

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

14 (b) A 30-day ~~30-day~~ written notice of residency  
15 termination shall be provided to the resident, the resident's  
16 representative, or both, the Department, and the long term  
17 care ombudsman, which shall include the reason for the pending  
18 action, the date of the proposed move, and a notice, the  
19 content and form to be set forth by rule, of the resident's  
20 right to appeal, the steps that the resident or the resident's  
21 representative must take to initiate an appeal, and a  
22 statement of the resident's right to continue to reside in the  
23 establishment until a decision is rendered. The notice shall  
24 include a toll free telephone number to initiate an appeal and  
25 a written hearing request form, together with a postage paid,  
26 pre-addressed envelope to the Department. If the resident or



1 the resident's representative, if any, cannot read English,  
2 the notice must be provided in a language the individual  
3 receiving the notice can read or the establishment must  
4 provide a translator who has been trained to assist the  
5 resident or the resident's representative in the appeal  
6 process. In emergency situations as defined in Section 10 of  
7 this Act, the 30-day provision of the written notice may be  
8 waived.

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

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

26 (e) The establishment shall offer the resident and the

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

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

17 (g) An establishment may not initiate a termination of  
18 residency due to an emergency situation if the establishment  
19 is able to safely care for the resident and (1) the resident  
20 has been hospitalized and the resident's physician, the  
21 establishment's manager, and the establishment's director of  
22 nursing state that returning to the establishment would not  
23 create an imminent danger of death or serious physical harm to  
24 the resident; or (2) the emergency can be negated by changes in  
25 activities, health care, personal care, or available rooming  
26 accommodations, consistent with the license and services of

1 the establishment. The Department may not find an  
2 establishment to be in violation of Section 75 of this Act for  
3 failing to initiate an emergency discharge in these  
4 circumstances.

5 (h) If the Department determines that an involuntary  
6 termination of residency does not meet the requirements of  
7 this Act, the Department shall issue a written decision  
8 stating that the involuntary termination of residency is  
9 denied. If the action of the establishment giving rise to the  
10 request for hearings is the establishment's failure to readmit  
11 the resident following hospitalization, other medical leave of  
12 absence, or other absence, the Department shall order the  
13 immediate readmission of the resident to the establishment  
14 unless a condition which would have allowed transfer or  
15 discharge develops within that timeframe.

16 (i) If an order to readmit is entered pursuant to  
17 subsection (h), the establishment shall immediately comply. As  
18 used in this subsection, "comply" means the establishment and  
19 the resident have agreed on a schedule for readmission or the  
20 resident is living in the establishment.

21 (j) An establishment that does not readmit a resident  
22 after the Department has ordered readmission shall be assessed  
23 a fine. The establishment shall be required to submit an  
24 acceptable plan of correction to the Department within 30 days  
25 after the violation is affirmed.

26 (k) Once a notice of appeal is filed, the Department shall

1 hold a hearing unless the notice of appeal is withdrawn. If the  
2 notice of appeal is withdrawn based upon a representation made  
3 by the establishment to the resident and the Department,  
4 including the hearing officer, that a resident who has been  
5 previously denied readmission will be readmitted, failure to  
6 comply with the representation shall be considered a failure  
7 to comply with a Department order pursuant to subsection (h)  
8 and shall result in the imposition of a fine as provided in  
9 subsection (j) of this Section.

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

11 (210 ILCS 9/90)

12 Sec. 90. Contents of service delivery contract. A contract  
13 between an establishment and a resident must be entitled  
14 "assisted living establishment contract" or "shared housing  
15 establishment contract" as applicable, shall be printed in no  
16 less than 12 point type, and shall include at least the  
17 following elements in the body or through supporting documents  
18 or attachments:

19 (1) the name, street address, and mailing address of  
20 the establishment;

21 (2) the name and mailing address of the owner or  
22 owners of the establishment and, if the owner or owners  
23 are not natural persons, the type of business entity of  
24 the owner or owners;

25 (3) the name and mailing address of the managing agent

1 of the establishment, whether hired under a management  
2 agreement or lease agreement, if the managing agent is  
3 different from the owner or owners;

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

7 (5) a statement describing the license status of the  
8 establishment and the license status of all providers of  
9 health-related or supportive services to a resident under  
10 arrangement with the establishment;

11 (6) the duration of the contract;

12 (7) the base rate to be paid by the resident and a  
13 description of the services to be provided as part of this  
14 rate;

