



Sen. Heather A. Steans

Filed: 3/1/2012

09700SB2554sam001

LRB097 16401 DRJ 66939 a

1 AMENDMENT TO SENATE BILL 2554

2 AMENDMENT NO. _____. Amend Senate Bill 2554 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Act on the Aging is amended by
5 changing Section 4.04 as follows:

6 (20 ILCS 105/4.04) (from Ch. 23, par. 6104.04)

7 Sec. 4.04. Long Term Care Ombudsman Program.

8 (a) Long Term Care Ombudsman Program. The Department shall
9 establish a Long Term Care Ombudsman Program, through the
10 Office of State Long Term Care Ombudsman ("the Office"), in
11 accordance with the provisions of the Older Americans Act of
12 1965, as now or hereafter amended.

13 (b) Definitions. As used in this Section, unless the
14 context requires otherwise:

15 (1) "Access" has the same meaning as in Section 1-104
16 of the Nursing Home Care Act, as now or hereafter amended;

1 that is, it means the right to:

2 (i) Enter any long term care facility or assisted
3 living or shared housing establishment or supportive
4 living facility;

5 (ii) Communicate privately and without restriction
6 with any resident, regardless of age, who consents to
7 the communication;

8 (iii) Seek consent to communicate privately and
9 without restriction with any resident, regardless of
10 age;

11 (iv) Inspect the clinical and other records of a
12 resident, regardless of age, with the express written
13 consent of the resident;

14 (v) Observe all areas of the long term care
15 facility or supportive living facilities, assisted
16 living or shared housing establishment except the
17 living area of any resident who protests the
18 observation.

19 (2) "Long Term Care Facility" means (i) any facility as
20 defined by Section 1-113 of the Nursing Home Care Act, as
21 now or hereafter amended; and (ii) any skilled nursing
22 facility or a nursing facility which meets the requirements
23 of Section 1819(a), (b), (c), and (d) or Section 1919(a),
24 (b), (c), and (d) of the Social Security Act, as now or
25 hereafter amended (42 U.S.C. 1395i-3(a), (b), (c), and (d)
26 and 42 U.S.C. 1396r(a), (b), (c), and (d)); and any

1 facility as defined by Section 1-113 of the MR/DD Community
2 Care Act, as now or hereafter amended.

3 (2.5) "Assisted living establishment" and "shared
4 housing establishment" have the meanings given those terms
5 in Section 10 of the Assisted Living and Shared Housing
6 Act.

7 (2.7) "Supportive living facility" means a facility
8 established under Section 5-5.01a of the Illinois Public
9 Aid Code.

10 (3) "State Long Term Care Ombudsman" means any person
11 employed by the Department to fulfill the requirements of
12 the Office of State Long Term Care Ombudsman as required
13 under the Older Americans Act of 1965, as now or hereafter
14 amended, and Departmental policy.

15 (3.1) "Ombudsman" means any designated representative
16 of a regional long term care ombudsman program; provided
17 that the representative, whether he is paid for or
18 volunteers his ombudsman services, shall be qualified and
19 designated by the Office to perform the duties of an
20 ombudsman as specified by the Department in rules and in
21 accordance with the provisions of the Older Americans Act
22 of 1965, as now or hereafter amended.

23 (c) Ombudsman; rules. The Office of State Long Term Care
24 Ombudsman shall be composed of at least one full-time ombudsman
25 and shall include a system of designated regional long term
26 care ombudsman programs. Each regional program shall be

1 designated by the State Long Term Care Ombudsman as a
2 subdivision of the Office and any representative of a regional
3 program shall be treated as a representative of the Office.

4 The Department, in consultation with the Office, shall
5 promulgate administrative rules in accordance with the
6 provisions of the Older Americans Act of 1965, as now or
7 hereafter amended, to establish the responsibilities of the
8 Department and the Office of State Long Term Care Ombudsman and
9 the designated regional Ombudsman programs. The administrative
10 rules shall include the responsibility of the Office and
11 designated regional programs to investigate and resolve
12 complaints made by or on behalf of residents of long term care
13 facilities, supportive living facilities, and assisted living
14 and shared housing establishments, including the option to
15 serve residents under the age of 60, relating to actions,
16 inaction, or decisions of providers, or their representatives,
17 of long term care facilities, of supported living facilities,
18 of assisted living and shared housing establishments, of public
19 agencies, or of social services agencies, which may adversely
20 affect the health, safety, welfare, or rights of such
21 residents. The Office and designated regional programs may
22 represent all residents, but are not required by this Act to
23 represent persons under 60 years of age, except to the extent
24 required by federal law. By June 1, 2014, the Office and
25 designated regional programs shall represent all residents,
26 regardless of age. When necessary and appropriate,

1 representatives of the Office shall refer complaints to the
2 appropriate regulatory State agency. The Department, in
3 consultation with the Office, shall cooperate with the
4 Department of Human Services and other State agencies in
5 providing information and training to designated regional long
6 term care ombudsman programs about the appropriate assessment
7 and treatment (including information about appropriate
8 supportive services, treatment options, and assessment of
9 rehabilitation potential) of the residents they serve,
10 including children, persons with mental illness (other than
11 Alzheimer's disease and related disorders), and persons with
12 developmental disabilities.

13 By June 1, 2013, there shall be one ombudsman for every
14 3,500 licensed or approved beds housing residents served by the
15 ombudsman program. By June 1, 2014, there shall be one
16 ombudsman for every 2,000 licensed or approved beds housing
17 residents served by the ombudsman program.

18 The State Long Term Care Ombudsman and all other ombudsmen,
19 as defined in paragraph (3.1) of subsection (b) must submit to
20 background checks under the Health Care Worker Background Check
21 Act and receive training, as prescribed by the Illinois
22 Department on Aging, before visiting facilities. The training
23 must include information specific to assisted living
24 establishments, supportive living facilities, and shared
25 housing establishments and to the rights of residents
26 guaranteed under the corresponding Acts and administrative

1 rules.

2 (c-5) Consumer Choice Information Reports. The Office
3 shall:

4 (1) In collaboration with the Attorney General, create
5 a Consumer Choice Information Report form to be completed
6 by all licensed long term care facilities to aid
7 Illinoisans and their families in making informed choices
8 about long term care. The Office shall create a Consumer
9 Choice Information Report for each type of licensed long
10 term care facility. The Office shall collaborate with the
11 Attorney General and the Department of Human Services to
12 create a Consumer Choice Information Report form for
13 facilities licensed under the ID/DD ~~MR/DD~~ Community Care
14 Act. To the extent possible, all Reports shall be in the
15 form of a spreadsheet or database.

16 (2) Develop a database of Consumer Choice Information
17 Reports completed by licensed long term care facilities
18 that includes information in the following consumer
19 categories:

20 (A) Medical Care, Services, and Treatment.

21 (B) Special Services and Amenities.

22 (C) Staffing.

23 (D) Facility Statistics and Resident Demographics.

24 (E) Ownership and Administration.

25 (F) Safety and Security.

26 (G) Meals and Nutrition.

1 (H) Rooms, Furnishings, and Equipment.

2 (I) Family, Volunteer, and Visitation Provisions.

3 (3) Make this information accessible to the public,
4 including on the Internet by means of a hyperlink labeled
5 "Resident's Right to Know" on the Office's World Wide Web
6 home page. Information about facilities licensed under the
7 MR/DD Community Care Act shall be made accessible to the
8 public by the Department of Human Services, including on
9 the Internet by means of a hyperlink labeled "Resident's
10 and Families' Right to Know" on the Department of Human
11 Services' "For Customers" website.

12 (4) Have the authority, with the Attorney General, to
13 verify that information provided by a facility is accurate.

14 (5) Request a new report from any licensed facility
15 whenever it deems necessary.

16 (6) Include in the Office's Consumer Choice
17 Information Report for each type of licensed long term care
18 facility additional information on each licensed long term
19 care facility in the State of Illinois, including
20 information regarding each facility's compliance with the
21 relevant State and federal statutes, rules, and standards;
22 customer satisfaction surveys; and information generated
23 from quality measures developed by the Centers for Medicare
24 and Medicaid Services.

25 (d) Access and visitation rights.

26 (1) In accordance with subparagraphs (A) and (E) of

1 paragraph (3) of subsection (c) of Section 1819 and
2 subparagraphs (A) and (E) of paragraph (3) of subsection
3 (c) of Section 1919 of the Social Security Act, as now or
4 hereafter amended (42 U.S.C. 1395i-3 (c)(3)(A) and (E) and
5 42 U.S.C. 1396r (c)(3)(A) and (E)), and Section 712 of the
6 Older Americans Act of 1965, as now or hereafter amended
7 (42 U.S.C. 3058f), a long term care facility, supportive
8 living facility, assisted living establishment, and shared
9 housing establishment must:

10 (i) permit immediate access to any resident,
11 regardless of age, by a designated ombudsman; and

12 (ii) permit representatives of the Office, with
13 the permission of the resident's legal representative
14 or legal guardian, to examine a resident's clinical and
15 other records, regardless of the age of the resident,
16 and if a resident is unable to consent to such review,
17 and has no legal guardian, permit representatives of
18 the Office appropriate access, as defined by the
19 Department, in consultation with the Office, in
20 administrative rules, to the resident's records.

21 (2) Each long term care facility, supportive living
22 facility, assisted living establishment, and shared
23 housing establishment shall display, in multiple,
24 conspicuous public places within the facility accessible
25 to both visitors and residents and in an easily readable
26 format, the address and phone number of the Office of the

1 Long Term Care Ombudsman, in a manner prescribed by the
2 Office.

3 (e) Immunity. An ombudsman or any representative of the
4 Office participating in the good faith performance of his or
5 her official duties shall have immunity from any liability
6 (civil, criminal or otherwise) in any proceedings (civil,
7 criminal or otherwise) brought as a consequence of the
8 performance of his official duties.

9 (f) Business offenses.

10 (1) No person shall:

11 (i) Intentionally prevent, interfere with, or
12 attempt to impede in any way any representative of the
13 Office in the performance of his official duties under
14 this Act and the Older Americans Act of 1965; or

15 (ii) Intentionally retaliate, discriminate
16 against, or effect reprisals against any long term care
17 facility resident or employee for contacting or
18 providing information to any representative of the
19 Office.

20 (2) A violation of this Section is a business offense,
21 punishable by a fine not to exceed \$501.

22 (3) The Director of Aging, in consultation with the
23 Office, shall notify the State's Attorney of the county in
24 which the long term care facility, supportive living
25 facility, or assisted living or shared housing
26 establishment is located, or the Attorney General, of any

1 violations of this Section.

2 (g) Confidentiality of records and identities. The
3 Department shall establish procedures for the disclosure by the
4 State Ombudsman or the regional ombudsmen entities of files
5 maintained by the program. The procedures shall provide that
6 the files and records may be disclosed only at the discretion
7 of the State Long Term Care Ombudsman or the person designated
8 by the State Ombudsman to disclose the files and records, and
9 the procedures shall prohibit the disclosure of the identity of
10 any complainant, resident, witness, or employee of a long term
11 care provider unless:

12 (1) the complainant, resident, witness, or employee of
13 a long term care provider or his or her legal
14 representative consents to the disclosure and the consent
15 is in writing;

16 (2) the complainant, resident, witness, or employee of
17 a long term care provider gives consent orally; and the
18 consent is documented contemporaneously in writing in
19 accordance with such requirements as the Department shall
20 establish; or

21 (3) the disclosure is required by court order.

22 (h) Legal representation. The Attorney General shall
23 provide legal representation to any representative of the
24 Office against whom suit or other legal action is brought in
25 connection with the performance of the representative's
26 official duties, in accordance with the State Employee

1 Indemnification Act.

2 (i) Treatment by prayer and spiritual means. Nothing in
3 this Act shall be construed to authorize or require the medical
4 supervision, regulation or control of remedial care or
5 treatment of any resident in a long term care facility operated
6 exclusively by and for members or adherents of any church or
7 religious denomination the tenets and practices of which
8 include reliance solely upon spiritual means through prayer for
9 healing.

10 (j) The Long Term Care Ombudsman Fund is created as a
11 special fund in the State treasury to receive moneys for the
12 express purposes of this Section. All interest earned on moneys
13 in the fund shall be credited to the fund. Moneys contained in
14 the fund shall be used to support the purposes of this Section.

15 (Source: P.A. 96-328, eff. 8-11-09; 96-758, eff. 8-25-09;
16 96-1372, eff. 7-29-10; 97-38, eff. 6-28-11.)

17 Section 10. The Illinois Health Facilities Planning Act is
18 amended by changing Sections 3 and 14.1 as follows:

19 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

20 (Section scheduled to be repealed on December 31, 2019)

21 Sec. 3. Definitions. As used in this Act:

22 "Health care facilities" means and includes the following
23 facilities and organizations:

24 1. An ambulatory surgical treatment center required to

1 be licensed pursuant to the Ambulatory Surgical Treatment
2 Center Act;

3 2. An institution, place, building, or agency required
4 to be licensed pursuant to the Hospital Licensing Act;

5 3. Skilled and intermediate long term care facilities
6 licensed under the Nursing Home Care Act;

7 3.5. Skilled and intermediate care facilities licensed
8 under the ID/DD Community Care Act;

9 3.7. Facilities licensed under the Specialized Mental
10 Health Rehabilitation Act;

11 4. Hospitals, nursing homes, ambulatory surgical
12 treatment centers, or kidney disease treatment centers
13 maintained by the State or any department or agency
14 thereof;

15 5. Kidney disease treatment centers, including a
16 free-standing hemodialysis unit required to be licensed
17 under the End Stage Renal Disease Facility Act;

18 6. An institution, place, building, or room used for
19 the performance of outpatient surgical procedures that is
20 leased, owned, or operated by or on behalf of an
21 out-of-state facility;

22 7. An institution, place, building, or room used for
23 provision of a health care category of service as defined
24 by the Board, including, but not limited to, cardiac
25 catheterization and open heart surgery; and

26 8. An institution, place, building, or room used for

1 provision of major medical equipment used in the direct
2 clinical diagnosis or treatment of patients, and whose
3 project cost is in excess of the capital expenditure
4 minimum.

