1 AN ACT concerning State government.

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

- Section 5. The Department of Human Services Act is amended
 by adding Section 1-17 as follows:
- 6 (20 ILCS 1305/1-17 new)
- 7 Sec. 1-17. Inspector General.

(a) Appointment; powers and duties. The Governor shall 8 9 appoint, and the Senate shall confirm, an Inspector General. 10 The Inspector General shall be appointed for a term of 4 years and shall function within the Department of Human Services and 11 12 report to the Secretary of Human Services and the Governor. The Inspector General shall function independently within the 13 14 Department of Human Services with respect to the operations of the office, including the performance of investigations and 15 16 issuance of findings and recommendations. The appropriation 17 for the Office of Inspector General shall be separate from the overall appropriation for the Department of Human Services. The 18 19 Inspector General shall investigate reports of suspected abuse 20 or neglect (as those terms are defined by the Department of 21 Human Services) of patients or residents in any mental health 22 developmental disabilities facility operated by the or Department of Human Services and shall have authority to 23

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1 investigate and take immediate action on reports of abuse or 2 neglect of recipients, whether patients or residents, in any 3 mental health or developmental disabilities facility or program that is licensed or certified by the Department of 4 5 Human Services (as successor to the Department of Mental Health and Developmental Disabilities) or that is funded by the 6 7 Department of Human Services (as successor to the Department of 8 Mental Health and Developmental Disabilities) and is not 9 licensed or certified by any agency of the State. The Inspector 10 General shall also have the authority to investigate alleged or 11 suspected cases of abuse, neglect, and exploitation of adults 12 with disabilities living in domestic settings in the community pursuant to the Abuse of Adults with Disabilities Intervention 13 14 Act (20 ILCS 2435/). At the specific, written request of an 15 agency of the State other than the Department of Human Services 16 (as successor to the Department of Mental Health and Developmental Disabilities), the Inspector General may 17 cooperate in investigating reports of abuse and neglect of 18 19 persons with mental illness or persons with developmental 20 disabilities. The Inspector General shall have no supervision over or involvement in routine, programmatic, licensure, or 21 22 certification operations of the Department of Human Services or 23 any of its funded agencies. 24 The Inspector General shall promulgate rules establishing

26 neglect and initiating, conducting, and completing

minimum requirements for reporting allegations of abuse and

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investigations. The promulgated rules shall clearly set forth 1 2 that in instances where 2 or more State agencies could 3 investigate an allegation of abuse or neglect, the Inspector General shall not conduct an investigation that is redundant to 4 5 an investigation conducted by another State agency. The rules shall establish criteria for determining, based upon the nature 6 7 of the allegation, the appropriate method of investigation, 8 which may include, but need not be limited to, site visits, 9 telephone contacts, or requests for written responses from 10 agencies. The rules shall also clarify how the Office of the 11 Inspector General shall interact with the licensing unit of the 12 Department of Human Services in investigations of allegations of abuse or neglect. Any allegations or investigations of 13 14 reports made pursuant to this Act shall remain confidential until a final report is completed. The resident or patient who 15 16 allegedly was abused or neglected and his or her legal guardian shall be informed by the facility or agency of the report of 17 alleged abuse or neglect. Final reports regarding 18 19 unsubstantiated or unfounded allegations shall remain confidential, except that final reports may be disclosed 20 pursuant to Section 6 of the Abused and Neglected Long Term 21 22 Care Facility Residents Reporting Act.

23 <u>For purposes of this Section, "required reporter" means a</u>
24 <u>person who suspects, witnesses, or is informed of an allegation</u>
25 <u>of abuse and neglect at a State-operated facility or a</u>
26 <u>community agency and who is either: (i) a person employed at a</u>

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1	State-operated facility or a community agency on or off site
2	who is providing or monitoring services to an individual or
3	individuals or is providing services to the State-operated
4	facility or the community agency; or (ii) any person or
5	contractual agent of the Department of Human Services involved
6	in providing, monitoring, or administering mental health or
7	developmental services, including, but not limited to, payroll
8	personnel, contractors, subcontractors, and volunteers. A
9	required reporter shall report the allegation of abuse or
9 10	required reporter shall report the allegation of abuse or neglect, or cause a report to be made, to the Office of the
10	neglect, or cause a report to be made, to the Office of the
10 11	neglect, or cause a report to be made, to the Office of the Inspector General (OIG) Hotline no later than 4 hours after the
10 11 12	neglect, or cause a report to be made, to the Office of the Inspector General (OIG) Hotline no later than 4 hours after the initial discovery of the incident of alleged abuse or neglect.
10 11 12 13	<pre>neglect, or cause a report to be made, to the Office of the Inspector General (OIG) Hotline no later than 4 hours after the initial discovery of the incident of alleged abuse or neglect. A required reporter as defined in this paragraph who willfully</pre>

17 means a mental health facility or a developmental disability 18 facility as defined in Sections 1-114 and 1-107 of the Mental 19 Health and Developmental Disabilities Code.

