

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 15 and 150 as follows:

(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, a physician assistant, or an advanced practice registered nurse. 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, 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. 104-191, eff. 1-1-26.)

(210 ILCS 9/150)

Sec. 150. Alzheimer and dementia programs.

(a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of this Act.

(b) No person shall be admitted or retained if the assisted living or shared housing establishment cannot provide or secure appropriate care, if the resident 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.

(c) No person shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The Department by rule shall identify a validated dementia-specific standard with inter-rater reliability that will be used to assess individual residents. The assessment must be approved by the resident's physician, physician assistant who has experience in geriatric dementia care, or advanced practice registered nurse who has experience in geriatric dementia care and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician, physician assistant, or advanced practice registered nurse. Assessments completed annually or due to a change in the resident's condition must be signed by a physician.

(d) No person shall be accepted for residency or remain in residence if the person is dangerous to self or others and the establishment would be unable to eliminate the danger through the use of appropriate treatment modalities.

(e) No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of this Act.

(f) An establishment that offers to provide a special

program or unit for persons with Alzheimer's disease and related disorders shall:

(1) disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Disease and Related Dementias Special Care Disclosure Act;

(2) ensure that a resident's representative is designated for the resident;

(3) develop and implement policies and procedures that ensure the continued safety of all residents in the establishment, including, but not limited to, those who:

(A) may wander; and

(B) may need supervision and assistance when evacuating the building in an emergency;

(4) provide coordination of communications with each resident, resident's representative, relatives and other persons identified in the resident's service plan;

(5) provide cognitive stimulation and activities to maximize functioning;

(6) provide an appropriate number of staff for its resident population, as established by rule;

(7) require the director or administrator and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training, the content of which shall be established by rule; and

(8) develop emergency procedures and staffing patterns

to respond to the needs of residents.

(g) Individual residents shall be assessed prior to admission using assessment tools that are approved or recommended by recognized Alzheimer's and dementia care experts, ensuring that the tools are validated for accurately identifying and evaluating cognitive impairments related to Alzheimer's disease and other forms of dementia. These tools shall be reviewed and updated as needed to align with current best practices and clinical standards in dementia care.

(Source: P.A. 104-295, eff. 1-1-26.)

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