5 This Act shall not apply to the construction of any new
6 facility or the renovation of any existing facility located on
7 any campus facility as defined in Section 5-5.8b of the
8 Illinois Public Aid Code, provided that the campus facility
9 encompasses 30 or more contiguous acres and that the new or
10 renovated facility is intended for use by a licensed
11 residential facility.

12 No federally owned facility shall be subject to the
13 provisions of this Act, nor facilities used solely for healing
14 by prayer or spiritual means.

15 No facility licensed under the Supportive Residences
16 Licensing Act or the Assisted Living and Shared Housing Act
17 shall be subject to the provisions of this Act.

18 No facility established and operating under the
19 Alternative Health Care Delivery Act as a children's respite
20 care center alternative health care model demonstration
21 program or as an Alzheimer's Disease Management Center
22 alternative health care model demonstration program shall be
23 subject to the provisions of this Act.

24 A facility designated as a supportive living facility that
25 is in good standing with the program established under Section
26 5-5.01a of the Illinois Public Aid Code shall not be subject to

1 the provisions of this Act.

2 This Act does not apply to facilities granted waivers under
3 Section 3-102.2 of the Nursing Home Care Act. However, if a
4 demonstration project under that Act applies for a certificate
5 of need to convert to a nursing facility, it shall meet the
6 licensure and certificate of need requirements in effect as of
7 the date of application.

8 This Act does not apply to a dialysis facility that
9 provides only dialysis training, support, and related services
10 to individuals with end stage renal disease who have elected to
11 receive home dialysis. This Act does not apply to a dialysis
12 unit located in a licensed nursing home that offers or provides
13 dialysis-related services to residents with end stage renal
14 disease who have elected to receive home dialysis within the
15 nursing home. The Board, however, may require these dialysis
16 facilities and licensed nursing homes to report statistical
17 information on a quarterly basis to the Board to be used by the
18 Board to conduct analyses on the need for proposed kidney
19 disease treatment centers.

20 This Act shall not apply to the closure of an entity or a
21 portion of an entity licensed under the Nursing Home Care Act,
22 the Specialized Mental Health Rehabilitation Act, or the ID/DD
23 ~~MR/DD~~ Community Care Act, with the exceptions of facilities
24 operated by a county or Illinois Veterans Homes, that elects to
25 convert, in whole or in part, to an assisted living or shared
26 housing establishment licensed under the Assisted Living and

1 Shared Housing Act.

2 ~~This Act does not apply to any change of ownership of a~~
3 ~~healthcare facility that is licensed under the Nursing Home~~
4 ~~Care Act, the Specialized Mental Health Rehabilitation Act, or~~
5 ~~the ID/DD Community Care Act, with the exceptions of facilities~~
6 ~~operated by a county or Illinois Veterans Homes. Changes of~~
7 ~~ownership of facilities licensed under the Nursing Home Care~~
8 ~~Act must meet the requirements set forth in Sections 3-101~~
9 ~~through 3-119 of the Nursing Home Care Act.~~

10 With the exception of those health care facilities
11 specifically included in this Section, nothing in this Act
12 shall be intended to include facilities operated as a part of
13 the practice of a physician or other licensed health care
14 professional, whether practicing in his individual capacity or
15 within the legal structure of any partnership, medical or
16 professional corporation, or unincorporated medical or
17 professional group. Further, this Act shall not apply to
18 physicians or other licensed health care professional's
19 practices where such practices are carried out in a portion of
20 a health care facility under contract with such health care
21 facility by a physician or by other licensed health care
22 professionals, whether practicing in his individual capacity
23 or within the legal structure of any partnership, medical or
24 professional corporation, or unincorporated medical or
25 professional groups. This Act shall apply to construction or
26 modification and to establishment by such health care facility

1 of such contracted portion which is subject to facility
2 licensing requirements, irrespective of the party responsible
3 for such action or attendant financial obligation.

4 "Person" means any one or more natural persons, legal
5 entities, governmental bodies other than federal, or any
6 combination thereof.

7 "Consumer" means any person other than a person (a) whose
8 major occupation currently involves or whose official capacity
9 within the last 12 months has involved the providing,
10 administering or financing of any type of health care facility,
11 (b) who is engaged in health research or the teaching of
12 health, (c) who has a material financial interest in any
13 activity which involves the providing, administering or
14 financing of any type of health care facility, or (d) who is or
15 ever has been a member of the immediate family of the person
16 defined by (a), (b), or (c).

17 "State Board" or "Board" means the Health Facilities and
18 Services Review Board.

19 "Construction or modification" means the establishment,
20 erection, building, alteration, reconstruction, modernization,
21 improvement, extension, discontinuation, change of ownership,
22 of or by a health care facility, or the purchase or acquisition
23 by or through a health care facility of equipment or service
24 for diagnostic or therapeutic purposes or for facility
25 administration or operation, or any capital expenditure made by
26 or on behalf of a health care facility which exceeds the

1 capital expenditure minimum; however, any capital expenditure
2 made by or on behalf of a health care facility for (i) the
3 construction or modification of a facility licensed under the
4 Assisted Living and Shared Housing Act or (ii) a conversion
5 project undertaken in accordance with Section 30 of the Older
6 Adult Services Act shall be excluded from any obligations under
7 this Act.

8 "Establish" means the construction of a health care
9 facility or the replacement of an existing facility on another
10 site or the initiation of a category of service as defined by
11 the Board.

12 "Major medical equipment" means medical equipment which is
13 used for the provision of medical and other health services and
14 which costs in excess of the capital expenditure minimum,
15 except that such term does not include medical equipment
16 acquired by or on behalf of a clinical laboratory to provide
17 clinical laboratory services if the clinical laboratory is
18 independent of a physician's office and a hospital and it has
19 been determined under Title XVIII of the Social Security Act to
20 meet the requirements of paragraphs (10) and (11) of Section
21 1861(s) of such Act. In determining whether medical equipment
22 has a value in excess of the capital expenditure minimum, the
23 value of studies, surveys, designs, plans, working drawings,
24 specifications, and other activities essential to the
25 acquisition of such equipment shall be included.

26 "Capital Expenditure" means an expenditure: (A) made by or

1 on behalf of a health care facility (as such a facility is
2 defined in this Act); and (B) which under generally accepted
3 accounting principles is not properly chargeable as an expense
4 of operation and maintenance, or is made to obtain by lease or
5 comparable arrangement any facility or part thereof or any
6 equipment for a facility or part; and which exceeds the capital
7 expenditure minimum.

8 For the purpose of this paragraph, the cost of any studies,
9 surveys, designs, plans, working drawings, specifications, and
10 other activities essential to the acquisition, improvement,
11 expansion, or replacement of any plant or equipment with
12 respect to which an expenditure is made shall be included in
13 determining if such expenditure exceeds the capital
14 expenditures minimum. Unless otherwise interdependent, or
15 submitted as one project by the applicant, components of
16 construction or modification undertaken by means of a single
17 construction contract or financed through the issuance of a
18 single debt instrument shall not be grouped together as one
19 project. Donations of equipment or facilities to a health care
20 facility which if acquired directly by such facility would be
21 subject to review under this Act shall be considered capital
22 expenditures, and a transfer of equipment or facilities for
23 less than fair market value shall be considered a capital
24 expenditure for purposes of this Act if a transfer of the
25 equipment or facilities at fair market value would be subject
26 to review.

1 "Capital expenditure minimum" means \$11,500,000 for
2 projects by hospital applicants, \$6,500,000 for applicants for
3 projects related to skilled and intermediate care long-term
4 care facilities licensed under the Nursing Home Care Act, and
5 \$3,000,000 for projects by all other applicants, which shall be
6 annually adjusted to reflect the increase in construction costs
7 due to inflation, for major medical equipment and for all other
8 capital expenditures.

9 "Non-clinical service area" means an area (i) for the
10 benefit of the patients, visitors, staff, or employees of a
11 health care facility and (ii) not directly related to the
12 diagnosis, treatment, or rehabilitation of persons receiving
13 services from the health care facility. "Non-clinical service
14 areas" include, but are not limited to, chapels; gift shops;
15 news stands; computer systems; tunnels, walkways, and
16 elevators; telephone systems; projects to comply with life
17 safety codes; educational facilities; student housing;
18 patient, employee, staff, and visitor dining areas;
19 administration and volunteer offices; modernization of
20 structural components (such as roof replacement and masonry
21 work); boiler repair or replacement; vehicle maintenance and
22 storage facilities; parking facilities; mechanical systems for
23 heating, ventilation, and air conditioning; loading docks; and
24 repair or replacement of carpeting, tile, wall coverings,
25 window coverings or treatments, or furniture. Solely for the
26 purpose of this definition, "non-clinical service area" does

1 not include health and fitness centers.

2 "Areawide" means a major area of the State delineated on a
3 geographic, demographic, and functional basis for health
4 planning and for health service and having within it one or
5 more local areas for health planning and health service. The
6 term "region", as contrasted with the term "subregion", and the
7 word "area" may be used synonymously with the term "areawide".

8 "Local" means a subarea of a delineated major area that on
9 a geographic, demographic, and functional basis may be
10 considered to be part of such major area. The term "subregion"
11 may be used synonymously with the term "local".

12 "Physician" means a person licensed to practice in
13 accordance with the Medical Practice Act of 1987, as amended.

14 "Licensed health care professional" means a person
15 licensed to practice a health profession under pertinent
16 licensing statutes of the State of Illinois.

17 "Director" means the Director of the Illinois Department of
18 Public Health.

19 "Agency" means the Illinois Department of Public Health.

20 "Alternative health care model" means a facility or program
21 authorized under the Alternative Health Care Delivery Act.

22 "Out-of-state facility" means a person that is both (i)
23 licensed as a hospital or as an ambulatory surgery center under
24 the laws of another state or that qualifies as a hospital or an
25 ambulatory surgery center under regulations adopted pursuant
26 to the Social Security Act and (ii) not licensed under the

1 Ambulatory Surgical Treatment Center Act, the Hospital
2 Licensing Act, or the Nursing Home Care Act. Affiliates of
3 out-of-state facilities shall be considered out-of-state
4 facilities. Affiliates of Illinois licensed health care
5 facilities 100% owned by an Illinois licensed health care
6 facility, its parent, or Illinois physicians licensed to
7 practice medicine in all its branches shall not be considered
8 out-of-state facilities. Nothing in this definition shall be
9 construed to include an office or any part of an office of a
10 physician licensed to practice medicine in all its branches in
11 Illinois that is not required to be licensed under the
12 Ambulatory Surgical Treatment Center Act.

13 "Change of ownership of a health care facility" means a
14 change in the person who has ownership or control of a health
15 care facility's physical plant and capital assets. A change in
16 ownership is indicated by the following transactions: sale,
17 transfer, acquisition, lease, change of sponsorship, or other
18 means of transferring control.

19 "Related person" means any person that: (i) is at least 50%
20 owned, directly or indirectly, by either the health care
21 facility or a person owning, directly or indirectly, at least
22 50% of the health care facility; or (ii) owns, directly or
23 indirectly, at least 50% of the health care facility.

24 "Charity care" means care provided by a health care
25 facility for which the provider does not expect to receive
26 payment from the patient or a third-party payer.

1 "Freestanding emergency center" means a facility subject
2 to licensure under Section 32.5 of the Emergency Medical
3 Services (EMS) Systems Act.

4 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;
5 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-277, eff. 1-1-12;
6 revised 9-7-11.)

7 (20 ILCS 3960/14.1)

8 Sec. 14.1. Denial of permit; other sanctions.

9 (a) The State Board may deny an application for a permit or
10 may revoke or take other action as permitted by this Act with
11 regard to a permit as the State Board deems appropriate,
12 including the imposition of fines as set forth in this Section,
13 for any one or a combination of the following:

14 (1) The acquisition of major medical equipment without
15 a permit or in violation of the terms of a permit.

16 (2) The establishment, construction, or modification
17 of a health care facility without a permit or in violation
18 of the terms of a permit.

19 (3) The violation of any provision of this Act or any
20 rule adopted under this Act.

21 (4) The failure, by any person subject to this Act, to
22 provide information requested by the State Board or Agency
23 within 30 days after a formal written request for the
24 information.

25 (5) The failure to pay any fine imposed under this

1 Section within 30 days of its imposition.

2 (a-5) For facilities licensed under the ID/DD Community
3 Care Act, no permit shall be denied on the basis of prior
4 operator history, other than for actions specified under item
5 (2), (4), or (5) of Section 3-117 of the ID/DD Community Care
6 Act. For facilities licensed under the Specialized Mental
7 Health Rehabilitation Act, no permit shall be denied on the
8 basis of prior operator history, other than for: (i) actions
9 specified under item (2), (3), (4), ~~or~~ (5), or (6) of Section
10 3-117 of the Specialized Mental Health Rehabilitation Act or
11 item (2), (3), (4), (5), or (6) of Section 3-117 of the Nursing
12 Home Care Act; (ii) actions specified under item (a)(6) of
13 Section 3-119 of the Specialized Mental Health Rehabilitation
14 Act or item (a)(6) of Section 3-119 of the Nursing Home Care
15 Act; or (iii) actions within the preceding 5 years constituting
16 a substantial and repeated failure to comply with the
17 Specialized Mental Health Rehabilitation Act or the Nursing
18 Home Care Act or the rules and regulations adopted by the
19 Department under those Acts. For facilities licensed under the
20 Nursing Home Care Act, no permit shall be denied on the basis
21 of prior operator history, other than for: (i) actions
22 specified under item (2), (3), (4), (5), or (6) of Section
23 3-117 of the Specialized Mental Health Rehabilitation Act or
24 item (2), (3), (4), (5), or (6) of Section 3-117 of the Nursing
25 Home Care Act; (ii) actions specified under item (a)(6) of
26 Section 3-119 of the Specialized Mental Health Rehabilitation

1 Act or item (2), (3), (4), (5), or (6) of Section 3-117 of the
2 Nursing Home Care Act; or (iii) actions within the preceding 5
3 years constituting a substantial and repeated failure to comply
4 with the Specialized Mental Health Rehabilitation Act or the
5 Nursing Home Care Act or the rules and regulations adopted by
6 the Department under those Acts ~~that Act~~. The State Board shall
7 not deny a permit on account of any action described in this
8 subsection (a-5) without also considering all such actions in
9 the light of all relevant information available to the State
10 Board, including whether the permit is sought to substantially
11 comply with a mandatory or voluntary plan of correction
12 associated with any action described in this subsection (a-5).
13 A permit for a change of ownership granted pursuant to this
14 Section for a facility that has committed 2 Type "A" violations
15 or at least one Type "AA" violation in the past 2 years must
16 require the new owner to comply with a credible plan detailing
17 how the facility will remain in compliance with its applicable
18 licensing Act and rules and regulations adopted by the
19 Department under that Act. Failure to comply with the plan
20 shall be considered a modification of a health care facility
21 for purposes of subsection (b) of this Section.