20 <u>For purposes of this Section, "community agency" or</u> 21 <u>"agency" means any community entity or program providing mental</u> 22 <u>health or developmental disabilities services that is</u> 23 <u>licensed, certified, or funded by the Department of Human</u> 24 <u>Services and is not licensed or certified by an other human</u> 25 <u>services agency of the State (for example, the Department of</u> 26 <u>Public Health, the Department of Children and Family Services,</u> SB1368 Enrolled - 5 - LRB095 04137 DRJ 26714 b

or the Department of Healthcare and Family Services). 1 2 When the Office of the Inspector General has substantiated 3 a case of abuse or neglect, the Inspector General shall include in the final report any mitigating or aggravating circumstances 4 5 that were identified during the investigation. Upon determination that a report of neglect is substantiated, the 6 7 Inspector General shall then determine whether such neglect 8 rises to the level of eqregious neglect.

9 (b) Department of State Police. The Inspector General 10 shall, within 24 hours after determining that a reported 11 allegation of suspected abuse or neglect indicates that any 12 possible criminal act has been committed or that special expertise is required in the investigation, immediately notify 13 14 the Department of State Police or the appropriate law enforcement entity. The Department of State Police shall 15 investigate any report from a State-operated facility 16 17 indicating a possible murder, rape, or other felony. All investigations conducted by the Inspector General shall be 18 19 conducted in a manner designed to ensure the preservation of 20 evidence for possible use in a criminal prosecution.

21 (b-5) Preliminary report of investigation; facility or 22 agency response. The Inspector General shall make a 23 determination to accept or reject a preliminary report of the 24 investigation of alleged abuse or neglect based on established 25 investigative procedures. Notice of the Inspector General's 26 determination must be given to the person who claims to be the SB1368 Enrolled - 6 - LRB095 04137 DRJ 26714 b

victim of the abuse or neglect, to the person or persons 1 2 alleged to have been responsible for abuse or neglect, and to 3 the facility or agency. The facility or agency or the person or 4 persons alleged to have been responsible for the abuse or 5 neqlect and the person who claims to be the victim of the abuse or neglect may request clarification or reconsideration based 6 on additional information. For cases where the allegation of 7 abuse or neglect is substantiated, the Inspector General shall 8 9 require the facility or agency to submit a written response. 10 The written response from a facility or agency shall address in 11 a concise and reasoned manner the actions that the agency or 12 facility will take or has taken to protect the resident or patient from abuse or neglect, prevent reoccurrences, and 13 14 eliminate problems identified and shall include implementation 15 and completion dates for all such action.

(c) Inspector General's report; facility's or agency's 16 17 implementation reports. The Inspector General shall, within 10 calendar days after the transmittal date of a completed 18 19 investigation where abuse or neglect is substantiated or 20 administrative action is recommended, provide a complete 21 report on the case to the Secretary of Human Services and to 22 the agency in which the abuse or neglect is alleged to have 23 happened. The complete report shall include a written response 24 from the agency or facility operated by the State to the 25 Inspector General that addresses in a concise and reasoned 26 manner the actions that the agency or facility will take or has

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taken to protect the resident or patient from abuse or neglect, 1 2 prevent reoccurrences, and eliminate problems identified and 3 shall include implementation and completion dates for all such action. The Secretary of Human Services shall accept or reject 4 5 the response and establish how the Department will determine whether the facility or program followed the approved response. 6 7 The Secretary may require Department personnel to visit the 8 facility or agency for training, technical assistance, 9 programmatic, licensure, or certification purposes. 10 Administrative action, including sanctions, may be applied 11 should the Secretary reject the response or should the facility 12 or agency fail to follow the approved response. Within 30 days after the Secretary has approved a response, the facility or 13 14 agency making the response shall provide an implementation 15 report to the Inspector General on the status of the corrective 16 action implemented. Within 60 days after the Secretary has 17 approved the response, the facility or agency shall send notice of the completion of the corrective action or shall send an 18 19 updated implementation report. The facility or agency shall 20 continue sending updated implementation reports every 60 days 21 until the facility or agency sends a notice of the completion 22 of the corrective action. The Inspector General shall review 23 any implementation plan that takes more than 120 days. The 24 Inspector General shall monitor compliance through a random 25 review of completed corrective actions. This monitoring may include, but need not be limited to, site visits, telephone 26

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contacts, or requests for written documentation from the 1 2 facility or agency to determine whether the facility or agency 3 is in compliance with the approved response. The facility or 4 agency shall inform the resident or patient and the legal 5 quardian whether the reported allegation was substantiated, unsubstantiated, or unfounded. There shall be an appeals 6 7 process for any person or agency that is subject to any action 8 based on a recommendation or recommendations.

