



Sen. Kimberly A. Lightford

Filed: 3/4/2025

10400SB1299sam001

LRB104 07843 BAB 23137 a

1 AMENDMENT TO SENATE BILL 1299

2 AMENDMENT NO. _____. Amend Senate Bill 1299 by replacing
3 everything after the enacting clause with the following:

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

1 Act:

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

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

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

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

25 "Assisted living establishment" or "establishment" does
26 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

1 Services as a community-integrated living arrangement as
2 defined in the Community-Integrated Living Arrangements
3 Licensure and Certification Act.

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

6 (9) The portion of a life care facility as defined in
7 the Life Care Facilities Act not licensed as an assisted
8 living establishment under this Act; a life care facility
9 may apply under this Act to convert sections of the
10 community to assisted living.

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

13 (11) A shared housing establishment.

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

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

21 "Department" means the Department of Public Health.

22 "Director" means the Director of Public Health.

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

25 "License" means any of the following types of licenses
26 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

1 establishment, the person who owns the physical plant shall
2 incur jointly and severally with the owner all liabilities
3 imposed on an owner under this Act.

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

7 "Program" means the Certified Medication Aide Program.

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

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

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

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

24 "Shared housing establishment" or "establishment" means a
25 publicly or privately operated free-standing residence for 16
26 or fewer persons, at least 80% of whom are 55 years of age or

1 older and who are unrelated to the owners and one manager of
2 the residence, where the following are provided:

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

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

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

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

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

20 (2) A long term care facility licensed under the
21 Nursing Home Care Act, a facility licensed under the
22 Specialized Mental Health Rehabilitation Act of 2013, a
23 facility licensed under the ID/DD Community Care Act, or a
24 facility licensed under the MC/DD Act. A facility licensed
25 under any of those Acts may, however, convert sections of
26 the facility to assisted living. If the facility elects to

1 do so, the facility shall retain the Certificate of Need
2 for its nursing beds that were converted.

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

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

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

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

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

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

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

26 (10) A free-standing hospice facility licensed under

1 the Hospice Program Licensing Act.

2 (11) An assisted living establishment.

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

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

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

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

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

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15 accommodations are provided for at least 3 unrelated adults,
16 at least 80% of whom are 55 years of age or older and where the
17 following are provided consistent with the purposes of this
18 Act:

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

22 (2) community-based residential care for persons who
23 need assistance with activities of daily living, including
24 personal, supportive, and intermittent health-related
25 services available 24 hours per day, if needed, to meet

1 the scheduled and unscheduled needs of a resident;

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

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

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

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

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

1 parts of the facility to assisted living. If the facility
2 elects to do so, the facility shall retain the Certificate
3 of Need for its nursing and sheltered care beds that were
4 converted.

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

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10 Care Act of 1969.

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

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

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

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23 Supportive Residences Licensing Act.

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

1 may apply under this Act to convert sections of the
2 community to assisted living.

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

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

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

13 "Department" means the Department of Public Health.

14 "Director" means the Director of Public Health.

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

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

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

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

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

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

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

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

18 "Optional services" include the following:

19 (1) 3 meals per day available to the residents
20 prepared by the establishment or an outside contractor;

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

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

26 (4) security provided 24 hours each day including, but

1 not limited to, locked entrances or building or contract
2 security personnel;

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

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

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

18 "Owner" means the individual, partnership, corporation,
19 association, or other person who owns an assisted living or
20 shared housing establishment. In the event an assisted living
21 or shared housing establishment is operated by a person who
22 leases or manages the physical plant, which is owned by
23 another person, "owner" means the person who operates the
24 assisted living or shared housing establishment, except that
25 if the person who owns the physical plant is an affiliate of
26 the person who operates the assisted living or shared housing

1 establishment and has significant control over the day to day
2 operations of the assisted living or shared housing
3 establishment, the person who owns the physical plant shall
4 incur jointly and severally with the owner all liabilities
5 imposed on an owner under this Act.

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

9 "Program" means the Certified Medication Aide Program.

10 "Qualified establishment" means an assisted living and
11 shared housing establishment licensed by the Department of
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13 "Resident" means a person residing in an assisted living
14 or shared housing establishment.

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

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

26 "Shared housing establishment" or "establishment" means a

1 publicly or privately operated free-standing residence for 16
2 or fewer persons, at least 80% of whom are 55 years of age or
3 older and who are unrelated to the owners and one manager of
4 the residence, where the following are provided:

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

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

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

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

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

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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. A facility licensed

1 under any of those Acts may, however, convert sections of
2 the facility to assisted living. If the facility elects to
3 do so, the facility shall retain the Certificate of Need
4 for its nursing beds that were converted.

