

1 review. Review of drawings and specifications shall be
2 conducted by an employee of the Department meeting the
3 qualifications established by the Department of Central
4 Management Services class specifications for such an
5 individual's position or by a person contracting with the
6 Department who meets those class specifications. Final
7 approval of the plans and specifications for compliance with
8 design and construction standards shall be obtained from the
9 Department before the alteration, addition, or new
10 construction is begun.

11 (b) The Department shall inform an applicant in writing
12 within 10 working days after receiving drawings and
13 specifications and the required fee, if any, from the
14 applicant whether the applicant's submission is complete or
15 incomplete. Failure to provide the applicant with this
16 notice within 10 working days shall result in the submission
17 being deemed complete for purposes of initiating the 60-day
18 review period under this Section. If the submission is
19 incomplete, the Department shall inform the applicant of the
20 deficiencies with the submission in writing. If the
21 submission is complete and the required fee, if any, has been
22 paid, the Department shall approve or disapprove drawings and
23 specifications submitted to the Department no later than 60
24 days following receipt by the Department. The drawings and
25 specifications shall be of sufficient detail, as provided by
26 Department rule, to enable the Department to render a
27 determination of compliance with design and construction
28 standards under this Act. If the Department finds that the
29 drawings are not of sufficient detail for it to render a
30 determination of compliance, the plans shall be determined to
31 be incomplete and shall not be considered for purposes of
32 initiating the 60 day review period. If a submission of
33 drawings and specifications is incomplete, the applicant may
34 submit additional information. The 60-day review period

1 shall not commence until the Department determines that a
2 submission of drawings and specifications is complete or the
3 submission is deemed complete. If the Department has not
4 approved or disapproved the drawings and specifications
5 within 60 days, the construction, major alteration, or
6 addition shall be deemed approved. If the drawings and
7 specifications are disapproved, the Department shall state in
8 writing, with specificity, the reasons for the disapproval.
9 The entity submitting the drawings and specifications may
10 submit additional information in response to the written
11 comments from the Department or request a reconsideration of
12 the disapproval. A final decision of approval or disapproval
13 shall be made within 45 days of the receipt of the additional
14 information or reconsideration request. If denied, the
15 Department shall state the specific reasons for the denial
16 and the applicant may elect to seek dispute resolution
17 pursuant to Section 25 of the Illinois Building Commission
18 Act, which the Department must participate in.

19 (c) The Department shall provide written approval for
20 occupancy pursuant to subsection (g) and shall not issue a
21 violation to a facility as a result of a licensure or
22 complaint survey based upon the facility's physical structure
23 if:

24 (1) the Department reviewed and approved or deemed
25 approved the drawing and specifications for compliance
26 with design and construction standards;

27 (2) the construction, major alteration, or addition
28 was built as submitted;

29 (3) the law or rules have not been amended since
30 the original approval; and

31 (4) the conditions at the facility indicate that
32 there is a reasonable degree of safety provided for the
33 patients; and

34 (5) the inspected aspects of the facility were

1 found to be in compliance with applicable standards, the
2 relevant law or rules have not been amended since the
3 facility was found to be in compliance, conditions at the
4 facility reasonably protect the safety of its patients,
5 and new hazards have not been identified.

6 (d) The Department shall charge the following fees in
7 connection with its reviews conducted before June 30, 2004
8 under this Section:

9 (1) (Blank).

10 (2) (Blank).

11 (3) If the estimated dollar value of the major
12 construction is greater than \$500,000, the fee shall be
13 established by the Department pursuant to rules that
14 reflect the reasonable and direct cost of the Department
15 in conducting the architectural reviews required under
16 this Section. The estimated dollar value of the major
17 construction subject to review under this Section shall
18 be annually readjusted to reflect the increase in
19 construction costs due to inflation.

20 The fees provided in this subsection (d) shall not apply
21 to major construction projects involving facility changes
22 that are required by Department rule amendments or to
23 projects related to homeland security.

24 The fees provided in this subsection (d) shall also not
25 apply to major construction projects if 51% or more of the
26 estimated cost of the project is attributed to capital
27 equipment. For major construction projects where 51% or more
28 of the estimated cost of the project is attributed to capital
29 equipment, the Department shall by rule establish a fee that
30 is reasonably related to the cost of reviewing the project.

31 Disproportionate share hospitals and rural hospitals
32 shall only pay one-half of the fees required in this
33 subsection (d). For the purposes of this subsection (d), (i)
34 "disproportionate share hospital" means a hospital described

1 in items (1) through (5) of subsection (b) of Section 5-5.02
2 of the Illinois Public Aid Code and (ii) "rural hospital"
3 means a hospital that is (A) located outside a metropolitan
4 statistical area or (B) located 15 miles or less from a
5 county that is outside a metropolitan statistical area and is
6 licensed to perform medical/surgical or obstetrical services
7 and has a combined total bed capacity of 75 or fewer beds in
8 these 2 service categories as of July 14, 1993, as determined
9 by the Department.

10 The Department shall not commence the facility plan
11 review process under this Section until the applicable fee
12 has been paid.