9 (d) Sanctions. The Inspector General may recommend to the Departments of Public Health and Human Services sanctions to be 10 11 imposed against mental health and developmental disabilities 12 facilities under the jurisdiction of the Department of Human for the protection of residents, including 13 Services 14 appointment of on-site monitors or receivers, transfer or relocation of residents, and closure of units. The Inspector 15 16 General may seek the assistance of the Attorney General or any 17 of the several State's Attorneys in imposing such sanctions. Whenever the Inspector General issues any recommendations to 18 19 the Secretary of Human Services, the Secretary shall provide a 20 written response.

21 (e) Training programs. The Inspector General shall 22 establish and conduct periodic training programs for 23 Department of Human Services employees and community agency 24 employees concerning the prevention and reporting of neglect 25 and abuse.

26 (f) Access to facilities. The Inspector General shall at

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1 all times be granted access to any mental health or 2 developmental disabilities facility operated by the Department 3 of Human Services, shall establish and conduct unannounced site visits to those facilities at least once annually, and shall be 4 5 granted access, for the purpose of investigating a report of abuse or neglect, to the records of the Department of Human 6 7 Services and to any facility or program funded by the Department of Human Services that is subject under the 8 9 provisions of this Section to investigation by the Inspector 10 General for a report of abuse or neglect.

11 (g) Other investigations. Nothing in this Section shall 12 limit investigations by the Department of Human Services that 13 may otherwise be required by law or that may be necessary in 14 that Department's capacity as the central administrative 15 authority responsible for the operation of State mental health 16 and developmental disability facilities.

17 (g-5) Health care worker registry. After notice and an opportunity for a hearing that is separate and distinct from 18 19 the Office of the Inspector General's appeals process as 20 implemented under subsection (c) of this Section, the Inspector 21 General shall report to the Department of Public Health's 22 health care worker registry under Section 3-206.01 of the 23 Nursing Home Care Act the identity of individuals against whom 24 there has been a substantiated finding of physical or sexual 25 abuse or eqregious neglect of a service recipient.

26 Nothing in this subsection shall diminish or impair the

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1	rights of a person who is a member of a collective bargaining
2	unit pursuant to the Illinois Public Labor Relations Act or
3	pursuant to any federal labor statute. An individual who is a
4	member of a collective bargaining unit as described above shall
5	not be reported to the Department of Public Health's health
6	care worker registry until the exhaustion of that individual's
7	grievance and arbitration rights, or until 3 months after the
8	initiation of the grievance process, whichever occurs first,
9	provided that the Department of Human Services' hearing under
10	this subsection regarding the reporting of an individual to the
11	Department of Public Health's health care worker registry has
12	concluded. Notwithstanding anything hereinafter or previously
13	provided, if an action taken by an employer against an
14	individual as a result of the circumstances that led to a
15	finding of physical or sexual abuse or egregious neglect is
16	later overturned under a grievance or arbitration procedure
17	provided for in Section 8 of the Illinois Public Labor
18	Relations Act or under a collective bargaining agreement, the
19	report must be removed from the registry.

20 <u>The Department of Human Services shall promulgate or amend</u> 21 <u>rules as necessary or appropriate to establish procedures for</u> 22 <u>reporting to the registry, including the definition of</u> 23 <u>egregious neglect, procedures for notice to the individual and</u> 24 <u>victim, appeal and hearing procedures, and petition for removal</u> 25 <u>of the report from the registry. The portion of the rules</u> 26 <u>pertaining to hearings shall provide that, at the hearing, both</u> SB1368 Enrolled - 11 - LRB095 04137 DRJ 26714 b

parties may present written and oral evidence. The Department shall be required to establish by a preponderance of the evidence that the Office of the Inspector General's finding of physical or sexual abuse or egregious neglect warrants reporting to the Department of Public Health's health care worker registry under Section 3-206.01 of the Nursing Home Care Act.

Notice to the individual shall include a clear and concise 8 9 statement of the grounds on which the report to the registry is 10 based and notice of the opportunity for a hearing to contest 11 the report. The Department of Human Services shall provide the 12 notice by certified mail to the last known address of the individual. The notice shall give the individual an opportunity 13 14 to contest the report in a hearing before the Department of Human Services or to submit a written response to the findings 15 16 instead of requesting a hearing. If the individual does not 17 request a hearing or if after notice and a hearing the Department of Human Services finds that the report is valid, 18 19 the finding shall be included as part of the registry, as well 20 as a brief statement from the reported individual if he or she chooses to make a statement. The Department of Public Health 21 22 shall make available to the public information reported to the 23 registry. In a case of inquiries concerning an individual listed in the registry, any information disclosed concerning a 24 finding of abuse or neglect shall also include disclosure of 25 26 the individual's brief statement in the registry relating to

1 <u>the reported finding or include a clear and accurate summary of</u> 2 the statement.

3 At any time after the report of the registry, an individual may petition the Department of Human Services for removal from 4 5 the registry of the finding against him or her. Upon receipt of 6 such a petition, the Department of Human Services shall conduct an investigation and hearing on the petition. Upon completion 7 8 of the investigation and hearing, the Department of Human 9 Services shall report the removal of the finding to the 10 registry unless the Department of Human Services determines 11 that removal is not in the public interest.

