

AN ACT concerning regulation.

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

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

(210 ILCS 9/10)

(Text of Section before amendment by P.A. 103-844)

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

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

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

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

(2) community-based residential care for persons who need assistance with activities of daily living, including personal, supportive, and intermittent health-related

services available 24 hours per day, if needed, to meet the scheduled and unscheduled needs of a resident;

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

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

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

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

(2) A long term care facility licensed under the Nursing Home Care Act, a facility licensed under the Specialized Mental Health Rehabilitation Act of 2013, a facility licensed under the ID/DD Community Care Act, or a facility licensed under the MC/DD Act. However, a facility

licensed under any of those Acts may convert distinct parts of the facility to assisted living. If the facility elects to do so, the facility shall retain the Certificate of Need for its nursing and sheltered care beds that were converted.

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

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

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

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

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

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

(9) The portion of a life care facility as defined in the Life Care Facilities Act not licensed as an assisted

living establishment under this Act; a life care facility may apply under this Act to convert sections of the community to assisted living.

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

(11) A shared housing establishment.

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

"Certified medication aide" means a person who has met the qualifications for certification under Section 79 and assists with medication administration while under the supervision of a registered professional nurse as authorized by Section 50-75 of the Nurse Practice Act in an assisted living establishment.

"Department" means the Department of Public Health.

"Director" means the Director of Public Health.

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

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

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

(2) "Regular license" means a license issued by the Department to an applicant or licensee that is in substantial compliance with this Act and any rules

promulgated under this Act.

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

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

"Mandatory services" include the following:

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

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

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

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

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

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

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

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

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

"Program" means the Certified Medication Aide Program.

"Qualified establishment" means an assisted living and shared housing establishment licensed by the Department of Public Health.

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

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

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

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

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

(2) community-based residential care for persons who need assistance with activities of daily living, including

housing and personal, supportive, and intermittent health-related services available 24 hours per day, if needed, to meet the scheduled and unscheduled needs of a resident; and

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

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

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

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

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

(4) A facility for child care as defined in the Child

Care Act of 1969.

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

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

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

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

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

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

(11) An assisted living establishment.

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

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

(Source: P.A. 103-886, eff. 8-9-24.)

(Text of Section after amendment by P.A. 103-844)

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

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

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

(4) a physical environment that is a homelike setting that includes the following and such other elements as

established by the Department: individual living units each of which shall accommodate small kitchen appliances and contain private bathing, washing, and toilet facilities, or private washing and toilet facilities with a common bathing room readily accessible to each resident. Units shall be maintained for single occupancy except in cases in which 2 residents choose to share a unit. Sufficient common space shall exist to permit individual and group activities.

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

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

(3) A hospital, sanitarium, or other institution, the principal activity or business of which is the diagnosis, care, and treatment of human illness and that is required

to be licensed under the Hospital Licensing Act.

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"Certified medication aide" means a person who has met the qualifications for certification under Section 79 and assists with medication administration while under the supervision of a registered professional nurse as authorized by Section 50-75 of the Nurse Practice Act in an assisted living establishment.

"Department" means the Department of Public Health.

"Director" means the Director of Public Health.

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

"Infection control committee" means persons, including an infection preventionist, who develop and implement policies governing control of infections and communicable diseases and are qualified through education, training, experience, or certification or a combination of such qualifications.

"Infection preventionist" means a registered nurse who develops and implements policies governing control of infections and communicable diseases and is qualified through education, training, experience, or certification or a combination of such qualifications.

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

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

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

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

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

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

"Mandatory services" include the following:

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

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

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

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

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

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

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

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

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

branches.

"Program" means the Certified Medication Aide Program.

"Qualified establishment" means an assisted living and shared housing establishment licensed by the Department of Public Health.

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

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

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

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

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

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

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

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to be licensed under the Hospital Licensing Act.

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

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

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

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

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

(11) An assisted living establishment.

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

"Total assistance" means that staff or another individual

performs the entire activity of daily living without participation by the resident.

(Source: P.A. 103-844, eff. 7-1-25; 103-886, eff. 8-9-24; revised 10-7-24.)

(210 ILCS 9/15)

Sec. 15. Assessment and service plan requirements. Prior to admission to any establishment covered by this Act, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed. At least annually, a comprehensive assessment shall be completed, and upon identification of a significant change in the resident's condition, including, but not limited to, a diagnosis of Alzheimer's disease or a related dementia, the resident shall be reassessed. The Department may by rule specify circumstances under which more frequent assessments of skin integrity and nutritional status shall be required. The comprehensive assessment shall be completed by a physician. Based on the assessment, the resident's interests and preferences, dislikes, and any known triggers for behavior that endangers the resident or others, a written service plan shall be developed and mutually agreed upon by the provider, ~~and~~ the resident, and the resident's representative, if any. The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service

needs change, shall serve as a basis for the service delivery contract between the provider and the resident. The resident and the resident's representative, if any, shall, upon request, be given a copy of the most recent assessment; a supplemental assessment, if any, completed by the establishment; and a service plan. Based on the assessment, the service plan may provide for the disconnection or removal of any appliance.