15 (8) a description of any additional services to be  
16 provided for an additional fee by the establishment  
17 directly or by a third party provider under arrangement  
18 with the establishment;

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

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

23 (11) a description of the establishment's complaint  
24 resolution process available to residents and notice of  
25 the availability of the Department on Aging's Senior  
26 Helpline for complaints;

1           (12) the name of the resident's designated  
2 representative, if any;

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

6           (14) the billing and payment procedures and  
7 requirements;

8           (15) a statement affirming the resident's freedom to  
9 receive services from service providers with whom the  
10 establishment does not have a contractual arrangement,  
11 which may also disclaim liability on the part of the  
12 establishment for those services;

13           (16) a statement that medical assistance under Article  
14 V or Article VI of the Illinois Public Aid Code is not  
15 available for payment for services provided in an  
16 establishment, excluding contracts executed with residents  
17 residing in licensed establishments participating in the  
18 Department on Aging's Comprehensive Care in Residential  
19 Settings Demonstration Project;

20           (17) a statement detailing the admission, risk  
21 management, and residency termination criteria and  
22 procedures;

23           (18) a written explanation, prepared by the Office of  
24 State Long Term Care Ombudsman, ~~statement~~ listing the  
25 rights specified in Sections 80 and Section 95, including  
26 an acknowledgment by the establishment and acknowledging

1 that, by contracting with the assisted living or shared  
2 housing establishment, the resident does not forfeit those  
3 rights;

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

8 (20) a statement outlining whether the establishment  
9 charges a community fee and, if so, the amount of the fee  
10 and whether it is refundable; if the fee is refundable,  
11 the contract must describe the conditions under which it  
12 is refundable and how the amount of the refund is  
13 determined.

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

15 (210 ILCS 9/95)

16 Sec. 95. Resident rights. No resident shall be deprived of  
17 any rights, benefits, or privileges guaranteed by law, the  
18 Constitution of the State of Illinois, or the Constitution of  
19 the United States solely on account of his or her status as a  
20 resident of an establishment, nor shall a resident forfeit any  
21 of the following rights:

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

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

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

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

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

7           (6) the right to uncensored access to the State  
8 Ombudsman or his or her designee;

9           (7) the right to be free of retaliation for  
10 criticizing the establishment or making complaints to  
11 appropriate agencies;

12           (8) the right to be free of chemical and physical  
13 restraints;

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

16           (10) the right to confidentiality of the resident's  
17 medical records;

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

20           (12) the right to 24 hours access to the  
21 establishment;

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

24           (14) the right to a minimum of 30 days' ~~30-days~~ notice  
25 of an involuntary residency termination, except where the  
26 resident poses a threat to himself or others, or in other



1 emergency situations, and the right to appeal such  
2 termination; if an establishment withdraws a notice of  
3 involuntary termination of residency, then the resident  
4 has the right to maintain residency at the establishment;  
5 ~~and~~

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

8 (16) the right to not be unlawfully transferred or  
9 discharged.

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

11 Section 10. The Nursing Home Care Act is amended by  
12 changing Sections 1-114.005, 2-111, 3-401, 3-402, 3-404,  
13 3-405, 3-411, and 3-413 and by adding Sections 3-305.6,  
14 3-305.7, and 3-413.1 as follows:

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.

22 (Source: P.A. 96-1372, eff. 7-29-10.)

23 (210 ILCS 45/2-111) (from Ch. 111 1/2, par. 4152-111)

1           Sec. 2-111. A resident shall not be transferred or  
2 discharged in violation of this Act. A resident may be  
3 discharged from a facility after he gives the administrator, a  
4 physician, or a nurse of the facility written notice of his  
5 desire to be discharged. If a guardian has been appointed for a  
6 resident or if the resident is a minor, the resident shall be  
7 discharged upon written consent of his guardian or if the  
8 resident is a minor, his parent unless there is a court order  
9 to the contrary. In such cases, upon the resident's discharge,  
10 the facility is relieved from any responsibility for the  
11 resident's care, safety or well-being. A resident has the  
12 right to not be unlawfully transferred or discharged.

13           (Source: P.A. 81-223.)

14           (210 ILCS 45/3-305.6 new)

15           Sec. 3-305.6. Failure to readmit a resident. A facility  
16 that fails to comply with an order of the Department to readmit  
17 a resident, pursuant to Section 3-703, who wishes to return to  
18 the facility and is appropriate for that level of care and  
19 services provided, shall be assessed a \$2,500 fine.

