

104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB1299

Introduced 1/28/2025, by Sen. Kimberly A. Lightford

SYNOPSIS AS INTRODUCED:

See Index

Amends the Assisted Living and Shared Housing Act. Makes changes to assessments for admission to establishments and service plan requirements. Requires an establishment to notify the resident and the resident's representative when there is a significant change in the resident's condition that affects the establishment's ability to meet the resident's needs. Prohibits an establishment from terminating or reducing any service without the consent of the resident or the resident's representative for the purpose of making it more difficult or impossible for the resident to remain in the establishment. Adds new requirements for establishments and the Department of Public Health regarding the involuntary termination of residency. Provides that a resident has the right to not be unlawfully transferred or discharged. Makes other changes. Amends the Nursing Home Care Act. Prohibits a resident from being transferred or discharged in violation of the Act. Provides that a resident has the right not to be unlawfully transferred or discharged. Provides for the assessment of a \$2,500 fine for a facility that fails to comply with an order to readmit a resident who wishes to return to the facility and is appropriate for that level of care and services provided. Requires a facility that complies with an order to readmit a resident that has been deemed to have been unlawfully discharged to notify the Department within 10 business days after the resident has been readmitted to the facility. Provides that a facility may involuntarily transfer or discharge a resident because 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. Provides that the Department maintains jurisdiction over the transfer or discharge irrespective of the timing of the notice and discharge. Provides that if the Department determines that a transfer or discharge is not authorized, then the Department shall issue a written decision stating that the transfer or discharge is denied. Makes other changes. Effective immediately.

LRB104 07843 BAB 17889 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 10, 15, 75, 80, 90, and 95 as
6 follows:

7 (210 ILCS 9/10)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 (11) A shared housing establishment.

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

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

14 "Department" means the Department of Public Health.

15 "Director" means the Director of Public Health.

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

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

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

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

1 promulgated under this Act.

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

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

9 "Mandatory services" include the following:

10 (1) 3 meals per day available to the residents
11 prepared by the establishment or an outside contractor;

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

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

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

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

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

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

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

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

26 "Program" means the Certified Medication Aide Program.

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

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

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

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

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

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

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

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

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

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

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16 facility licensed under the ID/DD Community Care Act, or a
17 facility licensed under the MC/DD Act. A facility licensed
18 under any of those Acts may, however, convert sections of
19 the facility to assisted living. If the facility elects to
20 do so, the facility shall retain the Certificate of Need
21 for its nursing beds that were converted.

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

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

1 Care Act of 1969.

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3 Community Living Facilities Licensing Act.

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

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

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

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

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

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

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5 of the Nurse Practice Act in an assisted living establishment.

6 "Department" means the Department of Public Health.

7 "Director" means the Director of Public Health.

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

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

15 "Infection preventionist" means a registered nurse who
16 develops and implements policies governing control of
17 infections and communicable diseases and is qualified through
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19 combination of such qualifications.

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

26 "Total assistance" means that staff or another individual

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

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

5 (210 ILCS 9/15)

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

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

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

10 (210 ILCS 9/75)

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

12 Sec. 75. Residency requirements.

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

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

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

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

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

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

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

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

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

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

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

1 administered by a qualified, licensed health care
2 professional;

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

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

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

14 (11) (blank);

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

19 (13) the person requires treatment of stage 3 or stage
20 4 decubitus ulcers or exfoliative dermatitis;

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

1 temporary by a physician; or

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

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

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

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

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

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

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

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

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

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

3 Sec. 75. Residency requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (11) (blank);

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

14 (13) the person requires treatment of stage 3 or stage
15 4 decubitus ulcers or exfoliative dermatitis;

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

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

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

1 terminated.

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

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

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

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

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

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

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

23 (210 ILCS 9/80)

24 Sec. 80. Involuntary termination of residency.

25 (a) Residency shall be involuntarily terminated only for

1 the following reasons:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (210 ILCS 9/90)

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

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

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

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

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

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

12 (6) the duration of the contract;

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

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

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

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

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

1 Helpline for complaints;

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

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

7 (14) the billing and payment procedures and
8 requirements;

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

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

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

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

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

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

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

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

16 (210 ILCS 9/95)

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

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

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

1 the consequences of that refusal;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 Section 10. The Nursing Home Care Act is amended by
13 changing Sections 1-114.005, 2-111, 3-401, 3-402, 3-404,
14 3-405, 3-411, and 3-413 and by adding Sections 3-305.6,
15 3-305.7, and 3-413.1 as follows:

16 (210 ILCS 45/1-114.005)

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

23 (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)

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

2 (a) A facility that complies with an order of the
3 Department to readmit a resident that has been deemed to have
4 been unlawfully discharged shall notify the Department within
5 10 business days after the resident has been readmitted to the
6 facility. The notice provided to the Department shall include,
7 but not be limited to, the following information:

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

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

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

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

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

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

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

9 (c) When presented as part of a resident's record, the
10 Department shall consider an order from an administrative law
11 judge and steps the facility took to safely care for the
12 resident when considering whether a violation occurred.