13 (e) All fees received by the Department under this
14 Section shall be deposited into the Health Facility Plan
15 Review Fund, a special fund created in the State treasury.
16 All fees paid by hospitals under subsection (d) shall be used
17 only to cover the direct and reasonable costs relating to the
18 Department's review of hospital projects under this Section.
19 Moneys shall be appropriated from that Fund to the Department
20 only to pay the costs of conducting reviews under this
21 Section. None of the moneys in the Health Facility Plan
22 Review Fund shall be used to reduce the amount of General
23 Revenue Fund moneys appropriated to the Department for
24 facility plan reviews conducted pursuant to this Section.

25 (f) (Blank).

26 (g) The Department shall conduct an on-site inspection
27 of the completed project no later than 10 business 30 days
28 after notification from the applicant that the project has
29 been completed and all certifications required by the
30 Department have been received and accepted by the Department.
31 The Department shall provide written approval for occupancy
32 to the applicant within 5 working days of the Department's
33 final inspection, provided the applicant has demonstrated
34 substantial compliance as defined by Department rule.

1 Occupancy of new major construction is prohibited until
2 Department approval is received, unless the Department has
3 not acted within the time frames provided in this subsection
4 (g), in which case the construction shall be deemed approved.
5 Occupancy shall be authorized after any required health
6 inspection by the Department has been conducted.

7 (h) The Department shall establish, by rule, a procedure
8 to conduct interim on-site review of large or complex
9 construction projects.

10 (i) The Department shall establish, by rule, an
11 expedited process for emergency repairs or replacement of
12 like equipment.

13 (j) Nothing in this Section shall be construed to apply
14 to maintenance, upkeep, or renovation that does not affect
15 the structural integrity of the building, does not add beds
16 or services over the number for which the facility is
17 licensed, and provides a reasonable degree of safety for the
18 patients.

19 (Source: P.A. 91-712, eff. 7-1-00; 92-563, eff. 6-24-02;
20 92-803, eff. 8-16-02; revised 9-19-02.)

21 (210 ILCS 85/8.5)

22 Sec. 8.5. Waiver of compliance with rules or standards
23 ~~for--construction--or--physical-plant~~. Upon application by a
24 hospital, the Department may grant or renew the waiver of the
25 hospital's compliance with a ~~construction-or--physical--plant~~
26 rule or standard, including without limitation rules and
27 standards for (i) design and construction, (ii) engineering
28 and maintenance of the physical plant, site, equipment, and
29 systems (heating, cooling, electrical, ventilation, plumbing,
30 water, sewer, and solid waste disposal), and (iii) fire and
31 safety, and (iv) other rules or standards that may present a
32 barrier to the development, adoption, or implementation of an
33 innovation designed to improve patient care, for a period not

1 to exceed the duration of the current license or, in the case
2 of an application for license renewal, the duration of the
3 renewal period. The waiver may be conditioned upon the
4 hospital taking action prescribed by the Department as a
5 measure equivalent to compliance. In determining whether to
6 grant or renew a waiver, the Department shall consider the
7 duration and basis for any current waiver with respect to the
8 same rule or standard and the validity and effect upon
9 patient health and safety of extending it on the same basis,
10 the effect upon the health and safety of patients, the
11 quality of patient care, the hospital's history of compliance
12 with the rules and standards of this Act, and the hospital's
13 attempts to comply with the particular rule or standard in
14 question. The Department may provide, by rule, for the
15 automatic renewal of waivers concerning construction or
16 physical plant requirements upon the renewal of a license.
17 The Department shall renew waivers relating to construction
18 or physical plant standards issued pursuant to this Section
19 at the time of the indicated reviews, unless it can show why
20 such waivers should not be extended for the following
21 reasons:

22 (1) the condition of the physical plant has
23 deteriorated or its use substantially changed so that the
24 basis upon which the waiver was issued is materially
25 different; or

26 (2) the hospital is renovated or substantially
27 remodeled in such a way as to permit compliance with the
28 applicable rules and standards without substantial
29 increase in cost.

30 A copy of each waiver application and each waiver granted
31 or renewed shall be on file with the Department and available
32 for public inspection.

33 The Department shall advise hospitals of any applicable
34 federal waivers about which it is aware and for which the

1 hospital may apply.

2 In the event that the Department does not grant or renew
3 a waiver of a rule or standard, the Department must notify
4 the hospital in writing detailing the specific reasons for
5 not granting or renewing the waiver and must discuss possible
6 options, if any, the hospital could take to have the waiver
7 approved.

8 This Section shall apply to both new and existing
9 construction.

10 (Source: P.A. 92-803, eff. 8-16-02.)