12 (h) Quality Care Board. There is created, within the Office of the Inspector General, a Quality Care Board to be composed 13 14 of 7 members appointed by the Governor with the advice and 15 consent of the Senate. One of the members shall be designated 16 as chairman by the Governor. Of the initial appointments made by the Governor, 4 Board members shall each be appointed for a 17 18 term of 4 years and 3 members shall each be appointed for a 19 term of 2 years. Upon the expiration of each member's term, a 20 successor shall be appointed for a term of 4 years. In the case 21 of a vacancy in the office of any member, the Governor shall 22 appoint a successor for the remainder of the unexpired term. 23 Members appointed by the Governor shall be qualified by

24	profession	al I	knowledge	or	ex	peri	ence	in	the	area	of	law,
25	investigat	ory	techniqu	es,	or	in	the	area	a of	care	of	the
26	mentally	ill	or de	velop	omen	tall	y c	lisabi	led.	Two	mer	nbers

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1 appointed by the Governor shall be persons with a disability or
2 a parent of a person with a disability. Members shall serve
3 without compensation, but shall be reimbursed for expenses
4 incurred in connection with the performance of their duties as
5 members.

6 <u>The Board shall meet quarterly, and may hold other meetings</u> 7 <u>on the call of the chairman. Four members shall constitute a</u> 8 <u>quorum. The Board may adopt rules and regulations it deems</u> 9 <u>necessary to govern its own procedures.</u>

10 <u>(i) Scope and function of the Quality Care Board. The Board</u> 11 <u>shall monitor and oversee the operations, policies, and</u> 12 <u>procedures of the Inspector General to assure the prompt and</u> 13 <u>thorough investigation of allegations of neglect and abuse. In</u> 14 <u>fulfilling these responsibilities, the Board may do the</u> 15 following:

16 (1) Provide independent, expert consultation to the
 17 Inspector General on policies and protocols for
 18 investigations of alleged neglect and abuse.

19 <u>(2) Review existing regulations relating to the</u> 20 <u>operation of facilities under the control of the Department</u> 21 of Human Services.

22 (3) Advise the Inspector General as to the content of
 23 training activities authorized under this Section.

24(4) Recommend policies concerning methods for25improving the intergovernmental relationships between the26Office of the Inspector General and other State or federal

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1 agencies.

2 (j) Investigators. The Inspector General shall establish a 3 comprehensive program to ensure that every person employed or newly hired to conduct investigations shall receive training on 4 5 on-going basis concerning investigative techniques, an communication skills, and the appropriate means of contact with 6 7 persons admitted or committed to the mental health or developmental disabilities facilities under the jurisdiction 8 9 of the Department of Human Services. (k) Subpoenas; testimony; penalty. The Inspector General 10

11 shall have the power to subpoena witnesses and compel the 12 production of books and papers pertinent to an investigation authorized by this Act, provided that the power to subpoena or 13 14 to compel the production of books and papers shall not extend to the person or documents of a labor organization or its 15 16 representatives insofar as the person or documents of a labor 17 organization relate to the function of representing an employee subject to investigation under this Act. Mental health records 18 19 of patients shall be confidential as provided under the Mental 20 Health and Developmental Disabilities Confidentiality Act. Any 21 person who fails to appear in response to a subpoena or to 22 answer any question or produce any books or papers pertinent to 23 an investigation under this Act, except as otherwise provided 24 in this Section, or who knowingly gives false testimony in 25 relation to an investigation under this Act is guilty of a Class A misdemeanor. 26

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1	(1) Annual report. The Inspector General shall provide to
2	the General Assembly and the Governor, no later than January 1
3	of each year, a summary of reports and investigations made
4	under this Act for the prior fiscal year with respect to
5	residents of institutions under the jurisdiction of the
6	Department of Human Services. The report shall detail the
7	imposition of sanctions and the final disposition of those
8	recommendations. The summaries shall not contain any
9	confidential or identifying information concerning the
10	subjects of the reports and investigations. The report shall
11	also include a trend analysis of the number of reported
12	allegations and their disposition, for each facility and
13	Department-wide, for the most recent 3-year time period and a
14	statement, for each facility, of the staffing-to-patient
15	ratios. The ratios shall include only the number of direct care
16	staff. The report shall also include detailed recommended
17	administrative actions and matters for consideration by the
18	General Assembly.
19	(m) Program audit. The Auditor General shall conduct a
20	biennial program audit of the Office of the Inspector General
21	in relation to the Inspector General's compliance with this
22	Act. The audit shall specifically include the Inspector
23	General's effectiveness in investigating reports of alleged
24	neglect or abuse of residents in any facility operated by the
25	Department of Human Services and in making recommendations for

26 <u>sanctions to the Departments of Human Services and Public</u>

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Health. The Auditor General shall conduct the program audit according to the provisions of the Illinois State Auditing Act and shall report its findings to the General Assembly no later than January 1 of each odd-numbered year.

