



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4815

by Rep. Norine K. Hammond

SYNOPSIS AS INTRODUCED:

210 ILCS 9/15
210 ILCS 9/35
210 ILCS 9/70
210 ILCS 9/75
210 ILCS 9/91 new
210 ILCS 9/92
210 ILCS 9/135

Amends the Assisted Living and Shared Housing Act. Provides that the comprehensive assessment of a patient prior to the patient's admission to an establishment shall be completed by a physician or a nurse practitioner or physician assistant. In provisions concerning licensure of an establishment, changes education requirements for the full-time director of an establishment. Makes changes to the definition of "medication administration" in provisions concerning service requirements. Provides that a licensed health care professional may be employed (instead of 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, if the resident chooses to utilize the services of the licensed health care professional working within the scope of the professional's practice. Sets forth provisions concerning an emergency plan and disaster preparedness. Provides that incidents must be reported to the Department of Public Health within 24 hours after the incident or by the end of the next business day. Provides that staff in an establishment may be trained to assist in a nonemergency lift of a resident. Provides that repeated technical infractions by an establishment within a calendar year may result in a Type 3 violation.

LRB104 18031 BAB 31470 b

1 AN ACT concerning regulation.

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

4 Section 5. The Assisted Living and Shared Housing Act is
5 amended by changing Sections 15, 35, 70, 75, 92, and 135 and by
6 adding Section 91 as follows:

7 (210 ILCS 9/15)

8 Sec. 15. Assessment and service plan requirements. Prior
9 to admission to any establishment covered by this Act, a
10 comprehensive assessment that includes an evaluation of the
11 prospective resident's physical, cognitive, and psychosocial
12 condition shall be completed by a physician or a nurse
13 practitioner or physician assistant. At least annually, a
14 comprehensive assessment shall be completed, and upon
15 identification of a significant change in the resident's
16 condition, including, but not limited to, a diagnosis of
17 Alzheimer's disease or a related dementia, the resident shall
18 be reassessed. The Department may by rule specify
19 circumstances under which more frequent assessments of skin
20 integrity and nutritional status shall be required. The
21 comprehensive assessment shall be completed by a physician or
22 a nurse practitioner or physician assistant. Based on the
23 assessment, the resident's interests and preferences,

1 dislikes, and any known triggers for behavior that endangers
2 the resident or others, a written service plan shall be
3 developed and mutually agreed upon by the provider, the
4 resident, and the resident's representative, if any. The
5 service plan, which shall be reviewed annually, or more often
6 as the resident's condition, preferences, or service needs
7 change, shall serve as a basis for the service delivery
8 contract between the provider and the resident. The resident
9 and the resident's representative, if any, shall, upon
10 request, be given a copy of the most recent assessment; a
11 supplemental assessment, if any, completed by the
12 establishment; and a service plan. Based on the assessment,
13 the service plan may provide for the disconnection or removal
14 of any appliance.

15 (Source: P.A. 104-191, eff. 1-1-26.)

16 (210 ILCS 9/35)

17 Sec. 35. Issuance of license.

18 (a) Upon receipt and review of an application for a
19 license and review of the applicant establishment, the
20 Director may issue a license if he or she finds:

21 (1) that the individual applicant, or the corporation,
22 partnership, or other entity if the applicant is not an
23 individual, is a person responsible and suitable to
24 operate or to direct or participate in the operation of an
25 establishment by virtue of financial capacity, appropriate

1 business or professional experience, a record of lawful
2 compliance with lawful orders of the Department and lack
3 of revocation of a license issued under this Act, the
4 Nursing Home Care Act, the Specialized Mental Health
5 Rehabilitation Act of 2013, the ID/DD Community Care Act,
6 or the MC/DD Act during the previous 5 years;

7 (2) that the establishment is under the supervision of
8 a full-time director who is at least 21 years of age and
9 has a high school diploma or equivalent plus either:

10 (A) 2 years of management experience or 2 years of
11 experience in positions of progressive responsibility
12 in health care, housing with services, or adult day
13 care or providing similar services to the elderly; ~~or~~