22 (b) Persons shall be subject to fines as follows:

23 (1) A permit holder who fails to comply with the
24 requirements of maintaining a valid permit shall be fined
25 an amount not to exceed 1% of the approved permit amount
26 plus an additional 1% of the approved permit amount for

1 each 30-day period, or fraction thereof, that the violation
2 continues.

3 (2) A permit holder who alters the scope of an approved
4 project or whose project costs exceed the allowable permit
5 amount without first obtaining approval from the State
6 Board shall be fined an amount not to exceed the sum of (i)
7 the lesser of \$25,000 or 2% of the approved permit amount
8 and (ii) in those cases where the approved permit amount is
9 exceeded by more than \$1,000,000, an additional \$20,000 for
10 each \$1,000,000, or fraction thereof, in excess of the
11 approved permit amount.

12 (3) A person who acquires major medical equipment or
13 who establishes a category of service without first
14 obtaining a permit or exemption, as the case may be, shall
15 be fined an amount not to exceed \$10,000 for each such
16 acquisition or category of service established plus an
17 additional \$10,000 for each 30-day period, or fraction
18 thereof, that the violation continues.

19 (4) A person who constructs, modifies, or establishes a
20 health care facility without first obtaining a permit shall
21 be fined an amount not to exceed \$25,000 plus an additional
22 \$25,000 for each 30-day period, or fraction thereof, that
23 the violation continues.

24 (5) A person who discontinues a health care facility or
25 a category of service without first obtaining a permit
26 shall be fined an amount not to exceed \$10,000 plus an

1 additional \$10,000 for each 30-day period, or fraction
2 thereof, that the violation continues. For purposes of this
3 subparagraph (5), facilities licensed under the Nursing
4 Home Care Act or the ID/DD Community Care Act, with the
5 exceptions of facilities operated by a county or Illinois
6 Veterans Homes, are exempt from this permit requirement.
7 However, facilities licensed under the Nursing Home Care
8 Act or the ID/DD Community Care Act must comply with
9 Section 3-423 of the Nursing Home Care Act or Section 3-423
10 of the ID/DD Community Care Act and must provide the Board
11 with 30-days' written notice of its intent to close.

12 (6) A person subject to this Act who fails to provide
13 information requested by the State Board or Agency within
14 30 days of a formal written request shall be fined an
15 amount not to exceed \$1,000 plus an additional \$1,000 for
16 each 30-day period, or fraction thereof, that the
17 information is not received by the State Board or Agency.

18 (c) Before imposing any fine authorized under this Section,
19 the State Board shall afford the person or permit holder, as
20 the case may be, an appearance before the State Board and an
21 opportunity for a hearing before a hearing officer appointed by
22 the State Board. The hearing shall be conducted in accordance
23 with Section 10.

24 (d) All fines collected under this Act shall be transmitted
25 to the State Treasurer, who shall deposit them into the
26 Illinois Health Facilities Planning Fund.

1 (Source: P.A. 96-339, eff. 7-1-10; 96-1372, eff. 7-29-10;
2 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; revised 9-7-11.)

3 Section 15. The Nursing Home Care Act is amended by
4 changing Sections 2-208, 3-109, 3-117, 3-119, 3-202, 3-202.05,
5 3-202.2b, 3-206, 3-207, 3-304.1, and 3-808.5 and by adding
6 Sections 1-114.2, 2-218, 3-202.6, and 3-206.06 as follows:

7 (210 ILCS 45/1-114.2 new)

8 Sec. 1-114.2. Liability insurance. "Liability insurance"
9 means insurance on risks based upon neglect of a resident for
10 which a licensee is or may be responsible.

11 (210 ILCS 45/2-208) (from Ch. 111 1/2, par. 4152-208)

12 Sec. 2-208. Notice of death, unusual incident, abuse, or
13 neglect.

14 (a) A facility shall immediately notify the resident's next
15 of kin, representative and physician of the resident's death or
16 when the resident's death appears to be imminent. A facility
17 shall notify the Department by telephone of a resident's death
18 within 24 hours after the resident's death. The facility shall
19 notify the Department of the death of a facility resident that
20 does not occur in the facility immediately upon learning of the
21 death. A facility shall promptly notify the coroner or medical
22 examiner of a resident's death in a manner and form to be
23 determined by the Department after consultation with the

1 coroner or medical examiner of the county in which the facility
2 is located. In addition to notice to the Department by
3 telephone, the Department shall require the facility to submit
4 written notification of the death of a resident within 72 hours
5 after the death, including a report of any medication errors or
6 other incidents that occurred, within 30 days after the
7 resident's death. A facility's failure to comply with this
8 subsection shall constitute a Type "B" violation.

9 (b) A facility shall immediately notify a resident's next
10 of kin, guardian, or representative of any unusual incident,
11 abuse, or neglect involving the resident. A facility shall
12 immediately notify the Department by telephone of any unusual
13 incident, abuse, or neglect required to be reported pursuant to
14 State law or administrative rule. In addition to notice to the
15 Department by telephone, the Department shall require the
16 facility to submit written notification of any unusual
17 incident, abuse, or neglect within one day after the unusual
18 incident, abuse, or neglect occurs. A facility's failure to
19 comply with this subsection shall constitute a Type "B"
20 violation. For purposes of this subsection, "unusual incident"
21 means any of the following: a serious injury; an unscheduled
22 hospital visit for treatment of serious injury; a 9-1-1 call
23 for emergency services directly relating to a resident threat;
24 or stalking of staff, a resident, or any other person.

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

1 (210 ILCS 45/2-218 new)

2 Sec. 2-218. Notification of violations or deficiencies.
3 When the Department issues any notice pursuant to Section
4 3-119, 3-301, 3-303, 3-307, or 3-702 of this Act, or when the
5 Centers for Medicare and Medicaid Services (CMS) issues a
6 notice of federal Medicaid certification deficiencies, the
7 facility receiving the notice shall provide notification of the
8 violations or deficiencies, within 10 days after receiving the
9 notice, to (i) every resident identified or referred to
10 anywhere within the Department's notice of violations or the
11 CMS Form 2567 (Statement of Deficiencies and Plan of
12 Correction) as having received care or services that violated
13 State or federal standards and (ii) the guardian or resident's
14 representative of every such resident. The notification
15 provided by the facility shall include a Department-prescribed
16 notification letter as determined by rule and a copy of the
17 Department's notice of violations and CMS Form 2567, if any. A
18 facility's failure to provide notification pursuant to this
19 Section to a resident and the resident's representative or
20 guardian, if any, shall constitute a Type "B" violation.

21 (210 ILCS 45/3-109) (from Ch. 111 1/2, par. 4153-109)

22 Sec. 3-109. Upon receipt and review of an application for a
23 license made under this Article and inspection of the applicant
24 facility under this Article, the Director shall issue a license
25 if he finds:

1 (1) that the individual applicant, or the corporation,
2 partnership or other entity if the applicant is not an
3 individual, is a person responsible and suitable to operate
4 or to direct or participate in the operation of a facility
5 by virtue of financial capacity, appropriate business or
6 professional experience, a record of compliance with
7 lawful orders of the Department and lack of revocation of a
8 license during the previous 5 years;

9 (2) that the facility is under the supervision of an
10 administrator who is licensed, if required, under the
11 Nursing Home Administrators Licensing and Disciplinary
12 Act, as now or hereafter amended; ~~and~~

13 (3) that the facility is covered by liability insurance
14 as required by this Act; and

15 (4) ~~(3)~~ that the facility is in substantial compliance
16 with this Act, and such other requirements for a license as
17 the Department by rule may establish under this Act.

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

19 (210 ILCS 45/3-117) (from Ch. 111 1/2, par. 4153-117)
20 Sec. 3-117. An application for a license may be denied for
21 any of the following reasons:

22 (1) Failure to meet any of the minimum standards set
23 forth by this Act or by rules and regulations promulgated
24 by the Department under this Act.

25 (2) Conviction of the applicant, or if the applicant is

1 a firm, partnership or association, of any of its members,
2 or if a corporation, the conviction of the corporation or
3 any of its officers or stockholders, or of the person
4 designated to manage or supervise the facility, of a
5 felony, or of 2 or more misdemeanors involving moral
6 turpitude, during the previous 5 years as shown by a
7 certified copy of the record of the court of conviction.

8 (3) Personnel insufficient in number or unqualified by
9 training or experience to properly care for the proposed
10 number and type of residents.

11 (4) Insufficient financial or other resources to
12 operate and conduct the facility in accordance with
13 standards promulgated by the Department under this Act,
14 including failure to have or maintain liability insurance
15 as required by this Act, and in accordance with contractual
16 obligations assumed by a recipient of a grant under the
17 Equity in Long-term Care Quality Act and the plan (if
18 applicable) submitted by a grantee for continuing and
19 increasing adherence to best practices in providing
20 high-quality nursing home care.

21 (5) Revocation of a facility license during the
22 previous 5 years, if such prior license was issued to the
23 individual applicant, a controlling owner or controlling
24 combination of owners of the applicant; or any affiliate of
25 the individual applicant or controlling owner of the
26 applicant and such individual applicant, controlling owner

1 of the applicant or affiliate of the applicant was a
2 controlling owner of the prior license; provided, however,
3 that the denial of an application for a license pursuant to
4 this subsection must be supported by evidence that such
5 prior revocation renders the applicant unqualified or
6 incapable of meeting or maintaining a facility in
7 accordance with the standards and rules promulgated by the
8 Department under this Act.

9 (6) That the facility is not under the direct
10 supervision of a full-time administrator, as defined by
11 regulation, who is licensed, if required, under the Nursing
12 Home Administrators Licensing and Disciplinary Act.

13 (7) That the facility is in receivership and the
14 proposed licensee has not submitted a specific detailed
15 plan to bring the facility into compliance with the
16 requirements of this Act and with federal certification
17 requirements, if the facility is certified, and to keep the
18 facility in such compliance.

19 (Source: P.A. 95-331, eff. 8-21-07; 96-1372, eff. 7-29-10.)

20 (210 ILCS 45/3-119) (from Ch. 111 1/2, par. 4153-119)

21 Sec. 3-119. (a) The Department, after notice to the
22 applicant or licensee, may suspend, revoke or refuse to renew a
23 license in any case in which the Department finds any of the
24 following:

25 (1) There has been a substantial failure to comply with

1 this Act or the rules and regulations promulgated by the
2 Department under this Act. A substantial failure by a
3 facility shall include, but not be limited to, any of the
4 following:

5 (A) termination of Medicare or Medicaid
6 certification by the Centers for Medicare and Medicaid
7 Services; or

8 (B) a failure by the facility to pay any fine
9 assessed under this Act after the Department has sent
10 to the facility at least 2 notices of assessment that
11 include a schedule of payments as determined by the
12 Department, taking into account extenuating
13 circumstances and financial hardships of the facility.

14 (2) Conviction of the licensee, or of the person
15 designated to manage or supervise the facility, of a
16 felony, or of 2 or more misdemeanors involving moral
17 turpitude, during the previous 5 years as shown by a
18 certified copy of the record of the court of conviction.

19 (3) Personnel is insufficient in number or unqualified
20 by training or experience to properly care for the number
21 and type of residents served by the facility.

22 (4) Financial or other resources are insufficient to
23 conduct and operate the facility in accordance with
24 standards promulgated by the Department under this Act,
25 including that the facility failed to maintain liability
26 insurance coverage as required by this Act at some time

1 during the term of its license.

2 (5) The facility is not under the direct supervision of
3 a full-time administrator, as defined by regulation, who is
4 licensed, if required, under the Nursing Home
5 Administrators Licensing and Disciplinary Act.

6 (6) The facility has committed 2 Type "AA" violations
7 within a 2-year period.

8 (b) Notice under this Section shall include a clear and
9 concise statement of the violations on which the nonrenewal or
10 revocation is based, the statute or rule violated and notice of
11 the opportunity for a hearing under Section 3-703.

12 (c) If a facility desires to contest the nonrenewal or
13 revocation of a license, the facility shall, within 10 days
14 after receipt of notice under subsection (b) of this Section,
15 notify the Department in writing of its request for a hearing
16 under Section 3-703. Upon receipt of the request the Department
17 shall send notice to the facility and hold a hearing as
18 provided under Section 3-703.

19 (d) The effective date of nonrenewal or revocation of a
20 license by the Department shall be any of the following:

21 (1) Until otherwise ordered by the circuit court,
22 revocation is effective on the date set by the Department
23 in the notice of revocation, or upon final action after
24 hearing under Section 3-703, whichever is later.

25 (2) Until otherwise ordered by the circuit court,
26 nonrenewal is effective on the date of expiration of any

1 existing license, or upon final action after hearing under
2 Section 3-703, whichever is later; however, a license shall
3 not be deemed to have expired if the Department fails to
4 timely respond to a timely request for renewal under this
5 Act or for a hearing to contest nonrenewal under paragraph
6 (c).

7 (3) The Department may extend the effective date of
8 license revocation or expiration in any case in order to
9 permit orderly removal and relocation of residents.