5 Section 7. The Mental Health and Developmental 6 Disabilities Administrative Act is amended by changing Section 7 7.3 as follows:

8 (20 ILCS 1705/7.3)

9 Sec. 7.3. Health care worker Nurse aide registry; finding 10 of abuse or neglect. The Department shall require that no 11 facility, service agency, or support agency providing mental health or developmental disability services that is licensed, 12 13 certified, operated, or funded by the Department shall employ a 14 person, in any capacity, who is identified by the health care 15 worker nurse aide registry as having been subject of a 16 substantiated finding of abuse or neglect of a service recipient. Any owner or operator of a community agency who is 17 identified by the health care worker nurse aide registry as 18 19 having been the subject of a substantiated finding of abuse or 20 neglect of a service recipient is prohibited from any 21 involvement in any capacity with the provision of Department funded mental health or developmental disability services. The 22 23 Department shall establish and maintain the rules that are 24 necessary or appropriate to effectuate the intent of this

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Section. The provisions of this Section shall not apply to any
 facility, service agency, or support agency licensed or
 certified by a State agency other than the Department, unless
 operated by the Department of Human Services.

5 (Source: P.A. 94-934, eff. 6-26-06.)

6 Section 10. The Abused and Neglected Long Term Care 7 Facility Residents Reporting Act is amended by changing Section 8 6 as follows:

9 (210 ILCS 30/6) (from Ch. 111 1/2, par. 4166)

10 Sec. 6. All reports of suspected abuse or neglect made 11 under this Act shall be made immediately by telephone to the Department's central register established under Section 14 on 12 13 the single, State-wide, toll-free telephone number established 14 under Section 13, or in person or by telephone through the 15 Department office. No long term care nearest facility administrator, agent or employee, or any other person, shall 16 17 screen reports or otherwise withhold any reports from the 18 Department, and no long term care facility, department of State 19 government, or other agency shall establish any rules, 20 criteria, standards or guidelines to the contrary. Every long 21 term care facility, department of State government and other agency whose employees are required to make or cause to be made 22 reports under Section 4 shall notify its employees of the 23 24 provisions of that Section and of this Section, and provide to

the Department documentation that such notification has been 1 2 given. The Department of Human Services shall train all of its 3 mental health and developmental disabilities employees in the detection and reporting of suspected abuse and neglect of 4 5 residents. Reports made to the central register through the 6 State-wide, toll-free telephone number shall be transmitted to 7 offices and municipal appropriate Department health 8 departments that have responsibility for licensing long term 9 care facilities under the Nursing Home Care Act. All reports 10 received through offices of the Department shall be forwarded 11 to the central register, in a manner and form described by the 12 Department. The Department shall be capable of receiving 13 reports of suspected abuse and neglect 24 hours a day, 7 days a 14 week. Reports shall also be made in writing deposited in the 15 U.S. mail, postage prepaid, within 24 hours after having 16 reasonable cause to believe that the condition of the resident 17 resulted from abuse or neglect. Such reports may in addition be made to the local law enforcement agency in the same manner. 18 19 However, in the event a report is made to the local law 20 enforcement agency, the reporter also shall immediately so 21 inform the Department. The Department shall initiate an 22 investigation of each report of resident abuse and neglect 23 under this Act, whether oral or written, as provided for in 24 Section 3-702 of the Nursing Home Care Act, except that reports 25 of abuse which indicate that a resident's life or safety is in 26 imminent danger shall be investigated within 24 hours of such

1 report. The Department may delegate to law enforcement 2 officials or other public agencies the duty to perform such 3 investigation.

With respect to investigations of reports of suspected 4 5 abuse or neglect of residents of mental health and developmental disabilities institutions under the jurisdiction 6 7 of the Department of Human Services, the Department shall 8 transmit copies of such reports to the Department of State 9 Police, the Department of Human Services, and the Inspector 10 General appointed under Section 1-17 of the Department of Human 11 Services Act 6.2. If the Department receives a report of 12 suspected abuse or neglect of a recipient of services as 13 defined in Section 1-123 of the Mental Health and Developmental 14 Disabilities Code, the Department shall transmit copies of such 15 report to the Inspector General and the Directors of the 16 Guardianship and Advocacy Commission and the agency designated 17 by the Governor pursuant to the Protection and Advocacy for Developmentally Disabled Persons Act. When requested by the 18 19 Director of the Guardianship and Advocacy Commission, the 20 agency designated by the Governor pursuant to the Protection 21 and Advocacy for Developmentally Disabled Persons Act, or the 22 Department of Financial and Professional Regulation, the 23 Department, the Department of Human Services and the Department 24 of State Police shall make available a copy of the final 25 investigative report regarding investigations conducted by 26 their respective agencies on incidents of suspected abuse or

neglect of residents of mental health and developmental 1 2 disabilities institutions or individuals receiving services at 3 community agencies under the jurisdiction of the Department of Human Services. Such final investigative report shall not 4 5 contain witness statements, investigation notes, draft summaries, results of lie detector tests, investigative files 6 7 or other raw data which was used to compile the final 8 investigative report. Specifically, the final investigative 9 report of the Department of State Police shall mean the 10 Director's final transmittal letter. The Department of Human 11 Services shall also make available a copy of the results of 12 disciplinary proceedings of employees involved in incidents of 13 abuse or neglect to the Directors. All identifiable information 14 in reports provided shall not be further disclosed except as 15 provided by the Mental Health and Developmental Disabilities 16 Confidentiality Act. Nothing in this Section is intended to 17 limit or construe the power or authority granted to the agency designated by the Governor pursuant to the Protection and 18 19 Advocacy for Developmentally Disabled Persons Act, pursuant to 20 any other State or federal statute.