14 (B) 2 years of management experience or 2 years of
15 experience in positions of progressive responsibility
16 in hospitality and training in health care and housing
17 with services management as defined by rule; or

18 (C) a college degree in health administration or
19 the completion of an approved program within 6 months
20 after hiring;

21 (3) that the establishment has staff sufficient in
22 number with qualifications, adequate skills, education,
23 and experience to meet the 24 hour scheduled and
24 unscheduled needs of residents and who participate in
25 ongoing training to serve the resident population;

26 (4) that all employees who are subject to the Health

1 Care Worker Background Check Act meet the requirements of
2 that Act;

3 (5) that the applicant is in substantial compliance
4 with this Act and such other requirements for a license as
5 the Department by rule may establish under this Act;

6 (6) that the applicant pays all required fees;

7 (7) that the applicant has provided to the Department
8 an accurate disclosure document in accordance with the
9 Alzheimer's Disease and Related Dementias Special Care
10 Disclosure Act and in substantial compliance with Section
11 150 of this Act.

12 In addition to any other requirements set forth in this
13 Act, as a condition of licensure under this Act, the director
14 of an establishment must participate in at least 20 hours of
15 training every 2 years to assist him or her in better meeting
16 the needs of the residents of the establishment and managing
17 the operation of the establishment.

18 Any license issued by the Director shall state the
19 physical location of the establishment, the date the license
20 was issued, and the expiration date. All licenses shall be
21 valid for one year, except as provided in Sections 40 and 45.
22 Each license shall be issued only for the premises and persons
23 named in the application, and shall not be transferable or
24 assignable.

25 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

1 (210 ILCS 9/70)

2 Sec. 70. Service requirements. An establishment must
3 provide all mandatory services and may provide optional
4 services, including medication reminders, supervision of
5 self-administered medication and medication administration as
6 defined by this Section and nonmedical services defined by
7 rule, whether provided directly by the establishment or by
8 another entity arranged for by the establishment with the
9 consent of the resident or the resident's representative.

10 For the purposes of this Section, "medication reminders"
11 means reminding residents to take pre-dispensed,
12 self-administered medication, observing the resident, and
13 documenting whether or not the resident took the medication.

14 For the purposes of this Section, "supervision of
15 self-administered medication" means assisting the resident
16 with self-administered medication using any combination of the
17 following: reminding residents to take medication, reading the
18 medication label to residents, checking the self-administered
19 medication dosage against the label of the medication,
20 confirming that residents have obtained and are taking the
21 dosage as prescribed, and documenting in writing that the
22 resident has taken (or refused to take) the medication. If
23 residents are physically unable to open the container, the
24 container may be opened for them. Supervision of
25 self-administered medication shall be under the direction of a
26 licensed health care professional or, in the case of a

1 certified medication aide, under the supervision and
2 delegation of a registered nurse as authorized by Section
3 50-75 of the Nurse Practice Act.

4 For the purposes of this Section, "medication
5 administration" refers to a licensed health care professional
6 employed by an establishment engaging in administering insulin
7 and vitamin B-12 injections, oral medications, topical
8 treatments, eye and ear drops, ~~or~~ nitroglycerin patches, and
9 intramuscular injections. A certified medication aide may
10 administer medications under the supervision and delegation of
11 a registered nurse as authorized by Section 50-75 of the Nurse
12 Practice Act, except (i) Schedule II controlled substances as
13 set forth in the Illinois Controlled Substances Act and (ii)
14 any subcutaneous, intramuscular, intradermal, or intravenous
15 medication.

16 The Department shall specify by rule procedures for
17 medication reminders, supervision of self-administered
18 medication, and medication administration.

19 Nothing in this Act shall preclude a physician licensed
20 under the Medical Practice Act of 1987 from providing services
21 within the scope of his or her license to any resident.

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

23 (210 ILCS 9/75)

24 Sec. 75. Residency requirements.

25 (a) No individual shall be accepted for residency or

1 remain in residence if the establishment cannot provide or
2 secure appropriate services, if the individual requires a
3 level of service or type of service for which the
4 establishment is not licensed or which the establishment does
5 not provide, or if the establishment does not have the staff
6 appropriate in numbers and with appropriate skill to provide
7 such services.