10 The Department may refuse to issue or may suspend the
11 license of any person who fails to file a return, or to pay the
12 tax, penalty or interest shown in a filed return, or to pay any
13 final assessment of tax, penalty or interest, as required by
14 any tax Act administered by the Illinois Department of Revenue,
15 until such time as the requirements of any such tax Act are
16 satisfied.

17 (Source: P.A. 95-331, eff. 8-21-07; 96-1372, eff. 7-29-10.)

18 (210 ILCS 45/3-202) (from Ch. 111 1/2, par. 4153-202)

19 Sec. 3-202. The Department shall prescribe minimum
20 standards for facilities. These standards shall regulate:

21 (1) Location and construction of the facility,
22 including plumbing, heating, lighting, ventilation, and
23 other physical conditions which shall ensure the health,
24 safety, and comfort of residents and their protection from
25 fire hazard;

1 (2) Number and qualifications of all personnel,
2 including management and nursing personnel, having
3 responsibility for any part of the care given to residents;
4 specifically, the Department shall establish staffing
5 ratios for facilities which shall specify the number of
6 staff hours per resident of care that are needed for
7 professional nursing care for various types of facilities
8 or areas within facilities and shall require consistent
9 assignment of the same nursing and other direct care staff
10 to the same residents, to the extent circumstances within
11 the control of the facility permit such assignment and
12 respecting requests by staff for reassignment;

13 (3) All sanitary conditions within the facility and its
14 surroundings, including water supply, sewage disposal,
15 food handling, and general hygiene, which shall ensure the
16 health and comfort of residents;

17 (4) Diet related to the needs of each resident based on
18 good nutritional practice and on recommendations which may
19 be made by the physicians attending the resident;

20 (5) Equipment essential to the health and welfare of
21 the residents;

22 (6) A program of habilitation and rehabilitation for
23 those residents who would benefit from such programs;

24 (7) A program for adequate maintenance of physical
25 plant and equipment;

26 (8) Adequate accommodations, staff and services for

1 the number and types of residents for whom the facility is
2 licensed to care, including standards for temperature and
3 relative humidity within comfort zones determined by the
4 Department based upon a combination of air temperature,
5 relative humidity and air movement. Such standards shall
6 also require facility plans that provide for health and
7 comfort of residents at medical risk as determined by the
8 attending physician whenever the temperature and relative
9 humidity are outside such comfort zones established by the
10 Department. The standards must include a requirement that
11 areas of a nursing home used by residents of the nursing
12 home be air conditioned and heated by means of operable
13 air-conditioning and heating equipment. The areas subject
14 to this air-conditioning and heating requirement include,
15 without limitation, bedrooms or common areas such as
16 sitting rooms, activity rooms, living rooms, community
17 rooms, and dining rooms. No later than July 1, 2008, the
18 Department shall submit a report to the General Assembly
19 concerning the impact of the changes made by this
20 amendatory Act of the 95th General Assembly;

21 (9) Development of evacuation and other appropriate
22 safety plans for use during weather, health, fire, physical
23 plant, environmental and national defense emergencies; and

24 (10) Maintenance of minimum financial or other
25 resources necessary to meet the standards established
26 under this Section, and to operate and conduct the facility

1 in accordance with this Act.

2 (Source: P.A. 95-31, eff. 8-9-07.)

3 (210 ILCS 45/3-202.05)

4 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and
5 thereafter.

6 (a) For the purpose of computing staff to resident ratios,
7 direct care staff shall include:

8 (1) registered nurses;

9 (2) licensed practical nurses;

10 (3) certified nurse assistants;

11 (4) psychiatric services rehabilitation aides;

12 (5) rehabilitation and therapy aides;

13 (6) psychiatric services rehabilitation coordinators;

14 (7) assistant directors of nursing;

15 (8) 50% of the Director of Nurses' time; and

16 (9) 30% of the Social Services Directors' time.

17 The Department shall, by rule, allow certain facilities
18 subject to 77 Ill. Admin. Code 300.4000 and following (Subpart
19 S) and 300.6000 and following (Subpart T) to utilize
20 specialized clinical staff, as defined in rules, to count
21 towards the staffing ratios.

22 An employee listed in any of items (1) through (7) shall be
23 counted as direct care staff to the extent the individual
24 actually provides direct care to residents, including any
25 ancillary time the individual spends recording the direct care

1 he or she has provided to residents. An individual's time spent
2 on scheduled breaks, in training (other than one-on-one
3 demonstration and practice of direct care techniques with a
4 resident), making appointments, or serving other functions not
5 in the presence of a resident, shall not be considered "direct
6 care".

7 (b) Beginning January 1, 2011, and thereafter, light
8 intermediate care shall be staffed at the same staffing ratio
9 as intermediate care.

10 (c) Facilities shall notify the Department within 60 days
11 after the effective date of this amendatory Act of the 96th
12 General Assembly, in a form and manner prescribed by the
13 Department, of the staffing ratios in effect on the effective
14 date of this amendatory Act of the 96th General Assembly for
15 both intermediate and skilled care and the number of residents
16 receiving each level of care.

17 (d) (1) Effective July 1, 2010, for each resident needing
18 skilled care, a minimum staffing ratio of 2.5 hours of nursing
19 and personal care each day must be provided; for each resident
20 needing intermediate care, 1.7 hours of nursing and personal
21 care each day must be provided.

22 (2) Effective January 1, 2011, the minimum staffing ratios
23 shall be increased to 2.7 hours of nursing and personal care
24 each day for a resident needing skilled care and 1.9 hours of
25 nursing and personal care each day for a resident needing
26 intermediate care.

1 (3) Effective January 1, 2012, the minimum staffing ratios
2 shall be increased to 3.0 hours of nursing and personal care
3 each day for a resident needing skilled care and 2.1 hours of
4 nursing and personal care each day for a resident needing
5 intermediate care.

6 (4) Effective January 1, 2013, the minimum staffing ratios
7 shall be increased to 3.4 hours of nursing and personal care
8 each day for a resident needing skilled care and 2.3 hours of
9 nursing and personal care each day for a resident needing
10 intermediate care.

11 (5) Effective January 1, 2014, the minimum staffing ratios
12 shall be increased to 3.8 hours of nursing and personal care
13 each day for a resident needing skilled care and 2.5 hours of
14 nursing and personal care each day for a resident needing
15 intermediate care.

16 (Source: P.A. 96-1372, eff. 7-29-10; 96-1504, eff. 1-27-11.)

17 (210 ILCS 45/3-202.2b)

18 Sec. 3-202.2b. Certification of psychiatric rehabilitation
19 program.

20 (a) No later than January 1, 2011, the Department shall
21 file with the Joint Committee on Administrative Rules, pursuant
22 to the Illinois Administrative Procedure Act, proposed rules or
23 proposed amendments to existing rules to establish a special
24 certification program for compliance with 77 Ill. Admin. Code
25 300.4000 and following (Subpart S), which provides for

1 psychiatric rehabilitation services that are required to be
2 offered by a long term care facility licensed under this Act
3 that serves residents with serious mental illness. Compliance
4 with standards promulgated pursuant to this Section must be
5 demonstrated before a long term care facility licensed under
6 this Act is eligible to become certified under this Section and
7 annually thereafter.

8 (b) No long term care facility shall establish, operate,
9 maintain, or offer psychiatric rehabilitation services, or
10 admit, retain, or seek referrals of a resident with a serious
11 mental illness diagnosis, unless and until a valid
12 certification, which remains unsuspended, unrevoked, and
13 unexpired, has been issued.

14 (c) A facility that currently serves a resident with
15 serious mental illness may continue to admit such residents
16 until the Department performs a certification review and
17 determines that the facility does not meet the requirements for
18 certification. The Department, at its discretion, may provide
19 an additional 90-day period for the facility to meet the
20 requirements for certification if it finds that the facility
21 has made a good faith effort to comply with all certification
22 requirements and will achieve total compliance with the
23 requirements before the end of the 90-day period. The facility
24 shall be prohibited from admitting residents with serious
25 mental illness until the Department certifies the facility to
26 be in compliance with the requirements of this Section.

1 (d) A facility currently serving residents with serious
2 mental illness that elects to terminate provision of services
3 to this population must immediately notify the Department of
4 its intent, cease to admit new residents with serious mental
5 illness, and give notice to all existing residents with serious
6 mental illness of their impending discharge. These residents
7 shall be accorded all rights and assistance provided to a
8 resident being involuntarily discharged and those provided
9 under Section 2-201.5. The facility shall continue to adhere to
10 all requirements of 77 Ill. Admin. Code 300.4000 until all
11 residents with serious mental illness have been discharged.

12 (e) A long term care facility found to be out of compliance
13 with the certification requirements under this Section may be
14 subject to denial, revocation, or suspension of the psychiatric
15 rehabilitation services certification or the imposition of
16 sanctions and penalties, including the immediate suspension of
17 new admissions. Hearings shall be conducted pursuant to Article
18 III, Part 7 of this Act.

19 (f) The Department shall indicate, on its list of licensed
20 long term care facilities, which facilities are certified under
21 this Section and shall distribute this list to the appropriate
22 State agencies charged with administering and implementing the
23 State's program of pre-admission screening and resident
24 review, hospital discharge planners, Area Agencies on Aging,
25 Case Coordination Units, and others upon request.

26 (g) No public official, agent, or employee of the State, or

1 any subcontractor of the State, may refer or arrange for the
2 placement of a person with serious mental illness in a long
3 term care facility that is not certified under this Section. No
4 public official, agent, or employee of the State, or any
5 subcontractor of the State, may place the name of a long term
6 care facility on a list of facilities serving the seriously
7 mentally ill for distribution to the general public or to
8 professionals arranging for placements or making referrals
9 unless the facility is certified under this Section.

10 (h) Certification requirements. The Department shall
11 establish requirements for certification that augment current
12 quality of care standards for long term care facilities serving
13 residents with serious mental illness, which shall include
14 admission, discharge planning, psychiatric rehabilitation
15 services, development of age-group appropriate treatment plan
16 goals and services, behavior management services, coordination
17 with community mental health services, staff qualifications
18 and training, clinical consultation, resident access to the
19 outside community, and appropriate environment and space for
20 resident programs, recreation, privacy, and any other issue
21 deemed appropriate by the Department. The augmented standards
22 shall at a minimum include, but need not be limited to, the
23 following:

24 (1) Staff sufficient in number and qualifications
25 necessary to meet the scheduled and unscheduled needs of
26 the residents on a 24-hour basis. The Department shall

1 establish by rule the minimum number of psychiatric
2 services rehabilitation coordinators in relation to the
3 number of residents with serious mental illness residing in
4 the facility. When no psychiatric services rehabilitation
5 coordinator is in the facility, there shall be at least one
6 such person on call and available to respond to emergencies
7 in the facility.

8 (2) The number and qualifications of consultants
9 required to be contracted with to provide continuing
10 education and training, and to assist with program
11 development.

12 (3) Training for all new employees specific to the care
13 needs of residents with a serious mental illness diagnosis
14 during their orientation period and annually thereafter.
15 Training shall be independent of the Department and
16 overseen by an agency designated by the Governor to
17 determine the content of all facility employee training and
18 to provide training for all trainers of facility employees.
19 Training of employees shall at minimum include, but need
20 not be limited to, (i) the impact of a serious mental
21 illness diagnosis, (ii) the recovery paradigm and the role
22 of psychiatric rehabilitation, (iii) preventive strategies
23 for managing aggression and crisis prevention, (iv) basic
24 psychiatric rehabilitation techniques and service
25 delivery, (v) resident rights, (vi) abuse prevention,
26 (vii) appropriate interaction between staff and residents,

1 and (viii) any other topic deemed by the Department to be
2 important to ensuring quality of care.

3 (4) Quality assessment and improvement requirements,
4 in addition to those contained in this Act on the effective
5 date of this amendatory Act of the 96th General Assembly,
6 specific to a facility's residential psychiatric
7 rehabilitation services, which shall be made available to
8 the Department upon request. A facility shall be required
9 at a minimum to develop and maintain policies and
10 procedures that include, but need not be limited to,
11 evaluation of the appropriateness of resident admissions
12 based on the facility's capacity to meet specific needs,
13 resident assessments, development and implementation of
14 care plans, and discharge planning.

15 (5) Room selection and appropriateness of roommate
16 assignment, including the assignment of female residents
17 to female-only units or floors and, to the extent possible
18 (taking into account the availability of staff and staff
19 preference), the assignment of only female staff to work on
20 those floors or units.

21 (6) Comprehensive quarterly review of all treatment
22 plans for residents with serious mental illness by the
23 resident's interdisciplinary team, which takes into
24 account, at a minimum, the resident's progress, prior
25 assessments, and treatment plan.

26 (7) Substance abuse screening and management and

1 documented referral relationships with certified substance
2 abuse treatment providers.

3 (8) Administration of psychotropic medications to a
4 non-objecting resident with serious mental illness who is
5 incapable of giving informed consent, in compliance with
6 the applicable provisions of the Mental Health and
7 Developmental Disabilities Code. Administration of
8 psychotropic medications to an objecting resident, only
9 with a court order authorizing such administration.

10 (i) The Department shall establish a certification fee
11 schedule by rule, in consultation with advocates, nursing
12 homes, and representatives of associations representing long
13 term care facilities.

14 (j) The Director or her or his designee shall seek input
15 from the Long Term Care Facility Advisory Board before filing
16 rules to implement this Section.

17 Rules proposed no later than January 1, 2011 under this
18 Section shall take effect 180 days after being approved by the
19 Joint Committee on Administrative Rules.

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

21 (210 ILCS 45/3-202.6 new)

22 Sec. 3-202.6. Liability insurance coverage required. No
23 person may establish, operate, maintain, offer, or advertise a
24 facility within this State without providing to the Department
25 of Public Health proof of liability insurance coverage in an

1 amount not less than \$1,000,000 per occurrence. This
2 requirement may not be waived. Failure to maintain such
3 liability insurance coverage during the term of a facility's
4 license shall be a separate Type "B" violation for each
5 resident of the facility for each month, or part of a month, in
6 which the facility did not have the minimum required liability
7 insurance.