21 With respect to investigations of reported resident abuse 22 or neglect, the Department shall effect with appropriate law 23 enforcement agencies formal agreements concerning methods and 24 procedures for the conduct of investigations into the criminal 25 histories of any administrator, staff assistant or employee of 26 the nursing home or other person responsible for the residents

care, as well as for other residents in the nursing home who 1 2 may be in a position to abuse, neglect or exploit the patient. 3 Pursuant to the formal agreements entered into with appropriate agencies, the Department 4 law enforcement mav request 5 information with respect to whether the person or persons set 6 forth in this paragraph have ever been charged with a crime and 7 if so, the disposition of those charges. Unless the criminal 8 histories of the subjects involved crimes of violence or 9 resident abuse or neglect, the Department shall be entitled 10 only to information limited in scope to charges and their 11 dispositions. In cases where prior crimes of violence or 12 resident abuse or neglect are involved, a more detailed report 13 can be made available to authorized representatives of the 14 Department, pursuant to the agreements entered into with 15 appropriate law enforcement agencies. Any criminal charges and 16 their disposition information obtained by the Department shall 17 be confidential and may not be transmitted outside the required 18 Department, except as herein, to authorized 19 representatives or delegates of the Department, and may not be 20 transmitted to anyone within the Department who is not duly 21 authorized to handle resident abuse or neglect investigations.

The Department shall effect formal agreements with appropriate law enforcement agencies in the various counties and communities to encourage cooperation and coordination in the handling of resident abuse or neglect cases pursuant to this Act. The Department shall adopt and implement methods and SB1368 Enrolled - 22 - LRB095 04137 DRJ 26714 b

1 procedures to promote statewide uniformity in the handling of 2 reports of abuse and neglect under this Act, and those methods 3 and procedures shall be adhered to by personnel of the 4 Department involved in such investigations and reporting. The 5 Department shall also make information required by this Act 6 available to authorized personnel within the Department, as 7 well as its authorized representatives.

8 The Department shall keep a continuing record of all 9 reports made pursuant to this Act, including indications of the 10 final determination of any investigation and the final 11 disposition of all reports.

12 Department shall report annually to the General The 13 Assembly on the incidence of abuse and neglect of long term care facility residents, with special attention to residents 14 15 who are mentally disabled. The report shall include but not be 16 limited to data on the number and source of reports of 17 suspected abuse or neglect filed under this Act, the nature of any injuries to residents, the final determination 18 of 19 investigations, the type and number of cases where abuse or 20 neglect is determined to exist, and the final disposition of 21 cases.

22 (Source: P.A. 94-852, eff. 6-13-06.)

- 23 (210 ILCS 30/6.2 rep.)
- 24 (210 ILCS 30/6.3 rep.)
- 25 (210 ILCS 30/6.4 rep.)

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- 1 (210 ILCS 30/6.5 rep.)
- 2 (210 ILCS 30/6.6 rep.)
- 3 (210 ILCS 30/6.7 rep.)
- 4 (210 ILCS 30/6.8 rep.)

5 Section 15. The Abused and Neglected Long Term Care 6 Facility Residents Reporting Act is amended by repealing 7 Sections 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, and 6.8.

8 Section 20. The Nursing Home Care Act is amended by 9 changing Section 3-206.01 as follows:

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(210 ILCS 45/3-206.01) (from Ch. 111 1/2, par. 4153-206.01) Sec. 3-206.01. Health care worker Nurse aide registry.

(a) The Department shall establish and maintain a registry 12 13 of all individuals who have satisfactorily completed the 14 training required by Section 3-206. The registry shall include 15 the name of the nursing assistant, habilitation aide, or child care aide, his or her current address, Social Security number, 16 and the date and location of the training course completed by 17 the individual, and the date of the individual's last criminal 18 19 records check. Any individual placed on the registry is 20 required to inform the Department of any change of address 21 within 30 days. A facility shall not employ an individual as a nursing assistant, habilitation aide, or child care aide unless 22 23 the facility has inquired of the Department as to information 24 in the registry concerning the individual and shall not employ

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anyone not on the registry unless the individual is enrolled in
 a training program under paragraph (5) of subsection (a) of
 Section 3-206 of this Act.