20           As used in this Section, "comply with an order" means that  
21 a resident is living in a facility or that a facility and a  
22 resident have agreed on a schedule for readmission.

23           (210 ILCS 45/3-305.7 new)

24           Sec. 3-305.7. Ordered readmission of a resident.

1       (a) A facility that complies with an order of the  
2 Department to readmit a resident that has been deemed to have  
3 been unlawfully discharged shall notify the Department within  
4 10 business days that the resident has been readmitted to the  
5 facility. The notice provided to the Department shall include,  
6 but not be limited to, the following information:

7           (1) the executed order to readmit the resident that  
8 was issued by the Department;

9           (2) the Administrative Law Judge's Report and  
10 Recommendations submitted by the administrative law judge;

11           (3) the reason or reasons for which the resident was  
12 involuntarily discharged and an explanation of why the  
13 facility determined it should discharge the resident prior  
14 to the order to readmit;

15           (4) the interventions the facility had taken to  
16 attempt to mitigate or correct the behavior or condition  
17 of the resident who was involuntarily discharged and  
18 ordered to be readmitted;

19           (5) any concerns that the facility maintains about  
20 risks to safety associated with readmission of the  
21 resident; and

22           (6) a copy of the resident's current face sheet that  
23 indicates the readmission date.

24       (b) Upon readmission of a resident following an executed  
25 order by the Department, the facility shall conduct a  
26 reassessment of the resident to determine any necessary

1 changes to the resident's care plan. The assessment shall  
2 include identification of any steps the facility could take to  
3 attempt to mitigate or correct the behavior or condition of  
4 the resident that resulted in the resident being involuntarily  
5 discharged.

6 (c) If a resident whose readmission was ordered by the  
7 Department commits the same action for which the facility  
8 noted concerns about pursuant to subsection (a), the  
9 Department shall take into account the notice provided by the  
10 facility under this Section in considering whether to impose a  
11 fine.

12 (210 ILCS 45/3-401) (from Ch. 111 1/2, par. 4153-401)

13 Sec. 3-401. A facility may involuntarily transfer or  
14 discharge a resident only for one or more of the following  
15 reasons:

16 (a) the facility is unable to meet the medical needs  
17 of the resident, as documented in the resident's clinical  
18 record by the resident's physician for medical reasons ~~for~~  
19 ~~medical reasons;~~

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

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

23 (d) for either late payment or nonpayment for the  
24 resident's stay, except as prohibited by Titles XVIII and  
25 XIX of the federal Social Security Act. For purposes of

1       this Section, "late payment" means non-receipt of payment  
2       after submission of a bill. If payment is not received  
3       within 45 days after submission of a bill, a facility may  
4       send a notice to the resident and responsible party  
5       requesting payment within 30 days. If payment is not  
6       received within such 30 days, the facility may thereupon  
7       institute transfer or discharge proceedings by sending a  
8       notice of transfer or discharge to the resident and  
9       responsible party by registered or certified mail. The  
10      notice shall state, in addition to the requirements of  
11      Section 3-403 of this Act, that the responsible party has  
12      the right to pay the amount of the bill in full up to the  
13      date the transfer or discharge is to be made and then the  
14      resident shall have the right to remain in the facility.  
15      Such payment shall terminate the transfer or discharge  
16      proceedings. This subsection does not apply to those  
17      residents whose care is provided for under the Illinois  
18      Public Aid Code. The Department shall adopt rules setting  
19      forth the criteria and procedures to be applied in cases  
20      of involuntary transfer or discharge permitted under this  
21      Section.

22      In the absence of other bases for transfer or discharge in  
23      this Section, unless it has complied with the prior notice and  
24      other procedural requirements of this Act, a facility may not  
25      refuse to readmit a resident following a medical leave of  
26      absence if the resident's need for care does not exceed the

1 provisions of the facility's license or current services  
2 offered.

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

4 (210 ILCS 45/3-402) (from Ch. 111 1/2, par. 4153-402)

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

9 (a) When an emergency transfer or discharge is ordered by  
10 the resident's attending physician because of the resident's  
11 health care needs. The State Long Term Care Ombudsman shall be  
12 notified at the time of the emergency transfer or discharge.