8 (210 ILCS 45/3-206) (from Ch. 111 1/2, par. 4153-206)

9 Sec. 3-206. The Department shall prescribe a curriculum for
10 training nursing assistants, habilitation aides, and child
11 care aides.

12 (a) No person, except a volunteer who receives no
13 compensation from a facility and is not included for the
14 purpose of meeting any staffing requirements set forth by the
15 Department, shall act as a nursing assistant, habilitation
16 aide, or child care aide in a facility, nor shall any person,
17 under any other title, not licensed, certified, or registered
18 to render medical care by the Department of Professional
19 Regulation, assist with the personal, medical, or nursing care
20 of residents in a facility, unless such person meets the
21 following requirements:

22 (1) Be at least 16 years of age, of temperate habits
23 and good moral character, honest, reliable and
24 trustworthy.

25 (2) Be able to speak and understand the English

1 language or a language understood by a substantial
2 percentage of the facility's residents.

3 (3) Provide evidence of employment or occupation, if
4 any, and residence for 2 years prior to his present
5 employment.

6 (4) Have completed at least 10 ~~8~~ years of grade school
7 or provide proof of equivalent knowledge.

8 (5) Begin a current course of training for nursing
9 assistants, habilitation aides, or child care aides,
10 approved by the Department, within 45 days of initial
11 employment in the capacity of a nursing assistant,
12 habilitation aide, or child care aide at any facility. Such
13 courses of training shall be successfully completed within
14 120 days of initial employment in the capacity of nursing
15 assistant, habilitation aide, or child care aide at a
16 facility. Nursing assistants, habilitation aides, and
17 child care aides who are enrolled in approved courses in
18 community colleges or other educational institutions on a
19 term, semester or trimester basis, shall be exempt from the
20 120 day completion time limit. The Department shall adopt
21 rules for such courses of training. These rules shall
22 include procedures for facilities to carry on an approved
23 course of training within the facility.

24 The Department may accept comparable training in lieu
25 of the 120 hour course for student nurses, foreign nurses,
26 military personnel, or employes of the Department of Human

1 Services.

2 The facility shall develop and implement procedures
3 and at least 6 hours of quarterly in-service training,
4 which shall be approved by the Department, for an ongoing
5 review process, which shall take place within the facility,
6 for nursing assistants, habilitation aides, and child care
7 aides. The facility shall retain records of all staff
8 in-service training and shall provide such records to the
9 Department upon request. At least half of each quarter of
10 in-service training shall be one-on-one direct resident
11 care demonstration and practice of patient care
12 techniques.

13 At the time of each regularly scheduled licensure
14 survey, or at the time of a complaint investigation, the
15 Department may require any nursing assistant, habilitation
16 aide, or child care aide to demonstrate, either through
17 written examination or action, or both, sufficient
18 knowledge in all areas of required training. If such
19 knowledge is inadequate the Department shall require the
20 nursing assistant, habilitation aide, or child care aide to
21 complete inservice training and review in the facility
22 until the nursing assistant, habilitation aide, or child
23 care aide demonstrates to the Department, either through
24 written examination or action, or both, sufficient
25 knowledge in all areas of required training.

26 (6) Be familiar with and have general skills related to

1 resident care.

2 (a-0.5) An educational entity, other than a secondary
3 school, conducting a nursing assistant, habilitation aide, or
4 child care aide training program shall initiate a criminal
5 history record check in accordance with the Health Care Worker
6 Background Check Act prior to entry of an individual into the
7 training program. A secondary school may initiate a criminal
8 history record check in accordance with the Health Care Worker
9 Background Check Act at any time during or after a training
10 program.

11 (a-1) Nursing assistants, habilitation aides, or child
12 care aides seeking to be included on the registry maintained
13 under Section 3-206.01 on or after January 1, 1996 must
14 authorize the Department of Public Health or its designee to
15 request a criminal history record check in accordance with the
16 Health Care Worker Background Check Act and submit all
17 necessary information. An individual may not newly be included
18 on the registry unless a criminal history record check has been
19 conducted with respect to the individual.

20 (b) Persons subject to this Section shall perform their
21 duties under the supervision of a licensed nurse.

22 (c) It is unlawful for any facility to employ any person in
23 the capacity of nursing assistant, habilitation aide, or child
24 care aide, or under any other title, not licensed by the State
25 of Illinois to assist in the personal, medical, or nursing care
26 of residents in such facility unless such person has complied

1 with this Section.

2 (d) Proof of compliance by each employee with the
3 requirements set out in this Section shall be maintained for
4 each such employee by each facility in the individual personnel
5 folder of the employee. Proof of training shall be obtained
6 only from the health care worker registry.

7 (e) Each facility shall obtain access to the health care
8 worker registry's web application, maintain the employment and
9 demographic information relating to each employee, and verify
10 by the category and type of employment that each employee
11 subject to this Section meets all the requirements of this
12 Section.

13 (f) Any facility that is operated under Section 3-803 shall
14 be exempt from the requirements of this Section.

15 (g) Each skilled nursing and intermediate care facility
16 that admits persons who are diagnosed as having Alzheimer's
17 disease or related dementias shall require all nursing
18 assistants, habilitation aides, or child care aides, who did
19 not receive 12 hours of training in the care and treatment of
20 such residents during the training required under paragraph (5)
21 of subsection (a), to obtain 12 hours of in-house training in
22 the care and treatment of such residents. If the facility does
23 not provide the training in-house, the training shall be
24 obtained from other facilities, community colleges or other
25 educational institutions that have a recognized course for such
26 training. The Department shall, by rule, establish a recognized

1 course for such training. The Department's rules shall provide
2 that such training may be conducted in-house at each facility
3 subject to the requirements of this subsection, in which case
4 such training shall be monitored by the Department.

5 The Department's rules shall also provide for
6 circumstances and procedures whereby any person who has
7 received training that meets the requirements of this
8 subsection shall not be required to undergo additional training
9 if he or she is transferred to or obtains employment at a
10 different facility or a facility other than a long-term care
11 facility but remains continuously employed for pay as a nursing
12 assistant, habilitation aide, or child care aide. Individuals
13 who have performed no nursing or nursing-related services for a
14 period of 24 consecutive months shall be listed as "inactive"
15 and as such do not meet the requirements of this Section.
16 Licensed sheltered care facilities shall be exempt from the
17 requirements of this Section.

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

19 (210 ILCS 45/3-206.06 new)

20 Sec. 3-206.06. Dementia-specific orientation.

21 (a) A facility that admits or retains persons with
22 Alzheimer's disease or other dementias shall give all staff who
23 have any direct contact with these residents at least 4 hours
24 of dementia-specific orientation within their first 7 days of
25 employment. Nurses, nursing assistants, and social service and

1 activities staff who work with these residents shall, within
2 their first 45 days of employment, receive a minimum of 12
3 additional hours of orientation specifically related to the
4 care of persons with Alzheimer's disease and other dementias.
5 All staff who have any direct contact with these residents
6 shall have at least 12 hours of dementia-specific education and
7 training annually thereafter.

8 (b) The Department shall specify the content of the
9 orientation and the annual education and training.

10 (210 ILCS 45/3-207) (from Ch. 111 1/2, par. 4153-207)

11 Sec. 3-207. (a) As a condition of the issuance or renewal
12 of the license of any facility, the applicant shall file a
13 statement of ownership. The applicant shall update the
14 information required in the statement of ownership within 10
15 days of any change.

16 (b) The statement of ownership shall include the following:

17 (1) The name, address, telephone number, occupation or
18 business activity, business address and business telephone
19 number of the person who is the owner of the facility and every
20 person who owns the building in which the facility is located,
21 if other than the owner of the facility, which is the subject
22 of the application or license; and if the owner is a
23 partnership or corporation, the name of every partner and
24 stockholder of the owner;

25 (2) The name and address of any facility, wherever located,

1 any financial interest in which is owned by the applicant, if
2 the facility were required to be licensed if it were located in
3 this State;

4 (3) Other information necessary to determine the identity
5 and qualifications of an applicant or licensee to operate a
6 facility in accordance with this Act as required by the
7 Department in regulations.

8 (c) The information in the statement of ownership shall be
9 public information and shall be available from the Department.

10 (d) A facility which is owned by a chain organization as
11 defined by the Centers for Medicare and Medicaid Services shall
12 submit annually to the Department an electronic copy of the
13 Home Office Cost Statement required to be submitted by the home
14 office of the chain to the United States Department of Health
15 and Human Services. The facility shall send the cost statement
16 in electronic form to the Department forthwith after it submits
17 the statement to the Department of Health and Human Services.
18 Each week that a facility fails to comply with the requirements
19 of this subsection shall be cited as a separate administrative
20 warning.

21 (Source: P.A. 85-1183.)

22 (210 ILCS 45/3-304.1)

23 Sec. 3-304.1. Public computer access to information.

24 (a) The Department must make information regarding nursing
25 homes in the State available to the public in electronic form

1 on the World Wide Web, including all of the following
2 information:

3 (1) who regulates nursing homes;

4 (2) information in the possession of the Department
5 that is listed in Sections 3-210 and 3-304;

6 (3) deficiencies and plans of correction;

7 (4) enforcement remedies;

8 (5) penalty letters;

9 (6) designation of penalty monies;

10 (7) the U.S. Department of Health and Human Services'
11 Health Care Financing Administration special projects or
12 federally required inspections;

13 (8) advisory standards;

14 (9) deficiency-free surveys;

15 (10) enforcement actions and enforcement summaries;

16 ~~and~~

17 (11) distressed facilities;~~i-~~

18 (12) a link to the most recent facility cost report
19 filed with the Department of Healthcare and Family
20 Services;

21 (13) a link to the most recent Consumer Choice
22 Information Report filed with the Department on Aging;

23 (14) whether the facility is part of a chain; the
24 facility shall be deemed part of a chain if it meets
25 criteria established by the United States Department of
26 Health and Human Services that identify it as owned by a

1 chain organization; and

2 (15) a copy of the latest Home Office Cost Statement,
3 if any, filed by the home office of the owner of the
4 facility with the United States Department of Health and
5 Human Services.

6 (b) No fee or other charge may be imposed by the Department
7 as a condition of accessing the information.

8 (c) The electronic public access provided through the World
9 Wide Web shall be in addition to any other electronic or print
10 distribution of the information.

11 (d) The information shall be made available as provided in
12 this Section in the shortest practicable time after it is
13 publicly available in any other form.

14 (e) The Department shall cooperate with a tax-exempt,
15 not-for-profit organization dedicated solely to advocacy for
16 long-term care residents to make available in electronic form
17 the results of all surveys, including any enforcement actions,
18 and current information about individual nursing home
19 staffing, in the shortest practicable time after they become
20 publicly available. The data shall be provided without charge,
21 so long as the organization charges no fee for sharing the
22 information with the general public. If the organization makes
23 the data available on a website, the Department shall create a
24 link to the website on the Department's website.

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

1 (210 ILCS 45/3-808.5)

2 Sec. 3-808.5. Nursing home fraud, abuse, and neglect
3 prevention and reporting.

4 (a) Every licensed long term care facility that receives
5 Medicaid funding shall prominently display in its lobby, in its
6 dining areas, and on each floor of the facility information
7 approved by the Illinois Medicaid Fraud Control Unit on how to
8 report fraud, abuse, and neglect. In addition, information
9 regarding the reporting of fraud, abuse, and neglect shall be
10 provided to each resident at the time of admission and to the
11 resident's family members or emergency contacts, or to both the
12 resident's family members and his or her emergency contacts.

13 (b) Any owner or licensee of a long term care facility
14 licensed under this Act shall be responsible for the collection
15 and maintenance of any and all records required to be
16 maintained under this Section and any other applicable
17 provisions of this Act, and as a provider under the Illinois
18 Public Aid Code, and shall be responsible for compliance with
19 all of the disclosure requirements under this Section. All
20 books and records and other papers and documents that are
21 required to be kept, and all records showing compliance with
22 all of the disclosure requirements to be made pursuant to this
23 Section, shall be kept at the facility and shall, at all times
24 during business hours, be subject to inspection by any law
25 enforcement or health oversight agency or its duly authorized
26 agents or employees.

1 (c) Any report of abuse and neglect of residents made by
2 any individual in whatever manner, including, but not limited
3 to, reports made under Sections 2-107 and 3-610 of this Act, or
4 as provided under the Abused and Neglected Long Term Care
5 Facility Residents Reporting Act, that is made to an
6 administrator, a director of nursing, or any other person with
7 management responsibility at a long term care facility must be
8 disclosed to the owners and licensee of the facility within 24
9 hours of the report. The owners and licensee of a long term
10 care facility shall maintain all records necessary to show
11 compliance with this disclosure requirement.

12 (d) Any person with an ownership interest in a long term
13 care facility licensed by the Department must, within 30 days
14 of the effective date of this amendatory Act of the 96th
15 General Assembly, disclose the existence of any ownership
16 interest in any vendor who does business with the facility. The
17 disclosures required by this subsection shall be made in the
18 form and manner prescribed by the Department. Licensed long
19 term care facilities who receive Medicaid funding shall submit
20 a copy of the disclosures required by this subsection to the
21 Illinois Medicaid Fraud Control Unit. The owners and licensee
22 of a long term care facility shall maintain all records
23 necessary to show compliance with this disclosure requirement.

24 (e) Notwithstanding the provisions of Section 3-318 of this
25 Act, and in addition thereto, any person, owner, or licensee
26 who willfully fails to keep and maintain, or willfully fails to

1 produce for inspection, books and records, or willfully fails
2 to make the disclosures required by this Section, is guilty of
3 a Class A misdemeanor. A second or subsequent violation of this
4 Section shall be punishable as a Class 4 felony.

5 (f) Any owner or licensee who willfully files or willfully
6 causes to be filed a document with false information with the
7 Department, the Department of Healthcare and Family Services,
8 or the Illinois Medicaid Fraud Control Unit or any other law
9 enforcement agency, is guilty of a Class A misdemeanor.

10 (g) At the request of the Department of State Police, a
11 facility shall cooperate with that agency in arranging for the
12 Department of State Police to train facility staff on
13 preventing resident abuse and neglect.