Department finds that a nursing assistant, 4 If the 5 habilitation aide, or child care aide has abused a resident, neglected a resident, or misappropriated resident property in a 6 7 facility, the Department shall notify the individual of this 8 finding by certified mail sent to the address contained in the 9 registry. The notice shall give the individual an opportunity 10 to contest the finding in a hearing before the Department or to 11 submit a written response to the findings in lieu of requesting 12 a hearing. If, after a hearing or if the individual does not 13 request a hearing, the Department finds that the individual 14 abused a resident, neglected a resident, or misappropriated 15 resident property in a facility, the finding shall be included 16 as part of the registry as well as a brief statement from the 17 individual, if he or she chooses to make such a statement. The Department shall make information in the registry available to 18 19 the public. In the case of inquiries to the registry concerning 20 an individual listed in the registry, any information disclosed concerning such a finding shall also include disclosure of any 21 22 statement in the registry relating to the finding or a clear 23 and accurate summary of the statement.

(b) The Department shall add to the <u>health care worker</u>
 nurse aide registry records of findings as reported by the
 Inspector General or remove from the <u>health care worker</u> nurse

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aide registry records of findings as reported by the Department of Human Services, under <u>subsection (g-5) of Section 1-17 of</u> <u>the Department of Human Services Act</u> <u>Section 6.2 of the Abused</u> and <u>Neglected Long Term Care Facility Residents Reporting Act</u>. (Source: P.A. 91-598, eff. 1-1-00; 92-473, eff. 1-1-02; 92-651, eff. 7-11-02.)

Section 25. The Health Care Worker Background Check Act is
amended by changing Sections 30 and 40 as follows:

9 (225 ILCS 46/30)

Sec. 30. Non-fingerprint based UCIA criminal records check.

(a) Beginning on January 1, 1997, an educational entity, 12 13 other than a secondary school, conducting a nurse aide training 14 program must initiate a UCIA criminal history records check 15 prior to entry of an individual into the training program. A nurse aide seeking to be included on the health care worker 16 nurse aide registry shall authorize the Department of Public 17 18 Health or its designee that tests nurse aides or the health care employer or its designee to request a criminal history 19 20 record check pursuant to the Uniform Conviction Information Act 21 (UCIA) for each nurse aide applying for inclusion on the State 22 health care worker nurse aide registry. Any nurse aide not 23 submitting the required authorization and information for the 24 record check will not be added to the State health care worker SB1368 Enrolled - 26 - LRB095 04137 DRJ 26714 b

nurse aide registry. A nurse aide will not be entered on the 1 2 State health care worker nurse aide registry if the report from the Department of State Police indicates that the nurse aide 3 has a record of conviction of any of the criminal offenses 4 5 enumerated in Section 25 unless the nurse aide's identity is 6 validated and it is determined that the nurse aide does not 7 have a disqualifying criminal history record based upon a 8 fingerprint-based records check pursuant to Section 35 or the 9 nurse aide receives a waiver pursuant to Section 40.

10 (b) The Department of Public Health shall notify each 11 health care employer inquiring as to the information on the 12 State health care worker nurse aide registry of the date of the 13 nurse aide's last UCIA criminal history record check. If it has 14 been more than one year since the records check, the health 15 care employer must initiate or have initiated on his or her 16 behalf a UCIA criminal history record check for the nurse aide 17 pursuant to this Section. The health care employer must send a copy of the results of the record check to the State health 18 19 care worker nurse aide registry for an individual employed as a 20 nurse aide.

(c) Beginning January 1, 1996, a health care employer who makes a conditional offer of employment to an applicant other than a nurse aide for position with duties that involve direct care for clients, patients, or residents must initiate or have initiated on his or her behalf a UCIA criminal history record check for that applicant. SB1368 Enrolled - 27 - LRB095 04137 DRJ 26714 b

(d) No later than January 1, 1997, a health care employer 1 2 must initiate or have initiated on his or her behalf a UCIA 3 criminal history record check for all employees other than those enumerated in subsections (a), (b), and (c) of this 4 5 Section with duties that involve direct care for clients, patients, or residents. A health care employer having actual 6 7 knowledge from a source other than a non-fingerprint check that an employee has been convicted of committing or attempting to 8 9 commit one of the offenses enumerated in Section 25 of this Act. 10 must initiate a fingerprint-based background check within 10 11 working days of acquiring that knowledge. The employer may 12 continue to employ that individual in a direct care position, 13 may reassign that individual to a non-direct care position, or suspend the individual until the results of 14 mav the 15 fingerprint-based background check are received.

16 (d-5) Beginning January 1, 2006, each long-term care 17 facility operating in the State must initiate, or have 18 initiated on its behalf, a criminal history record check for 19 all employees hired on or after January 1, 2006 with duties 20 that involve or may involve contact with residents or access to 21 the living quarters or the financial, medical, or personal 22 records of residents.

(e) The request for a UCIA criminal history record check
must be in the form prescribed by the Department of State
Police.