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

(210 ILCS 9/75)

(Text of Section before amendment by P.A. 103-844)

Sec. 75. Residency requirements.

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

(b) Only adults may be accepted for residency.

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

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

(2) the person is not able to communicate his or her

needs and no resident representative residing in the establishment, and with a prior relationship to the person, has been appointed to direct the provision of services;

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

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

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

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

(7) the person requires intravenous therapy or intravenous feedings unless self-administered or

administered by a qualified, licensed health care professional;

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

(9) the person requires insertion, sterile irrigation, and replacement of catheter, except for routine maintenance of urinary catheters, unless the catheter care is self-administered or administered by a licensed health care professional;

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

(11) (blank);

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

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

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

temporary by a physician; or

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

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

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

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

(g) Items (3), (4), (5), and (9) of subsection (c) shall not apply to a quadriplegic, paraplegic, or individual with neuro-muscular diseases, such as muscular dystrophy and

multiple sclerosis, or other chronic diseases and conditions as defined by rule if the individual is able to communicate his or her needs and does not require assistance with complex medical problems, and the establishment is able to accommodate the individual's needs. The Department shall prescribe rules pursuant to this Section that address special safety and service needs of these individuals.

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

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

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

(Text of Section after amendment by P.A. 103-844)

Sec. 75. Residency requirements.

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

(b) Only adults may be accepted for residency.

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

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

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

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

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

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

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

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

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

(9) the person requires insertion, sterile irrigation, and replacement of catheter, except for routine maintenance of urinary catheters, unless the catheter care is self-administered or administered by a licensed health

care professional or a nurse in compliance with education, certification, and training in catheter care or infection control by the Centers for Disease Control and Prevention with oversight from an infection preventionist or infection control committee;

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

(11) (blank);

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

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

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

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

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

terminated.

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

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

(g) Items (3), (4), (5), and (9) of subsection (c) shall not apply to a quadriplegic, paraplegic, or individual with neuro-muscular diseases, such as muscular dystrophy and multiple sclerosis, or other chronic diseases and conditions as defined by rule if the individual is able to communicate his or her needs and does not require assistance with complex medical problems, and the establishment is able to accommodate the individual's needs. The Department shall prescribe rules

pursuant to this Section that address special safety and service needs of these individuals.

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

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

(Source: P.A. 103-444, eff. 1-1-24; 103-844, eff. 7-1-25.)

(210 ILCS 9/80)

Sec. 80. Involuntary termination of residency.

(a) Residency shall be involuntarily terminated only for

the following reasons:

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

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

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

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

pre-addressed envelope to the Department. If the resident or the resident's representative, if any, cannot read English, the notice must be provided in a language the individual receiving the notice can read or the establishment must provide a translator who has been trained to assist the resident or the resident's representative in the appeal process. In emergency situations as defined in Section 10 of this Act, the 30-day provision of the written notice may be waived.

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

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

(e) The establishment shall offer the resident and the resident's representative, if any, residency termination and relocation assistance including information on available alternative placement. Residents shall be involved in planning the move and shall choose among the available alternative placements except when an emergency situation makes prior resident involvement impossible. Emergency placements are deemed temporary until the resident's input can be sought in the final placement decision. No resident shall be forced to remain in a temporary or permanent placement.

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

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

accommodations, consistent with the license and services of the establishment. The Department may not find an establishment to be in violation of Section 75 of this Act for failing to initiate an emergency discharge in these circumstances.

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

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

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

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

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

(210 ILCS 9/90)

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

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

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

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

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

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

(6) the duration of the contract;

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

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

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

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

(11) a description of the establishment's complaint resolution process available to residents and notice of the availability of the Department on Aging's Senior

Helpline for complaints;

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

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

(14) the billing and payment procedures and requirements;

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

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

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

(18) a written explanation, prepared by the Office of State Long Term Care Ombudsman, ~~statement~~ listing the rights specified in Sections 80 and Section 95, ~~including~~

an acknowledgment by the establishment ~~and acknowledging~~
that, by contracting with the assisted living or shared
housing establishment, the resident does not forfeit those
rights;

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

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

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

(210 ILCS 9/95)

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

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

(2) the right to refuse services and to be advised of

the consequences of that refusal;

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

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

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

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

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

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

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

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

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

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

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

(14) the right to a minimum of 30 days' ~~30 days~~ notice of an involuntary residency termination, except where the

resident poses a threat to himself or others, or in other emergency situations, and the right to appeal such termination; if an establishment withdraws a notice of involuntary termination of residency, then the resident has the right to maintain residency at the establishment; ~~and~~

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

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

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

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

(210 ILCS 45/1-114.005)

Sec. 1-114.005. High risk designation. "High risk designation" means a violation of a provision of the Illinois Administrative Code or statute that has been identified by the Department through rulemaking or designated in statute to be inherently necessary to protect the health, safety, and welfare of a resident.