14 (Source: P.A. 96-1373, eff. 7-29-10.)

15 Section 20. The ID/DD Community Care Act is amended by
16 changing Section 3-206 and by adding Section 3-206.06 as
17 follows:

18 (210 ILCS 47/3-206)

19 Sec. 3-206. Curriculum for training nursing assistants and
20 aides. The Department shall prescribe a curriculum for training
21 nursing assistants, habilitation aides, and child care aides.

22 (a) No person, except a volunteer who receives no
23 compensation from a facility and is not included for the
24 purpose of meeting any staffing requirements set forth by the

1 Department, shall act as a nursing assistant, habilitation
2 aide, or child care aide in a facility, nor shall any person,
3 under any other title, not licensed, certified, or registered
4 to render medical care by the Department of Financial and
5 Professional Regulation, assist with the personal, medical, or
6 nursing care of residents in a facility, unless such person
7 meets the following requirements:

8 (1) Be at least 18 ~~16~~ years of age, of temperate habits
9 and good moral character, honest, reliable and
10 trustworthy.

11 (2) Be able to speak and understand the English
12 language or a language understood by a substantial
13 percentage of the facility's residents.

14 (3) Provide evidence of employment or occupation, if
15 any, and residence for 2 years prior to his or her present
16 employment.

17 (4) Have completed at least 10 ~~8~~ years of grade school
18 or provide proof of equivalent knowledge.

19 (5) Begin a current course of training for nursing
20 assistants, habilitation aides, or child care aides,
21 approved by the Department, within 45 days of initial
22 employment in the capacity of a nursing assistant,
23 habilitation aide, or child care aide at any facility. Such
24 courses of training shall be successfully completed within
25 120 days of initial employment in the capacity of nursing
26 assistant, habilitation aide, or child care aide at a

1 facility. Nursing assistants, habilitation aides, and
2 child care aides who are enrolled in approved courses in
3 community colleges or other educational institutions on a
4 term, semester or trimester basis, shall be exempt from the
5 120-day completion time limit. The Department shall adopt
6 rules for such courses of training. These rules shall
7 include procedures for facilities to carry on an approved
8 course of training within the facility.

9 The Department may accept comparable training in lieu
10 of the 120-hour course for student nurses, foreign nurses,
11 military personnel, or employees of the Department of Human
12 Services.

13 The facility shall develop and implement procedures
14 and at least 6 hours of quarterly in-service training,
15 which shall be approved by the Department, for an ongoing
16 review process, which shall take place within the facility,
17 for nursing assistants, habilitation aides, and child care
18 aides. The facility shall retain records of all staff
19 in-service training and shall provide such records to the
20 Department upon request. At least half of each quarter of
21 in-service training shall be one-on-one direct resident
22 care demonstration and practice of patient care
23 techniques.

24 At the time of each regularly scheduled licensure
25 survey, or at the time of a complaint investigation, the
26 Department may require any nursing assistant, habilitation

1 aide, or child care aide to demonstrate, either through
2 written examination or action, or both, sufficient
3 knowledge in all areas of required training. If such
4 knowledge is inadequate the Department shall require the
5 nursing assistant, habilitation aide, or child care aide to
6 complete inservice training and review in the facility
7 until the nursing assistant, habilitation aide, or child
8 care aide demonstrates to the Department, either through
9 written examination or action, or both, sufficient
10 knowledge in all areas of required training; and

11 (6) Be familiar with and have general skills related to
12 resident care.

13 (a-0.5) An educational entity, other than a secondary
14 school, conducting a nursing assistant, habilitation aide, or
15 child care aide training program shall initiate a criminal
16 history record check in accordance with the Health Care Worker
17 Background Check Act prior to entry of an individual into the
18 training program. A secondary school may initiate a criminal
19 history record check in accordance with the Health Care Worker
20 Background Check Act at any time during or after a training
21 program.

22 (a-1) Nursing assistants, habilitation aides, or child
23 care aides seeking to be included on the registry maintained
24 under Section 3-206.01 of this Act must authorize the
25 Department of Public Health or its designee to request a
26 criminal history record check in accordance with the Health

1 Care Worker Background Check Act and submit all necessary
2 information. An individual may not newly be included on the
3 registry unless a criminal history record check has been
4 conducted with respect to the individual.

5 (b) Persons subject to this Section shall perform their
6 duties under the supervision of a licensed nurse or other
7 appropriately trained, licensed, or certified personnel.

8 (c) It is unlawful for any facility to employ any person in
9 the capacity of nursing assistant, habilitation aide, or child
10 care aide, or under any other title, not licensed by the State
11 of Illinois to assist in the personal, medical, or nursing care
12 of residents in such facility unless such person has complied
13 with this Section.

14 (d) Proof of compliance by each employee with the
15 requirements set out in this Section shall be maintained for
16 each such employee by each facility in the individual personnel
17 folder of the employee. Proof of training shall be obtained
18 only from the health care worker registry.

19 (e) Each facility shall obtain access to the health care
20 worker registry's web application, maintain the employment and
21 demographic information relating to each employee, and verify
22 by the category and type of employment that each employee
23 subject to this Section meets all the requirements of this
24 Section.

25 (f) Any facility that is operated under Section 3-803 shall
26 be exempt from the requirements of this Section.

1 (g) Each skilled nursing and intermediate care facility
2 that admits persons who are diagnosed as having Alzheimer's
3 disease or related dementias shall require all nursing
4 assistants, habilitation aides, or child care aides, who did
5 not receive 12 hours of training in the care and treatment of
6 such residents during the training required under paragraph (5)
7 of subsection (a), to obtain 12 hours of in house training in
8 the care and treatment of such residents. If the facility does
9 not provide the training in house, the training shall be
10 obtained from other facilities, community colleges or other
11 educational institutions that have a recognized course for such
12 training. The Department shall, by rule, establish a recognized
13 course for such training.

14 The Department's rules shall provide that such training may
15 be conducted in house at each facility subject to the
16 requirements of this subsection, in which case such training
17 shall be monitored by the Department. The Department's rules
18 shall also provide for circumstances and procedures whereby any
19 person who has received training that meets the requirements of
20 this subsection shall not be required to undergo additional
21 training if he or she is transferred to or obtains employment
22 at a different facility or a facility other than those licensed
23 under this Act but remains continuously employed as a nursing
24 assistant, habilitation aide, or child care aide. Individuals
25 who have performed no nursing, nursing-related services, or
26 habilitation services for a period of 24 consecutive months

1 shall be listed as inactive and as such do not meet the
2 requirements of this Section. Licensed sheltered care
3 facilities shall be exempt from the requirements of this
4 Section.

5 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11.)

6 (210 ILCS 47/3-206.06 new)

7 Sec. 3-206.06. Dementia-specific orientation.

8 (a) A facility that admits or retains persons with
9 Alzheimer's disease or other dementias shall give all staff who
10 have any direct contact with these residents at least 4 hours
11 of dementia-specific orientation within their first 7 days of
12 employment. Nurses, nursing assistants, and social service and
13 activities staff who work with these residents shall, within
14 their first 45 days of employment, receive a minimum of 12
15 additional hours of orientation specifically related to the
16 care of persons with Alzheimer's disease and other dementias.
17 All staff who have any direct contact with these residents
18 shall have at least 12 hours of dementia-specific education and
19 training annually thereafter.

20 (b) The Department shall specify the content of the
21 orientation and the annual education and training.

22 Section 25. The Specialized Mental Health Rehabilitation
23 Act is amended by changing Sections 2-208, 3-109, 3-117, 3-119,
24 3-202, 3-202.2b, 3-206, 3-207, 3-304.1, and 3-808.5 and by

1 adding Sections 1-114.2, 2-218, 3-202.6, and 3-206.06, as
2 follows:

3 (210 ILCS 48/1-114.2 new)

4 Sec. 1-114.2. Liability insurance. "Liability insurance"
5 means insurance on risks based upon neglect of a resident for
6 which a licensee is or may be responsible.

7 (210 ILCS 48/2-208)

8 Sec. 2-208. Notice of ~~imminent~~ death, unusual incident,
9 abuse, or neglect.

10 (a) A facility shall immediately notify the resident's next
11 of kin, representative and physician of the resident's death or
12 when the resident's death appears to be imminent. A facility
13 shall notify the Department by telephone of a resident's death
14 within 24 hours after the resident's death. The facility shall
15 notify the Department of the death of a facility resident that
16 does not occur in the facility immediately upon learning of the
17 death. A facility shall promptly notify the coroner or medical
18 examiner of a resident's death in a manner and form to be
19 determined by the Department after consultation with the
20 coroner or medical examiner of the county in which the facility
21 is located. In addition to notice to the Department by
22 telephone, the Department shall require the facility to submit
23 written notification of the death of a resident within 72 hours
24 after the death, including a report of any medication errors or

1 other incidents that occurred, within 30 days after the
2 resident's death. A facility's failure to comply with this
3 subsection shall constitute a Type "B" violation.

4 (b) A facility shall immediately notify a resident's next
5 of kin, guardian, or representative of any unusual incident,
6 abuse, or neglect involving the resident. A facility shall
7 immediately notify the Department by telephone of any unusual
8 incident, abuse, or neglect required to be reported pursuant to
9 State law or administrative rule. In addition to notice to the
10 Department by telephone, the Department shall require the
11 facility to submit written notification of any unusual
12 incident, abuse, or neglect within one day after the unusual
13 incident, abuse, or neglect occurs. A facility's failure to
14 comply with this subsection shall constitute a Type "B"
15 violation. For purposes of this subsection, "unusual incident"
16 means any of the following: a serious injury; an unscheduled
17 hospital visit for treatment of serious injury; a 9-1-1 call
18 for emergency services directly relating to a resident threat;
19 or stalking of staff, a resident, or any other person.

20 (Source: P.A. 97-38, eff. 6-28-11.)

21 (210 ILCS 48/2-218 new)

22 Sec. 2-218. Notification of violations or deficiencies.
23 When the Department issues any notice pursuant to Section
24 3-119, 3-301, 3-303, 3-307, or 3-702 of this Act, or when the
25 Centers for Medicare and Medicaid Services (CMS) issues a

1 notice of federal Medicaid certification deficiencies, the
2 facility receiving the notice shall provide notification of the
3 violations or deficiencies, within 10 days after receiving the
4 notice, to (i) every resident identified or referred to
5 anywhere within the Department's notice of violations or the
6 CMS Form 2567 (Statement of Deficiencies and Plan of
7 Correction) as having received care or services that violated
8 State or federal standards and (ii) the guardian or resident's
9 representative of every such resident. The notification
10 provided by the facility shall include a Department-prescribed
11 notification letter as determined by rule and a copy of the
12 Department's notice of violations and CMS Form 2567, if any. A
13 facility's failure to provide notification pursuant to this
14 Section to a resident and the resident's representative or
15 guardian, if any, shall constitute a Type "B" violation.

16 (210 ILCS 48/3-109)

17 Sec. 3-109. Issuance of license based on Director's
18 findings. Upon receipt and review of an application for a
19 license made under this Article and inspection of the applicant
20 facility under this Article, the Director shall issue a license
21 if he or she finds:

22 (1) That the individual applicant, or the corporation,
23 partnership or other entity if the applicant is not an
24 individual, is a person responsible and suitable to operate
25 or to direct or participate in the operation of a facility

1 by virtue of financial capacity, appropriate business or
2 professional experience, a record of compliance with
3 lawful orders of the Department and lack of revocation of a
4 license during the previous 5 years;

5 (2) That the facility is under the supervision of an
6 administrator who is licensed, if required, under the
7 Nursing Home Administrators Licensing and Disciplinary
8 Act, as now or hereafter amended; ~~and~~

9 (3) that the facility is covered by liability insurance
10 as required by this Act; and

11 (4) ~~(3)~~ That the facility is in substantial compliance
12 with this Act, and such other requirements for a license as
13 the Department by rule may establish under this Act.

14 (Source: P.A. 97-38, eff. 6-28-11.)

15 (210 ILCS 48/3-117)

16 Sec. 3-117. Denial of license; grounds. An application for
17 a license may be denied for any of the following reasons:

18 (1) Failure to meet any of the minimum standards set
19 forth by this Act or by rules and regulations promulgated
20 by the Department under this Act.

21 (2) Conviction of the applicant, or if the applicant is
22 a firm, partnership or association, of any of its members,
23 or if a corporation, the conviction of the corporation or
24 any of its officers or stockholders, or of the person
25 designated to manage or supervise the facility, of a

1 felony, or of 2 or more misdemeanors involving moral
2 turpitude, during the previous 5 years as shown by a
3 certified copy of the record of the court of conviction.

4 (3) Personnel insufficient in number or unqualified by
5 training or experience to properly care for the proposed
6 number and type of residents.

7 (4) Insufficient financial or other resources to
8 operate and conduct the facility in accordance with
9 standards promulgated by the Department under this Act, including failure to have or maintain liability insurance
10 as required by this Act, and in accordance with contractual
11 obligations assumed by a recipient of a grant under the
12 Equity in Long-term Care Quality Act and the plan (if
13 applicable) submitted by a grantee for continuing and
14 increasing adherence to best practices in providing
15 high-quality nursing home care.
16

17 (5) Revocation of a facility license during the
18 previous 5 years, if such prior license was issued to the
19 individual applicant, a controlling owner or controlling
20 combination of owners of the applicant; or any affiliate of
21 the individual applicant or controlling owner of the
22 applicant and such individual applicant, controlling owner
23 of the applicant or affiliate of the applicant was a
24 controlling owner of the prior license; provided, however,
25 that the denial of an application for a license pursuant to
26 this subsection must be supported by evidence that such

1 prior revocation renders the applicant unqualified or
2 incapable of meeting or maintaining a facility in
3 accordance with the standards and rules promulgated by the
4 Department under this Act.

5 (6) That the facility is not under the direct
6 supervision of a full-time administrator, as defined by
7 regulation, who is licensed, if required, under the Nursing
8 Home Administrators Licensing and Disciplinary Act.