8 (b) Only adults may be accepted for residency.

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

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

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

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

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

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

24 (6) the person has a severe mental illness, which for
25 the purposes of this Section means a condition that is
26 characterized by the presence of a major mental disorder

1 as classified in the Diagnostic and Statistical Manual of
2 Mental Disorders, Fourth Edition (DSM-IV) (American
3 Psychiatric Association, 1994), where the individual is a
4 person with a substantial disability due to mental illness
5 in the areas of self-maintenance, social functioning,
6 activities of community living and work skills, and the
7 disability specified is expected to be present for a
8 period of not less than one year, but does not mean
9 Alzheimer's disease and other forms of dementia based on
10 organic or physical disorders;

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

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

18 (9) the person requires insertion, sterile irrigation,
19 and replacement of catheter, except for routine
20 maintenance of urinary catheters, unless the catheter care
21 is self-administered or administered by a licensed health
22 care professional or a nurse in compliance with education,
23 certification, and training in catheter care or infection
24 control by the Centers for Disease Control and Prevention
25 with oversight from an infection preventionist or
26 infection control committee;

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

4 (11) (blank);

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

9 (13) the person requires treatment of stage 3 or stage
10 4 decubitus ulcers or exfoliative dermatitis;

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

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

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

23 (e) Residency shall be terminated when services available
24 to the resident in the establishment are no longer adequate to
25 meet the needs of the resident. The establishment shall notify
26 the resident and the resident's representative, if any, when

1 there is a significant change in the resident's condition that
2 affects the establishment's ability to meet the resident's
3 needs. The requirements of subsection (c) of Section 80 shall
4 then apply. This provision shall not be interpreted as
5 limiting the authority of the Department to require the
6 residency termination of individuals.

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

14 (g) Items (3), (4), (5), and (9) of subsection (c) shall
15 not apply to a quadriplegic, paraplegic, or individual with
16 neuro-muscular diseases, such as muscular dystrophy and
17 multiple sclerosis, or other chronic diseases and conditions
18 as defined by rule if the individual is able to communicate his
19 or her needs and does not require assistance with complex
20 medical problems, and the establishment is able to accommodate
21 the individual's needs. The Department shall prescribe rules
22 pursuant to this Section that address special safety and
23 service needs of these individuals.

24 (h) For the purposes of items (7) through (10) of
25 subsection (c), a licensed health care professional may ~~not~~ be
26 employed by the owner or operator of the establishment, its

1 parent entity, or any other entity with ownership common to
2 either the owner or operator of the establishment or parent
3 entity, including, but not limited to, an affiliate of the
4 owner or operator of the establishment, if the resident
5 chooses to utilize the services of the licensed health care
6 professional working within the scope of the professional's
7 practice. Nothing in this Section is meant to limit a
8 resident's right to choose his or her health care provider.

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

19 (Source: P.A. 103-444, eff. 1-1-24; 103-844, eff. 7-1-25;
20 104-191, eff. 1-1-26.)

21 (210 ILCS 9/91 new)

22 Sec. 91. Emergency plan; disaster preparedness drills.

23 (a) Each establishment shall have a written plan for
24 protection of all persons in the event of disasters, for
25 keeping persons in place, evacuating persons to areas of

1 refuge, and evacuating persons from the building when
2 necessary. The plan shall address the physical and cognitive
3 needs of residents and include special staff response,
4 including the procedures needed to ensure the safety of any
5 resident. The plan shall be amended or revised whenever any
6 resident with unusual needs is admitted. The plan shall also:

7 (1) provide for the temporary relocation of residents
8 for any disaster requiring relocation;

9 (2) provide for the movement of residents to safe
10 locations within the establishment in the event of a
11 tornado warning or severe thunderstorm warning issued by
12 the National Weather Service;

13 (3) provide for the temporary relocation of residents
14 any time the temperature in residents' bedrooms falls
15 below 55 degrees Fahrenheit for 12 hours or more as a
16 result of a mechanical problem or loss of power in the
17 establishment;

18 (4) provide for the health, safety, welfare, and
19 comfort of all residents when the heat index or apparent
20 temperature, as established by the National Oceanic and
21 Atmospheric Administration, inside the residents' living,
22 dining, activities, or sleeping areas of the establishment
23 exceeds a heat index or apparent temperature of 80 degrees
24 Fahrenheit;

25 (5) address power outages; and

26 (6) include contingencies in the event of flooding, if

1 located on a flood plain.