13 (b) When the transfer or discharge is mandated by the  
14 physical safety of other residents, the facility staff, or  
15 facility visitors, as documented in the clinical record. The  
16 Department, the Office of State Long Term Care Ombudsman, and  
17 the resident's managed care organization, if applicable, and  
18 the State Long Term Care Ombudsman shall be notified prior to  
19 any such involuntary transfer or discharge. The Department  
20 shall immediately offer transfer, or discharge and relocation  
21 assistance to residents transferred or discharged under this  
22 subparagraph (b), and the Department may place relocation  
23 teams as provided in Section 3-419 of this Act.

24 (c) When an identified offender is within the provisional  
25 admission period defined in Section 1-120.3. If the Identified

1 Offender Report and Recommendation prepared under Section  
2 2-201.6 shows that the identified offender poses a serious  
3 threat or danger to the physical safety of other residents,  
4 the facility staff, or facility visitors in the admitting  
5 facility and the facility determines that it is unable to  
6 provide a safe environment for the other residents, the  
7 facility staff, or facility visitors, the facility shall  
8 transfer or discharge the identified offender within 3 days  
9 after its receipt of the Identified Offender Report and  
10 Recommendation.

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

12 (210 ILCS 45/3-404) (from Ch. 111 1/2, par. 4153-404)

13 Sec. 3-404. A request for a hearing made under Section  
14 3-403 shall stay a transfer or discharge pending a hearing or  
15 appeal of the decision, unless a condition which would have  
16 allowed transfer or discharge in less than 30 ~~21~~ days as  
17 described under paragraphs (a) and (b) of Section 3-402  
18 develops in the interim.

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

20 (210 ILCS 45/3-405) (from Ch. 111 1/2, par. 4153-405)

21 Sec. 3-405. A copy of the notice required by Section 3-402  
22 shall be placed in the resident's clinical record and a copy  
23 shall be transmitted to the Department, the State Long Term  
24 Care Ombudsman, the resident, ~~and~~ the resident's

1 representative, if any, the resident's managed care  
2 organization.

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

4 (210 ILCS 45/3-411) (from Ch. 111 1/2, par. 4153-411)

5 Sec. 3-411. The Department of Public Health, when the  
6 basis for involuntary transfer or discharge is other than  
7 action by the Department of Healthcare and Family Services  
8 (formerly Department of Public Aid) with respect to the Title  
9 XIX Medicaid recipient, shall hold a hearing at the resident's  
10 facility not later than 10 days after a hearing request is  
11 filed, and render a decision within 14 days after the filing of  
12 the hearing request. The Department has continuing  
13 jurisdiction over the transfer or discharge irrespective of  
14 the timing of the hearing and decision. Once a request for a  
15 hearing is filed, the Department shall hold a hearing unless  
16 the request is withdrawn by the resident. If the request for a  
17 hearing is withdrawn based upon a representation made by the  
18 facility to the resident and the Department, including the  
19 hearing officer, that a resident who has been denied  
20 readmission will be readmitted, and the resident or resident  
21 representative notifies the Department that the facility is  
22 still denying readmission, failure to readmit is considered  
23 failure to comply with a Department order to readmit pursuant  
24 to Section 3-305.6, including the imposition of a \$2,500 fine  
25 under Section 3-305.6.



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

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

3 Sec. 3-413. If the Department determines that a transfer  
4 or discharge is authorized under Section 3-401, the resident  
5 shall not be required to leave the facility before the 34th day  
6 following receipt of the notice required under Section 3-402,  
7 or the 10th day following receipt of the Department's  
8 decision, whichever is later, unless a condition which would  
9 have allowed transfer or discharge in less than 30 ~~21~~ days as  
10 described under paragraphs (a) and (b) of Section 3-402  
11 develops in the interim. The Department maintains jurisdiction  
12 over the transfer or discharge irrespective of the timing of  
13 the notice and discharge.

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

15 (210 ILCS 45/3-413.1 new)

16 Sec. 3-413.1. Denial of transfer or discharge. If the  
17 Department determines that a transfer or discharge is not  
18 authorized under Section 3-401, then the Department shall  
19 issue a written decision stating that the transfer or  
20 discharge is denied. If the action of the facility giving rise  
21 to the request for hearings is the facility's failure to  
22 readmit the resident following hospitalization, other medical  
23 leave of absence, or other absence, then the Department shall  
24 order the immediate readmission of the resident to the

1 facility. The facility shall comply with the order  
2 immediately. A copy of the Department's written decision shall  
3 be placed in the resident's medical chart. A surveyor shall  
4 make an on-site inspection of the facility's compliance with  
5 the order unless the resident or resident representative  
6 notifies the Department in writing that there is compliance  
7 with the order.".