9 (7) That the facility is in receivership and the
10 proposed licensee has not submitted a specific detailed
11 plan to bring the facility into compliance with the
12 requirements of this Act and with federal certification
13 requirements, if the facility is certified, and to keep the
14 facility in such compliance.

15 (Source: P.A. 97-38, eff. 6-28-11.)

16 (210 ILCS 48/3-119)

17 Sec. 3-119. Suspension, revocation, or refusal to renew
18 license.

19 (a) The Department, after notice to the applicant or
20 licensee, may suspend, revoke, or refuse to renew a license in
21 any case in which the Department finds any of the following:

22 (1) There has been a substantial failure to comply with
23 this Act or the rules and regulations promulgated by the
24 Department under this Act. A substantial failure by a
25 facility shall include, but not be limited to, any of the

1 following:

2 (A) termination of Medicare or Medicaid
3 certification by the Centers for Medicare and Medicaid
4 Services; or

5 (B) a failure by the facility to pay any fine
6 assessed under this Act after the Department has sent
7 to the facility at least 2 notices of assessment that
8 include a schedule of payments as determined by the
9 Department, taking into account extenuating
10 circumstances and financial hardships of the facility.

11 (2) Conviction of the licensee, or of the person
12 designated to manage or supervise the facility, of a
13 felony, or of 2 or more misdemeanors involving moral
14 turpitude, during the previous 5 years as shown by a
15 certified copy of the record of the court of conviction.

16 (3) Personnel are insufficient in number or
17 unqualified by training or experience to properly care for
18 the number and type of residents served by the facility.

19 (4) Financial or other resources are insufficient to
20 conduct and operate the facility in accordance with
21 standards promulgated by the Department under this Act,
22 including that the facility failed to maintain liability
23 insurance coverage as required by this Act at some time
24 during the term of its license.

25 (5) The facility is not under the direct supervision of
26 a full-time administrator, as defined by regulation, who is

1 licensed, if required, under the Nursing Home
2 Administrators Licensing and Disciplinary Act.

3 (6) The facility has committed 2 Type "AA" violations
4 within a 2-year period.

5 (b) Notice under this Section shall include a clear and
6 concise statement of the violations on which the nonrenewal or
7 revocation is based, the statute or rule violated and notice of
8 the opportunity for a hearing under Section 3-703.

9 (c) If a facility desires to contest the nonrenewal or
10 revocation of a license, the facility shall, within 10 days
11 after receipt of notice under subsection (b) of this Section,
12 notify the Department in writing of its request for a hearing
13 under Section 3-703. Upon receipt of the request, the
14 Department shall send notice to the facility and hold a hearing
15 as provided under Section 3-703.

16 (d) The effective date of nonrenewal or revocation of a
17 license by the Department shall be any of the following:

18 (1) Until otherwise ordered by the circuit court,
19 revocation is effective on the date set by the Department
20 in the notice of revocation, or upon final action after
21 hearing under Section 3-703, whichever is later.

22 (2) Until otherwise ordered by the circuit court,
23 nonrenewal is effective on the date of expiration of any
24 existing license, or upon final action after hearing under
25 Section 3-703, whichever is later; however, a license shall
26 not be deemed to have expired if the Department fails to

1 timely respond to a timely request for renewal under this
2 Act or for a hearing to contest nonrenewal under paragraph
3 (c).

4 (3) The Department may extend the effective date of
5 license revocation or expiration in any case in order to
6 permit orderly removal and relocation of residents.

7 The Department may refuse to issue or may suspend the
8 license of any person who fails to file a return, or to pay the
9 tax, penalty or interest shown in a filed return, or to pay any
10 final assessment of tax, penalty or interest, as required by
11 any tax Act administered by the Illinois Department of Revenue,
12 until such time as the requirements of any such tax Act are
13 satisfied.

14 (Source: P.A. 97-38, eff. 6-28-11.)

15 (210 ILCS 48/3-202)

16 Sec. 3-202. Standards for facilities. The Department shall
17 prescribe minimum standards for facilities. These standards
18 shall regulate:

19 (1) Location and construction of the facility,
20 including plumbing, heating, lighting, ventilation, and
21 other physical conditions which shall ensure the health,
22 safety, and comfort of residents and their protection from
23 fire hazard;

24 (2) Number and qualifications of all personnel,
25 including management and nursing personnel, having

1 responsibility for any part of the care given to residents;
2 specifically, the Department shall establish staffing
3 ratios for facilities which shall specify the number of
4 staff hours per resident of care that are needed for
5 professional nursing care for various types of facilities
6 or areas within facilities and shall require consistent
7 assignment of the same nursing and other direct care staff
8 to the same residents, to the extent circumstances within
9 the control of the facility permit such assignment and
10 respecting requests by staff for reassignment;

11 (3) All sanitary conditions within the facility and its
12 surroundings, including water supply, sewage disposal,
13 food handling, and general hygiene, which shall ensure the
14 health and comfort of residents;

15 (4) Diet related to the needs of each resident based on
16 good nutritional practice and on recommendations which may
17 be made by the physicians attending the resident;

18 (5) Equipment essential to the health and welfare of
19 the residents;

20 (6) A program of habilitation and rehabilitation for
21 those residents who would benefit from such programs;

22 (7) A program for adequate maintenance of physical
23 plant and equipment;

24 (8) Adequate accommodations, staff and services for
25 the number and types of residents for whom the facility is
26 licensed to care, including standards for temperature and

1 relative humidity within comfort zones determined by the
2 Department based upon a combination of air temperature,
3 relative humidity and air movement. Such standards shall
4 also require facility plans that provide for health and
5 comfort of residents at medical risk as determined by the
6 attending physician whenever the temperature and relative
7 humidity are outside such comfort zones established by the
8 Department. The standards must include a requirement that
9 areas of a facility used by residents of the facility be
10 air-conditioned and heated by means of operable
11 air-conditioning and heating equipment. The areas subject
12 to this air-conditioning and heating requirement include,
13 without limitation, bedrooms or common areas such as
14 sitting rooms, activity rooms, living rooms, community
15 rooms, and dining rooms;

16 (9) Development of evacuation and other appropriate
17 safety plans for use during weather, health, fire, physical
18 plant, environmental and national defense emergencies; and

19 (10) Maintenance of minimum financial or other
20 resources necessary to meet the standards established
21 under this Section, and to operate and conduct the facility
22 in accordance with this Act.

23 (Source: P.A. 97-38, eff. 6-28-11.)

24 (210 ILCS 48/3-202.2b)

25 Sec. 3-202.2b. Certification of specialized mental health

1 rehabilitation facilities.

2 (a) The Department shall file with the Joint Committee on
3 Administrative Rules, pursuant to the Illinois Administrative
4 Procedure Act, proposed rules or proposed amendments to
5 existing rules to establish a special certification program
6 that provides for psychiatric rehabilitation services that are
7 required to be offered by a facility licensed under this Act
8 that serves residents with serious mental illness. Compliance
9 with standards promulgated pursuant to this Section must be
10 demonstrated before a facility licensed under this Act is
11 eligible to become certified under this Section and annually
12 thereafter.

13 (b) No facility shall establish, operate, maintain, or
14 offer psychiatric rehabilitation services, or admit, retain,
15 or seek referrals of a resident with a serious mental illness
16 diagnosis, unless and until a valid certification, which
17 remains unsuspended, unrevoked, and unexpired, has been
18 issued.

19 (c) A facility that currently serves a resident with
20 serious mental illness may continue to admit such residents
21 until the Department performs a certification review and
22 determines that the facility does not meet the requirements for
23 certification. The Department, at its discretion, may provide
24 an additional 90-day period for the facility to meet the
25 requirements for certification if it finds that the facility
26 has made a good faith effort to comply with all certification

1 requirements and will achieve total compliance with the
2 requirements before the end of the 90-day period. The facility
3 shall be prohibited from admitting residents with serious
4 mental illness until the Department certifies the facility to
5 be in compliance with the requirements of this Section.

6 (d) A facility currently serving residents with serious
7 mental illness that elects to terminate provision of services
8 to this population must immediately notify the Department of
9 its intent, cease to admit new residents with serious mental
10 illness, and give notice to all existing residents with serious
11 mental illness of their impending discharge. These residents
12 shall be accorded all rights and assistance provided to a
13 resident being involuntarily discharged and those provided
14 under Section 2-201.5 of this Act. The facility shall continue
15 to adhere to all requirements of this Act until all residents
16 with serious mental illness have been discharged.

17 (e) A facility found to be out of compliance with the
18 certification requirements under this Section may be subject to
19 denial, revocation, or suspension of the psychiatric
20 rehabilitation services certification or the imposition of
21 sanctions and penalties, including the immediate suspension of
22 new admissions. Hearings shall be conducted pursuant to Part 7
23 of Article III of this Act.

24 (f) The Department shall indicate on its list of licensed
25 facilities which facilities are certified under this Section
26 and shall distribute this list to the appropriate State

1 agencies charged with administering and implementing the
2 State's program of pre-admission screening and resident
3 review, hospital discharge planners, and others upon request.

4 (g) No public official, agent, or employee of the State, or
5 any subcontractor of the State, may refer or arrange for the
6 placement of a person with serious mental illness in a facility
7 that is not certified under this Section. No public official,
8 agent, or employee of the State, or any subcontractor of the
9 State, may place the name of a facility on a list of facilities
10 serving the seriously mentally ill for distribution to the
11 general public or to professionals arranging for placements or
12 making referrals unless the facility is certified under this
13 Section.

14 (h) The Department shall establish requirements for
15 certification that augment current quality of care standards
16 for facilities serving residents with serious mental illness,
17 which shall include admission, discharge planning, psychiatric
18 rehabilitation services, development of age group appropriate
19 treatment plan goals and services, behavior management
20 services, coordination with community mental health services,
21 staff qualifications and training, clinical consultation,
22 resident access to the outside community, and appropriate
23 environment and space for resident programs, recreation,
24 privacy, and any other issue deemed appropriate by the
25 Department. The augmented standards shall at a minimum include,
26 but need not be limited to, the following:

1 (1) Staff sufficient in number and qualifications
2 necessary to meet the scheduled and unscheduled needs of
3 the residents on a 24-hour basis. The Department shall
4 establish by rule the minimum number of psychiatric
5 services rehabilitation coordinators in relation to the
6 number of residents with serious mental illness residing in
7 the facility. When no psychiatric services rehabilitation
8 coordinator is in the facility, there shall be at least one
9 such person on call and available to respond to emergencies
10 in the facility.

11 (2) The number and qualifications of consultants
12 required to be contracted with to provide continuing
13 education and training and to assist with program
14 development.

15 (3) Training for all new employees specific to the care
16 needs of residents with a serious mental illness diagnosis
17 during their orientation period and annually thereafter.
18 Training shall be independent of the Department and
19 overseen by an agency designated by the Governor to
20 determine the content of all facility employee training and
21 to provide training for all trainers of facility employees.
22 Training of employees shall at minimum include, but need
23 not be limited to, (i) the impact of a serious mental
24 illness diagnosis, (ii) the recovery paradigm and the role
25 of psychiatric rehabilitation, (iii) preventive strategies
26 for managing aggression and crisis prevention, (iv) basic

1 psychiatric rehabilitation techniques and service
2 delivery, (v) resident rights, (vi) abuse prevention,
3 (vii) appropriate interaction between staff and residents,
4 and (viii) any other topic deemed by the Department to be
5 important to ensuring quality of care.

6 (4) Quality assessment and improvement requirements
7 specific to a facility's residential psychiatric
8 rehabilitation services, which shall be made available to
9 the Department upon request. A facility shall be required
10 at a minimum to develop and maintain policies and
11 procedures that include, but need not be limited to,
12 evaluation of the appropriateness of resident admissions
13 based on the facility's capacity to meet specific needs,
14 resident assessments, development and implementation of
15 care plans, and discharge planning.

16 (5) Room selection and appropriateness of roommate
17 assignment, including the assignment of female residents
18 to female-only units or floors and, to the extent possible
19 (taking into account the availability of staff and staff
20 preference), the assignment of only female staff to work on
21 those floors or units.

22 (6) Comprehensive quarterly review of all treatment
23 plans for residents with serious mental illness by the
24 resident's interdisciplinary team, which takes into
25 account, at a minimum, the resident's progress, prior
26 assessments, and treatment plan.

1 (7) Substance abuse screening and management and
2 documented referral relationships with certified substance
3 abuse treatment providers.

4 (8) Administration of psychotropic medications to a
5 non-objecting resident with serious mental illness who is
6 incapable of giving informed consent, in compliance with
7 the applicable provisions of the Mental Health and
8 Developmental Disabilities Code. Administration of
9 psychotropic medications to an objecting resident, only
10 with a court order authorizing such administration.

11 (i) The Department shall establish a certification fee
12 schedule by rule, in consultation with advocates, nursing
13 homes, and representatives of associations representing long
14 term care facilities. Rules proposed under this Section shall
15 take effect 180 days after being approved by the Joint
16 Committee on Administrative Rules.

17 (Source: P.A. 97-38, eff. 6-28-11.)

18 (210 ILCS 48/3-202.6 new)

19 Sec. 3-202.6. Liability insurance coverage required. No
20 person may establish, operate, maintain, offer, or advertise a
21 facility within this State without providing to the Department
22 of Public Health proof of liability insurance coverage in an
23 amount not less than \$1,000,000 per occurrence. This
24 requirement may not be waived. Failure to maintain such
25 liability insurance coverage during the term of a facility's

1 license shall be a separate Type "B" violation for each
2 resident of the facility for each month, or part of a month, in
3 which the facility did not have the minimum required liability
4 insurance.

5 (210 ILCS 48/3-206)

6 Sec. 3-206. Nursing assistants, habilitation aids, and
7 child care aides. The Department shall prescribe a curriculum
8 for training nursing assistants, habilitation aides, and child
9 care aides.

10 (a) No person, except a volunteer who receives no
11 compensation from a facility and is not included for the
12 purpose of meeting any staffing requirements set forth by the
13 Department, shall act as a nursing assistant, habilitation
14 aide, or child care aide in a facility, nor shall any person,
15 under any other title, not licensed, certified, or registered
16 to render medical care by the Department of Professional
17 Regulation, assist with the personal, medical, or nursing care
18 of residents in a facility, unless such person meets the
19 following requirements:

20 (1) Be at least 18 ~~16~~ years of age, of temperate habits
21 and good moral character, honest, reliable, and
22 trustworthy.