2 (b) Each establishment shall conduct at least 6 drills per
3 year on a bimonthly basis. At least 2 of the drills, involving
4 staff only, shall be conducted during the night when residents
5 are sleeping. All drills shall be held under varied conditions
6 to:

7 (1) ensure that all personnel on all shifts are
8 trained to perform assigned tasks;

9 (2) ensure that all personnel on all shifts are
10 familiar with the use of the firefighting equipment in the
11 facility; and

12 (3) evaluate the effectiveness of disaster plans,
13 procedures, and training.

14 Drills shall include residents, except at night when
15 residents are sleeping, establishment personnel, and other
16 persons in the establishment. Drills shall involve the actual
17 evacuation of residents to an assembly point specified in the
18 emergency plan, unless the community has a shelter-in-place
19 protocol approved by the local fire department and shall
20 provide residents with experience using various means of
21 escape. If an establishment has an evacuation capability
22 classification of impractical, those residents who cannot
23 meaningfully assist in their own evacuation or who have
24 special health problems shall not be required to participate
25 in the drill. If weather or other conditions present risk to
26 residents for actual evacuation of the entire building, the

1 establishment shall conduct drills that involve evacuating to
2 designated sections or portions of the building. These drills
3 must simulate real evacuation conditions and ensure that, with
4 the personnel typically available, the entire building could
5 be evacuated if necessary.

6 As used in this subsection, "an evacuation capability of
7 impractical" means a situation where an establishment has a
8 high number of occupants with severe mobility limitations so
9 that a full evacuation within a reasonable time frame is
10 deemed nearly impossible.

11 Memory care units shall be deemed as impractical for
12 conducting drills, and residents shall be exempt. This
13 exemption does not apply to staff working in the memory care
14 unit.

15 (210 ILCS 9/92)

16 Sec. 92. Incident and accident reporting.

17 (a) Within 24 hours after the incident or by the end of the
18 next business day, an ~~An~~ establishment must report to the
19 Department any incident or accident that results in
20 significant physical harm or injury to a resident or any
21 situation where a resident requires outside emergent medical
22 treatment as a direct result of an incident or accident. A
23 change in a resident's condition that is due to health or
24 medical decline is not a reportable incident or accident.

25 (b) As used in this subsection, "nonemergency lift" means

1 lifting a resident from the resident's current position to a
2 desired position. "Nonemergency lift" does not include an
3 incident or accident that results in significant physical harm
4 or injury to a resident or any situation where a resident
5 requires outside emergent medical treatment as a direct result
6 of an incident or accident. Staff in an establishment may be
7 trained to assist in a nonemergency lift of a resident.

8 (Source: P.A. 104-209, eff. 1-1-26.)

9 (210 ILCS 9/135)

10 Sec. 135. Civil penalties.

11 (a) The Department may assess a civil penalty not to
12 exceed \$5,000 against any establishment subject to this Act
13 for violations of this Act. Each day a violation continues
14 shall be deemed a separate violation.

15 (b) Beginning 180 days after the adoption of rules under
16 this Act, the Department may assess a civil penalty not to
17 exceed \$3,000 against any establishment subject to this Act
18 for caring for a resident who exceeds the care needs defined in
19 this Act. Each day a violation continues shall be deemed a
20 separate violation.

21 (c) The Department is authorized to hold hearings in
22 contested cases regarding appeals of the penalties assessed
23 pursuant to this Section.

24 (d) Repeated technical infractions within a calendar year
25 may result in a Type 3 violation.

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