11 (210 ILCS 85/9) (from Ch. 111 1/2, par. 150)

12 Sec. 9. Inspections and investigations. The Department
13 shall make or cause to be made such inspections and
14 investigations as it deems necessary. Upon arrival at the
15 hospital, the Department's inspector or investigator must
16 inform the hospital of the scope of the investigation with
17 references to the particular statutory or regulatory
18 provisions triggering the inspection or investigation. If
19 the scope of an inspection is expanded beyond what was
20 originally disclosed to the hospital, the surveyor must
21 inform the hospital's administrator or designee. This
22 information must be provided before the inspector or
23 investigator leaves the hospital premises. Information
24 received by the Department through filed reports, inspection,
25 or as otherwise authorized under this Act shall not be
26 disclosed publicly in such manner as to identify individuals
27 or hospitals, except (i) in a proceeding involving the
28 denial, suspension, or revocation of a permit to establish a
29 hospital or a proceeding involving the denial, suspension, or
30 revocation of a license to open, conduct, operate, and
31 maintain a hospital, (ii) to the Department of Children and
32 Family Services in the course of a child abuse or neglect
33 investigation conducted by that Department or by the

1 Department of Public Health, (iii) in accordance with Section
2 6.14a of this Act, or (iv) in other circumstances as may be
3 approved by the Hospital Licensing Board.

4 (Source: P.A. 90-608, eff. 6-30-98; 91-242, eff. 1-1-00.)

5 (210 ILCS 85/9.2)

6 Sec. 9.2. Disclosure. Prior to conducting a survey of a
7 hospital operating under an approved waiver, equivalency, or
8 other approval, a surveyor must be made aware of the waiver,
9 equivalency, or other approval prior to entering the
10 hospital. Prior to commencing an inspection, the Department
11 must provide the hospital with documentation that the survey
12 is being conducted, with consideration of the relevant
13 waiver, equivalency, or approval. ~~After--conducting--the~~
14 ~~survey,--the--Department--must--conduct--a--comprehensive--exit~~
15 ~~interview--with--designated--hospital--representatives--at--which~~
16 ~~the--hospital--may--present--additional--information--regarding~~
17 ~~findings.~~

18 (Source: P.A. 92-803, eff. 8-16-02.)

19 (210 ILCS 85/9.3)

20 Sec. 9.3. Informal dispute resolution. The Department
21 must offer an opportunity for informal dispute resolution
22 concerning the application of building codes for new and
23 existing construction and other related Department rules and
24 standards before the advisory committee under subsection (b)
25 of Section 2310-560 of the Department of Public Health Powers
26 and Duties Law of the Civil Administrative Code of Illinois.
27 Participants in this process must include representatives
28 from the Department, representatives of the hospital, and
29 additional representatives deemed appropriate by both parties
30 with expertise regarding the contested deficiencies and the
31 management of health care facilities. If the Department does
32 not resolve disputed deficiencies after the informal dispute

1 resolution process, the Department must provide a written
2 explanation to the hospital of why the deficiencies have not
3 been removed from the statement of deficiencies.

4 (Source: P.A. 92-803, eff. 8-16-02.)

5 (210 ILCS 85/9.4 new)

6 Sec. 9.4. Status and exit briefings. If there are
7 significant findings during inspections, investigations, or
8 surveys, the Department must offer a daily status briefing
9 with the hospital administrator or his or her designee to
10 disclose the findings before the inspector, investigator, or
11 surveyor leaves for the day. At the end of each inspection,
12 investigation, or survey the Department must have a detailed
13 and comprehensive exit briefing with the hospital to disclose
14 its preliminary findings and conclusions. As part of these
15 briefings, the Department inspector, investigator, or
16 surveyor must explain to the provider what the deficiency is
17 in terms specific enough to allow a reasonably knowledgeable
18 person to understand why the requirement is not met.
19 Surveyors must explain the requirements and why something is
20 a deficiency. A data tag or reiteration of the regulations
21 must not be used as a substitute for an explanation.

22 (210 ILCS 85/9.5 new)

23 Sec. 9.5. Findings, conclusions, and citations. The
24 Department must consider any factual information offered by
25 the hospital during the survey, inspection, or investigation,
26 at daily status briefings, and in the exit briefing required
27 under Section 9.4 before making final findings and
28 conclusions or issuing citations. The Department must
29 document receipt of such information and provide the hospital
30 with its findings and conclusions regarding this information
31 in addition to any other findings and conclusions of its
32 survey, investigation, or inspection. The Department must

1 provide the hospital with written notice of its findings and
2 conclusions within 10 days of the exit briefing required
3 under Section 9.4. This notice must provide the following
4 information: (i) identification of all deficiencies and areas
5 of noncompliance with applicable law; (ii) identification of
6 the applicable statutes, rules, codes, or standards that were
7 violated; and (iii) the factual basis for each deficiency or
8 violation.

9 (210 ILCS 85/9.6 new)

10 Sec. 9.6. Reviewer quality improvement. The Department
11 must implement a reviewer performance improvement program for
12 hospital survey, inspection, and investigation staff. The
13 Department must also review the work of each of its
14 surveyors, inspectors, and investigators on a quarterly basis
15 to assess whether its surveyors, inspectors, and
16 investigators: (i) apply the same protocols and criteria
17 consistently to substantially similar situations; (ii) reach
18 similar findings and conclusions when reviewing substantially
19 similar situations; (iii) conduct surveys, inspections, or
20 investigations in a professional manner; and (iv) comply with
21 the provisions of this Act. The Department must also
22 implement continuing education programs for its surveyors,
23 inspectors, and investigators to correct review inconsistency
24 and to reduce review time and expense."