23 (2) Be able to speak and understand the English
24 language or a language understood by a substantial
25 percentage of the facility's residents.

1 (3) Provide evidence of employment or occupation, if
2 any, and residence for 2 years prior to his or her present
3 employment.

4 (4) Have completed at least 10 & years of grade school
5 or provide proof of equivalent knowledge.

6 (5) Begin a current course of training for nursing
7 assistants, habilitation aides, or child care aides,
8 approved by the Department, within 45 days of initial
9 employment in the capacity of a nursing assistant,
10 habilitation aide, or child care aide at any facility. Such
11 courses of training shall be successfully completed within
12 120 days of initial employment in the capacity of nursing
13 assistant, habilitation aide, or child care aide at a
14 facility. Nursing assistants, habilitation aides, and
15 child care aides who are enrolled in approved courses in
16 community colleges or other educational institutions on a
17 term, semester, or trimester basis shall be exempt from the
18 120-day completion time limit. The Department shall adopt
19 rules for such courses of training. These rules shall
20 include procedures for facilities to carry on an approved
21 course of training within the facility.

22 The Department may accept comparable training in lieu
23 of the 120-hour course for student nurses, foreign nurses,
24 military personnel, or employes of the Department of Human
25 Services.

26 The facility shall develop and implement procedures

1 and at least 6 hours of quarterly in-service training,
2 which shall be approved by the Department, for an ongoing
3 review process, which shall take place within the facility,
4 for nursing assistants, habilitation aides, and child care
5 aides. The facility shall retain records of all staff
6 in-service training and shall provide such records to the
7 Department upon request. At least half of each quarter of
8 in-service training shall be one-on-one direct resident
9 care demonstration and practice of patient care
10 techniques.

11 At the time of each regularly scheduled licensure
12 survey, or at the time of a complaint investigation, the
13 Department may require any nursing assistant, habilitation
14 aide, or child care aide to demonstrate, either through
15 written examination or action, or both, sufficient
16 knowledge in all areas of required training. If such
17 knowledge is inadequate, the Department shall require the
18 nursing assistant, habilitation aide, or child care aide to
19 complete inservice training and review in the facility
20 until the nursing assistant, habilitation aide, or child
21 care aide demonstrates to the Department, either through
22 written examination or action, or both, sufficient
23 knowledge in all areas of required training.

24 (6) Be familiar with and have general skills related to
25 resident care.

26 (a-0.5) An educational entity, other than a secondary

1 school, conducting a nursing assistant, habilitation aide, or
2 child care aide training program shall initiate a criminal
3 history record check in accordance with the Health Care Worker
4 Background Check Act prior to entry of an individual into the
5 training program. A secondary school may initiate a criminal
6 history record check in accordance with the Health Care Worker
7 Background Check Act at any time during or after a training
8 program.

9 (a-1) Nursing assistants, habilitation aides, or child
10 care aides seeking to be included on the registry maintained
11 under Section 3-206.01 must authorize the Department of Public
12 Health or its designee to request a criminal history record
13 check in accordance with the Health Care Worker Background
14 Check Act and submit all necessary information. An individual
15 may not newly be included on the registry unless a criminal
16 history record check has been conducted with respect to the
17 individual.

18 (b) Persons subject to this Section shall perform their
19 duties under the supervision of a licensed nurse.

20 (c) It is unlawful for any facility to employ any person in
21 the capacity of nursing assistant, habilitation aide, or child
22 care aide, or under any other title, not licensed by the State
23 of Illinois to assist in the personal, medical, or nursing care
24 of residents in such facility unless such person has complied
25 with this Section.

26 (d) Proof of compliance by each employee with the

1 requirements set out in this Section shall be maintained for
2 each such employee by each facility in the individual personnel
3 folder of the employee. Proof of training shall be obtained
4 only from the health care worker registry.

5 (e) Each facility shall obtain access to the health care
6 worker registry's web application, maintain the employment and
7 demographic information relating to each employee, and verify
8 by the category and type of employment that each employee
9 subject to this Section meets all the requirements of this
10 Section.

11 (f) Any facility that is operated under Section 3-803 shall
12 be exempt from the requirements of this Section.

13 (g) Each facility that admits persons who are diagnosed as
14 having Alzheimer's disease or related dementias shall require
15 all nursing assistants, habilitation aides, or child care
16 aides, who did not receive 12 hours of training in the care and
17 treatment of such residents during the training required under
18 paragraph (5) of subsection (a), to obtain 12 hours of in-house
19 training in the care and treatment of such residents. If the
20 facility does not provide the training in-house, the training
21 shall be obtained from other facilities, community colleges, or
22 other educational institutions that have a recognized course
23 for such training. The Department shall, by rule, establish a
24 recognized course for such training. The Department's rules
25 shall provide that such training may be conducted in-house at
26 each facility subject to the requirements of this subsection,

1 in which case such training shall be monitored by the
2 Department.

3 The Department's rules shall also provide for
4 circumstances and procedures whereby any person who has
5 received training that meets the requirements of this
6 subsection shall not be required to undergo additional training
7 if he or she is transferred to or obtains employment at a
8 different facility or a facility other than a long-term care
9 facility but remains continuously employed for pay as a nursing
10 assistant, habilitation aide, or child care aide. Individuals
11 who have performed no nursing or nursing-related services for a
12 period of 24 consecutive months shall be listed as "inactive"
13 and, as such, do not meet the requirements of this Section.
14 Licensed sheltered care facilities shall be exempt from the
15 requirements of this Section.

16 (Source: P.A. 97-38, eff. 6-28-11.)

17 (210 ILCS 48/3-206.06 new)

18 Sec. 3-206.06. Dementia-specific orientation.

19 (a) A facility that admits or retains persons with
20 Alzheimer's disease or other dementias shall give all staff who
21 have any direct contact with these residents at least 4 hours
22 of dementia-specific orientation within their first 7 days of
23 employment. Nurses, nursing assistants, and social service and
24 activities staff who work with these residents shall, within
25 their first 45 days of employment, receive a minimum of 12

1 additional hours of orientation specifically related to the
2 care of persons with Alzheimer's disease and other dementias.
3 All staff who have any direct contact with these residents
4 shall have at least 12 hours of dementia-specific education and
5 training annually thereafter.

6 (b) The Department shall specify the content of the
7 orientation and the annual education and training.

8 (210 ILCS 48/3-207)

9 Sec. 3-207. Statement of ownership.

10 (a) As a condition of the issuance or renewal of the
11 license of any facility, the applicant shall file a statement
12 of ownership. The applicant shall update the information
13 required in the statement of ownership within 10 days of any
14 change.

15 (b) The statement of ownership shall include the following:

16 (1) The name, address, telephone number, occupation or
17 business activity, business address and business telephone
18 number of the person who is the owner of the facility and
19 every person who owns the building in which the facility is
20 located, if other than the owner of the facility, which is
21 the subject of the application or license; and if the owner
22 is a partnership or corporation, the name of every partner
23 and stockholder of the owner;

24 (2) The name and address of any facility, wherever
25 located, any financial interest in which is owned by the

1 applicant, if the facility were required to be licensed if
2 it were located in this State;

3 (3) Other information necessary to determine the
4 identity and qualifications of an applicant or licensee to
5 operate a facility in accordance with this Act as required
6 by the Department in regulations.

7 (c) The information in the statement of ownership shall be
8 public information and shall be available from the Department.

9 (d) A facility which is owned by a chain organization as
10 defined by the Centers for Medicare and Medicaid Services shall
11 submit annually to the Department an electronic copy of the
12 Home Office Cost Statement required to be submitted by the home
13 office of the chain to the United States Department of Health
14 and Human Services. The facility shall send the cost statement
15 in electronic form to the Department forthwith after it submits
16 the statement to the Department of Health and Human Services.
17 Each week that a facility fails to comply with the requirements
18 of this subsection shall be cited as a separate administrative
19 warning.

20 (Source: P.A. 97-38, eff. 6-28-11.)

21 (210 ILCS 48/3-304.1)

22 Sec. 3-304.1. Public computer access to information.

23 (a) The Department must make information regarding nursing
24 homes in the State available to the public in electronic form
25 on the World Wide Web, including all of the following

1 information:

2 (1) who regulates facilities licensed under this Act;

3 (2) information in the possession of the Department
4 that is listed in Sections 3-210 and 3-304;

5 (3) deficiencies and plans of correction;

6 (4) enforcement remedies;

7 (5) penalty letters;

8 (6) designation of penalty monies;

9 (7) the U.S. Department of Health and Human Services'
10 special projects or federally required inspections;

11 (8) advisory standards;

12 (9) deficiency free surveys;

13 (10) enforcement actions and enforcement summaries;

14 ~~and~~

15 (11) distressed facilities; ~~;~~

16 (12) a link to the most recent facility cost report
17 filed with the Department of Healthcare and Family
18 Services;

19 (13) a link to the most recent Consumer Choice
20 Information Report filed with the Department on Aging;

21 (14) whether the facility is part of a chain; the
22 facility shall be deemed part of a chain if it meets
23 criteria established by the United States Department of
24 Health and Human Services that identify it as owned by a
25 chain organization; and

26 (15) a copy of the latest Home Office Cost Statement,

1 if any, filed by the home office of the owner of the
2 facility with the United States Department of Health and
3 Human Services.

4 (b) No fee or other charge may be imposed by the Department
5 as a condition of accessing the information.

6 (c) The electronic public access provided through the World
7 Wide Web shall be in addition to any other electronic or print
8 distribution of the information.

9 (d) The information shall be made available as provided in
10 this Section in the shortest practicable time after it is
11 publicly available in any other form.

12 (e) The Department shall cooperate with a tax-exempt,
13 not-for-profit organization dedicated solely to advocacy for
14 long-term care residents to make available in electronic form
15 the results of all surveys, including any enforcement actions,
16 and current information about individual nursing home
17 staffing, in the shortest practicable time after they become
18 publicly available. The data shall be provided without charge,
19 so long as the organization charges no fee for sharing the
20 information with the general public. If the organization makes
21 the data available on a website, the Department shall create a
22 link to the website on the Department's website.

23 (Source: P.A. 97-38, eff. 6-28-11.)

24 (210 ILCS 48/3-808.5)

25 Sec. 3-808.5. Nursing home fraud, abuse, and neglect

1 prevention and reporting.

2 (a) Every licensed long-term care facility that receives
3 Medicaid funding shall prominently display in its lobby, in its
4 dining areas, and on each floor of the facility information
5 approved by the Illinois Medicaid Fraud Control Unit on how to
6 report fraud, abuse, and neglect. In addition, information
7 regarding the reporting of fraud, abuse, and neglect shall be
8 provided to each resident at the time of admission and to the
9 resident's family members or emergency contacts, or to both the
10 resident's family members and his or her emergency contacts.

11 (b) Any owner or licensee of a long-term care facility
12 licensed under this Act shall be responsible for the collection
13 and maintenance of any and all records required to be
14 maintained under this Section and any other applicable
15 provisions of this Act, and as a provider under the Illinois
16 Public Aid Code, and shall be responsible for compliance with
17 all of the disclosure requirements under this Section. All
18 books and records and other papers and documents that are
19 required to be kept, and all records showing compliance with
20 all of the disclosure requirements to be made pursuant to this
21 Section, shall be kept at the facility and shall, at all times
22 during business hours, be subject to inspection by any law
23 enforcement or health oversight agency or its duly authorized
24 agents or employees.

25 (c) Any report of abuse and neglect of residents made by
26 any individual in whatever manner, including, but not limited

1 to, reports made under Sections 2-107 and 3-610 of this Act, or
2 as provided under the Abused and Neglected Long Term Care
3 Facility Residents Reporting Act, that is made to an
4 administrator, a director of nursing, or any other person with
5 management responsibility at a long-term care facility must be
6 disclosed to the owners and licensee of the facility within 24
7 hours of the report. The owners and licensee of a long-term
8 care facility shall maintain all records necessary to show
9 compliance with this disclosure requirement.

10 (d) Any person with an ownership interest in a long-term
11 care facility licensed by the Department must, within 30 days
12 of the effective date of this Act, disclose the existence of
13 any ownership interest in any vendor who does business with the
14 facility. The disclosures required by this subsection shall be
15 made in the form and manner prescribed by the Department.
16 Licensed long-term care facilities who receive Medicaid
17 funding shall submit a copy of the disclosures required by this
18 subsection to the Illinois Medicaid Fraud Control Unit. The
19 owners and licensee of a long-term care facility shall maintain
20 all records necessary to show compliance with this disclosure
21 requirement.

22 (e) Notwithstanding the provisions of Section 3-318 of this
23 Act, and in addition thereto, any person, owner, or licensee
24 who willfully fails to keep and maintain, or willfully fails to
25 produce for inspection, books and records, or willfully fails
26 to make the disclosures required by this Section, is guilty of

1 a Class A misdemeanor. A second or subsequent violation of this
2 Section shall be punishable as a Class 4 felony.

3 (f) Any owner or licensee who willfully files or willfully
4 causes to be filed a document with false information with the
5 Department, the Department of Healthcare and Family Services,
6 or the Illinois Medicaid Fraud Control Unit or any other law
7 enforcement agency, is guilty of a Class A misdemeanor.

8 (g) At the request of the Department of State Police, a
9 facility shall cooperate with that agency in arranging for the
10 Department of State Police to train facility staff on
11 preventing resident abuse and neglect.

12 (Source: P.A. 97-38, eff. 6-28-11.)

13 Section 90. The State Mandates Act is amended by adding
14 Section 8.36 as follows:

15 (30 ILCS 805/8.36 new)

16 Sec. 8.36. Exempt mandate. Notwithstanding Sections 6 and 8
17 of this Act, no reimbursement by the State is required for the
18 implementation of any mandate created by this amendatory Act of
19 the 97th General Assembly."