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(f) The applicant or employee must be notified of the

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1 following whenever a non-fingerprint check is made:

2 (i) that the health care employer shall request or have
3 requested on his or her behalf a UCIA criminal history
4 record check pursuant to this Act;

5 (ii) that the applicant or employee has a right to 6 obtain a copy of the criminal records report from the 7 health care employer, challenge the accuracy and 8 completeness of the report, and request a waiver under 9 Section 40 of this Act;

10 (iii) that the applicant, if hired conditionally, may 11 be terminated if the criminal records report indicates that 12 the applicant has a record of conviction of any of the 13 criminal offenses enumerated in Section 25 unless the 14 applicant's identity is validated and it is determined that 15 the applicant does not have a disqualifying criminal 16 history record based on a fingerprint-based records check 17 pursuant to Section 35.

(iv) that the applicant, if not hired conditionally, shall not be hired if the criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in Section 25 unless the applicant's record is cleared based on a fingerprint-based records check pursuant to Section 35.

(v) that the employee may be terminated if the criminal
 records report indicates that the employee has a record of
 conviction of any of the criminal offenses enumerated in

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Section 25 unless the employee's record is cleared based on
 a fingerprint-based records check pursuant to Section 35.

3 (g) A health care employer may conditionally employ an 4 applicant for up to 3 months pending the results of a UCIA 5 criminal history record check.

6 (Source: P.A. 94-665, eff. 1-1-06.)

7 (225 ILCS 46/40)

8 Sec. 40. Waiver.

9 (a) An applicant, employee, or nurse aide may request a 10 waiver of the prohibition against employment by submitting the 11 following information the to entity responsible for 12 inspecting, licensing, certifying, or registering the health care employer within 5 working days after the receipt of the 13 14 criminal records report:

15 (1) Information necessary to initiate a 16 fingerprint-based UCIA criminal records check in a form and 17 manner prescribed by the Department of State Police; and

18 (2) The fee for a fingerprint-based UCIA criminal
19 records check, which shall not exceed the actual cost of
20 the record check.

(a-5) The entity responsible for inspecting, licensing, certifying, or registering the health care employer may accept the results of the fingerprint-based UCIA criminal records check instead of the items required by paragraphs (1) and (2) of subsection (a). SB1368 Enrolled - 30 - LRB095 04137 DRJ 26714 b

1	(b) The entity responsible for inspecting, licensing,
2	certifying, or registering the health care employer may grant a
3	waiver based upon any mitigating circumstances, which may
4	include, but need not be limited to:
5	(1) The age of the individual at which the crime was
6	committed;
7	(2) The circumstances surrounding the crime;
8	(3) The length of time since the conviction;
9	(4) The applicant or employee's criminal history since
10	the conviction;
11	(5) The applicant or employee's work history;
12	(6) The applicant or employee's current employment
13	references;
14	(7) The applicant or employee's character references;
14	(7) The applicant or employee's character references;
14 15	(7) The applicant or employee's character references;(8) <u>Health care worker</u> Nurse aide registry records; and
14 15 16	 (7) The applicant or employee's character references; (8) <u>Health care worker</u> Nurse aide registry records; and (9) Other evidence demonstrating the ability of the
14 15 16 17	 (7) The applicant or employee's character references; (8) <u>Health care worker</u> Nurse aide registry records; and (9) Other evidence demonstrating the ability of the applicant or employee to perform the employment
14 15 16 17 18	 (7) The applicant or employee's character references; (8) <u>Health care worker</u> Nurse aide registry records; and (9) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the
14 15 16 17 18 19	 (7) The applicant or employee's character references; (8) <u>Health care worker</u> Nurse aide registry records; and (9) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health
14 15 16 17 18 19 20	 (7) The applicant or employee's character references; (8) <u>Health care worker</u> Nurse aide registry records; and (9) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of residents, patients, or clients.
14 15 16 17 18 19 20 21	 (7) The applicant or employee's character references; (8) <u>Health care worker</u> Nurse aide registry records; and (9) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of residents, patients, or clients. (c) The entity responsible for inspecting, licensing,
14 15 16 17 18 19 20 21 22	 (7) The applicant or employee's character references; (8) <u>Health care worker</u> Nurse aide registry records; and (9) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of residents, patients, or clients. (c) The entity responsible for inspecting, licensing, certifying, or registering a health care employer must inform

26 (d) An individual shall not be employed from the time that

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the employer receives the results of a non-fingerprint check 1 2 containing disgualifying conditions until the time that the individual receives a waiver from the Department. If the 3 individual challenges the results of the non-fingerprint 4 5 check, the employer may continue to employ the individual if 6 the individual presents convincing evidence to the employer 7 that the non-fingerprint check is invalid. If the individual 8 challenges the results of the non-fingerprint check, his or her 9 identity shall be validated by a fingerprint-based records 10 check in accordance with Section 35.

(e) The entity responsible for inspecting, licensing, certifying, or registering the health care employer shall be immune from liability for any waivers granted under this Section.

(f) A health care employer is not obligated to employ or offer permanent employment to an applicant, or to retain an employee who is granted a waiver under this Section. (Source: P.A. 94-665, eff. 1-1-06.)

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