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

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

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

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

(210 ILCS 45/3-305.6 new)

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

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

(210 ILCS 45/3-305.7 new)

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

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

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

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

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

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

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

(6) a copy of the resident's current face sheet that indicates the readmission date. Unique identifiers, such as the resident's social security number and Medicare, Medicaid, or insurance number shall be redacted.

(b) Upon readmission of a resident following an executed order by the Department, the facility shall conduct a reassessment of the resident to determine any necessary changes to the resident's care plan. The assessment shall include identification of any steps the facility could take to attempt to mitigate or correct the behavior or condition of the resident that resulted in the resident being involuntarily discharged.

(c) If a resident whose readmission was ordered by the Department engages in conduct similar to that which led to the resident's involuntary discharge and for which the facility documented concerns pursuant to subsection (a), the Department shall take into account the notice provided by the facility under this Section in considering whether to impose a fine.

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

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

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

(b) for the resident's physical safety;

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

(d) for either late payment or nonpayment for the

resident's stay, except as prohibited by Titles XVIII and XIX of the federal Social Security Act. For purposes of this Section, "late payment" means non-receipt of payment after submission of a bill. If payment is not received within 45 days after submission of a bill, a facility may send a notice to the resident and responsible party requesting payment within 30 days. If payment is not received within such 30 days, the facility may thereupon institute transfer or discharge proceedings by sending a notice of transfer or discharge to the resident and responsible party by registered or certified mail. The notice shall state, in addition to the requirements of Section 3-403 of this Act, that the responsible party has the right to pay the amount of the bill in full up to the date the transfer or discharge is to be made and then the resident shall have the right to remain in the facility. Such payment shall terminate the transfer or discharge proceedings. This subsection does not apply to those residents whose care is provided for under the Illinois Public Aid Code. The Department shall adopt rules setting forth the criteria and procedures to be applied in cases of involuntary transfer or discharge permitted under this Section.

In the absence of other bases for transfer or discharge in this Section, unless it has complied with the prior notice and other procedural requirements of this Act, a facility may not

refuse to readmit a resident following a medical leave of absence if the resident's need for care does not exceed the provisions of the facility's license or current services offered.

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

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

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

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

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

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

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

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

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

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

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

Sec. 3-405. A copy of the notice required by Section 3-402 shall be placed in the resident's clinical record and a copy

shall be transmitted to the Department, the State Long Term Care Ombudsman, the resident, ~~and~~ the resident's representative, if any, and the resident's managed care organization.

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

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

Sec. 3-411. The Department of Public Health, when the basis for involuntary transfer or discharge is other than action by the Department of Healthcare and Family Services (formerly Department of Public Aid) with respect to the Title XIX Medicaid recipient, shall hold a hearing at the resident's facility not later than 10 days after a hearing request is filed, and render a decision within 14 days after the filing of the hearing request. The Department has continuing jurisdiction over the transfer or discharge irrespective of the timing of the hearing and decision. Once a request for a hearing is filed, the Department shall hold a hearing unless the request is withdrawn by the resident. If the request for a hearing is withdrawn based upon a representation made by the facility to the resident and the Department, including the hearing officer, that a resident who has been denied readmission will be readmitted, and the resident or resident representative notifies the Department that the facility is still denying readmission, failure to readmit is considered failure to comply with a Department order to readmit pursuant

to Section 3-305.6, including the imposition of a \$2,500 fine under Section 3-305.6.

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

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

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

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

(210 ILCS 45/3-413.1 new)

Sec. 3-413.1. Denial of transfer or discharge. If the Department determines that a transfer or discharge is not authorized under Section 3-401, then the Department shall issue a written decision stating that the transfer or discharge is denied. If the action of the facility giving rise to the request for hearings is the facility's failure to readmit the resident following hospitalization, other medical

leave of absence, or other absence, then the Department shall order the immediate readmission of the resident to the facility. The facility shall comply with the order immediately. A copy of the Department's written decision shall be placed in the resident's medical chart. A surveyor shall make an on-site inspection of the facility's compliance with the order unless the resident or resident representative notifies the Department in writing that there is compliance with the order.

Section 95. No acceleration or delay. Where this Act makes changes in a statute that is represented in this Act by text that is not yet or no longer in effect (for example, a Section represented by multiple versions), the use of that text does not accelerate or delay the taking effect of (i) the changes made by this Act or (ii) provisions derived from any other Public Act.

Section 99. Effective date. This Act takes effect January 1, 2026.