13 (210 ILCS 45/3-401) (from Ch. 111 1/2, par. 4153-401)

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

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

20 (b) for the resident's physical safety;

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

23 (d) for either late payment or nonpayment for the
24 resident's stay, except as prohibited by Titles XVIII and
25 XIX of the federal Social Security Act. For purposes of

1 this Section, "late payment" means non-receipt of payment
2 after submission of a bill. If payment is not received
3 within 45 days after submission of a bill, a facility may
4 send a notice to the resident and responsible party
5 requesting payment within 30 days. If payment is not
6 received within such 30 days, the facility may thereupon
7 institute transfer or discharge proceedings by sending a
8 notice of transfer or discharge to the resident and
9 responsible party by registered or certified mail. The
10 notice shall state, in addition to the requirements of
11 Section 3-403 of this Act, that the responsible party has
12 the right to pay the amount of the bill in full up to the
13 date the transfer or discharge is to be made and then the
14 resident shall have the right to remain in the facility.
15 Such payment shall terminate the transfer or discharge
16 proceedings. This subsection does not apply to those
17 residents whose care is provided for under the Illinois
18 Public Aid Code. The Department shall adopt rules setting
19 forth the criteria and procedures to be applied in cases
20 of involuntary transfer or discharge permitted under this
21 Section.

22 In the absence of other bases for transfer or discharge in
23 this Section, unless it has complied with the prior notice and
24 other procedural requirements of this Act, a facility may not
25 refuse to readmit a resident following a medical leave of
26 absence if the resident's need for care does not exceed the

1 provisions of the facility's license or current services
2 offered.

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

4 (210 ILCS 45/3-402) (from Ch. 111 1/2, par. 4153-402)

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

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

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

24 (c) When an identified offender is within the provisional
25 admission period defined in Section 1-120.3. If the Identified

1 Offender Report and Recommendation prepared under Section
2 2-201.6 shows that the identified offender poses a serious
3 threat or danger to the physical safety of other residents,
4 the facility staff, or facility visitors in the admitting
5 facility and the facility determines that it is unable to
6 provide a safe environment for the other residents, the
7 facility staff, or facility visitors, the facility shall
8 transfer or discharge the identified offender within 3 days
9 after its receipt of the Identified Offender Report and
10 Recommendation.

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

12 (210 ILCS 45/3-404) (from Ch. 111 1/2, par. 4153-404)

13 Sec. 3-404. A request for a hearing made under Section
14 3-403 shall stay a transfer or discharge pending a hearing or
15 appeal of the decision, unless a condition which would have
16 allowed transfer or discharge in less than 30 ~~21~~ days as
17 described under paragraphs (a) and (b) of Section 3-402
18 develops in the interim.

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

20 (210 ILCS 45/3-405) (from Ch. 111 1/2, par. 4153-405)

21 Sec. 3-405. A copy of the notice required by Section 3-402
22 shall be placed in the resident's clinical record and a copy
23 shall be transmitted to the Department, the State Long Term
24 Care Ombudsman, the resident, ~~and~~ the resident's

1 representative, if any, and the resident's managed care
2 organization.

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

4 (210 ILCS 45/3-411) (from Ch. 111 1/2, par. 4153-411)

5 Sec. 3-411. The Department of Public Health, when the
6 basis for involuntary transfer or discharge is other than
7 action by the Department of Healthcare and Family Services
8 (formerly Department of Public Aid) with respect to the Title
9 XIX Medicaid recipient, shall hold a hearing at the resident's
10 facility not later than 10 days after a hearing request is
11 filed, and render a decision within 14 days after the filing of
12 the hearing request. The Department has continuing
13 jurisdiction over the transfer or discharge irrespective of
14 the timing of the hearing and decision. Once a request for a
15 hearing is filed, the Department shall hold a hearing unless
16 the request is withdrawn by the resident. If the request for a
17 hearing is withdrawn based upon a representation made by the
18 facility to the resident and the Department, including the
19 hearing officer, that a resident who has been denied
20 readmission will be readmitted, and the resident or resident
21 representative notifies the Department that the facility is
22 still denying readmission, failure to readmit is considered
23 failure to comply with a Department order to readmit pursuant
24 to Section 3-305.6, including the imposition of a \$2,500 fine
25 under Section 3-305.6.

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

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

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

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

15 (210 ILCS 45/3-413.1 new)

16 Sec. 3-413.1. Denial of transfer or discharge. If the
17 Department determines that a transfer or discharge is not
18 authorized under Section 3-401, then the Department shall
19 issue a written decision stating that the transfer or
20 discharge is denied. If the action of the facility giving rise
21 to the request for hearings is the facility's failure to
22 readmit the resident following hospitalization, other medical
23 leave of absence, or other absence, then the Department shall
24 order the immediate readmission of the resident to the

1 facility. The facility shall comply with the order
2 immediately. A copy of the Department's written decision shall
3 be placed in the resident's medical chart. A surveyor shall
4 make an on-site inspection of the facility's compliance with
5 the order unless the resident or resident representative
6 notifies the Department in writing that there is compliance
7 with the order.

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

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

1 INDEX

2 Statutes amended in order of appearance

3 210 ILCS 9/10

4 210 ILCS 9/15

5 210 ILCS 9/75

6 210 ILCS 9/80

7 210 ILCS 9/90

8 210 ILCS 9/95

9 210 ILCS 45/1-114.005

10 210 ILCS 45/2-111 from Ch. 111 1/2, par. 4152-111

11 210 ILCS 45/3-305.6 new

12 210 ILCS 45/3-305.7 new

13 210 ILCS 45/3-401 from Ch. 111 1/2, par. 4153-401

14 210 ILCS 45/3-402 from Ch. 111 1/2, par. 4153-402

15 210 ILCS 45/3-404 from Ch. 111 1/2, par. 4153-404

16 210 ILCS 45/3-405 from Ch. 111 1/2, par. 4153-405

17 210 ILCS 45/3-411 from Ch. 111 1/2, par. 4153-411

18 210 ILCS 45/3-413 from Ch. 111 1/2, par. 4153-413

19 210 ILCS 45/3-413.1 new