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

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

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

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14 and for persons who rely exclusively upon treatment by
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19 Services as a community-integrated living arrangement as
20 defined in the Community-Integrated Living Arrangements
21 Licensure and Certification Act.

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

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

1 living.

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

4 (11) An assisted living establishment.

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

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

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

12 (210 ILCS 9/15)

13 Sec. 15. Assessment and service plan requirements. Prior
14 to admission to any establishment covered by this Act, a
15 comprehensive assessment that includes an evaluation of the
16 prospective resident's physical, cognitive, and psychosocial
17 condition shall be completed. At least annually, a
18 comprehensive assessment shall be completed, and upon
19 identification of a significant change in the resident's
20 condition, including, but not limited to, a diagnosis of
21 Alzheimer's disease or a related dementia, the resident shall
22 be reassessed. The Department may by rule specify
23 circumstances under which more frequent assessments of skin
24 integrity and nutritional status shall be required. The
25 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

1 appropriate in numbers and with appropriate skill to provide
2 such services.

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

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

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

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

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

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

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

19 (6) the person has a severe mental illness, which for
20 the purposes of this Section means a condition that is
21 characterized by the presence of a major mental disorder
22 as classified in the Diagnostic and Statistical Manual of
23 Mental Disorders, Fourth Edition (DSM-IV) (American
24 Psychiatric Association, 1994), where the individual is a
25 person with a substantial disability due to mental illness
26 in the areas of self-maintenance, social functioning,

1 activities of community living and work skills, and the
2 disability specified is expected to be present for a
3 period of not less than one year, but does not mean
4 Alzheimer's disease and other forms of dementia based on
5 organic or physical disorders;

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

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

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

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

21 (11) (blank);

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

26 (13) the person requires treatment of stage 3 or stage

1 4 decubitus ulcers or exfoliative dermatitis;

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

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

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

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

24 (f) Subsection (d) of this Section shall not apply to
25 terminally ill residents who receive or would qualify for
26 hospice care and such care is coordinated by a hospice program

1 licensed under the Hospice Program Licensing Act or other
2 licensed health care professional employed by a licensed home
3 health agency and the establishment and all parties agree to
4 the continued residency.

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

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

24 (i) Subsection (h) is not applicable to residents admitted
25 to an assisted living establishment under a life care contract
26 as defined in the Life Care Facilities Act if the life care

1 facility has both an assisted living establishment and a
2 skilled nursing facility. A licensed health care professional
3 providing health-related or supportive services at a life care
4 assisted living or shared housing establishment must be
5 employed by an entity licensed by the Department under the
6 Nursing Home Care Act or the Home Health, Home Services, and
7 Home Nursing Agency Licensing Act.

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

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

10 Sec. 75. Residency requirements.

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

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

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

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

23 (2) the person is not able to communicate his or her
24 needs and no resident representative residing in the
25 establishment, and with a prior relationship to the

1 person, has been appointed to direct the provision of
2 services;

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

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

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

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

23 (7) the person requires intravenous therapy or
24 intravenous feedings unless self-administered or
25 administered by a qualified, licensed health care
26 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

1 treatment is expected to extend beyond a 3-week ~~3-week~~
2 period for rehabilitative purposes and is certified as
3 temporary by a physician; or

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

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

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

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

26 (g) Items (3), (4), (5), and (9) of subsection (c) shall

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

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

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

1 content and form to be set forth by rule, of the resident's
2 right to appeal, the steps that the resident or the resident's
3 representative must take to initiate an appeal, and a
4 statement of the resident's right to continue to reside in the
5 establishment until a decision is rendered. The notice shall
6 include a toll free telephone number to initiate an appeal and
7 a written hearing request form, together with a postage paid,
8 pre-addressed envelope to the Department. If the resident or
9 the resident's representative, if any, cannot read English,
10 the notice must be provided in a language the individual
11 receiving the notice can read or the establishment must
12 provide a translator who has been trained to assist the
13 resident or the resident's representative in the appeal
14 process. In emergency situations as defined in Section 10 of
15 this Act, the 30-day provision of the written notice may be
16 waived.

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

26 (d) A request for a hearing shall stay an involuntary

1 termination of residency until a decision has been rendered by
2 the Department, according to a process adopted by rule. During
3 this time period, the establishment may not terminate or
4 reduce any service without the consent of the resident or the
5 resident's representative, if any, for the purpose of making
6 it more difficult or impossible for the resident to remain in
7 the establishment.

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

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

25 (g) An establishment may not initiate a termination of
26 residency due to an emergency situation if the establishment

1 is able to safely care for the resident and (1) the resident
2 has been hospitalized and the resident's physician, the
3 establishment's manager, and the establishment's director of
4 nursing state that returning to the establishment would not
5 create an imminent danger of death or serious physical harm to
6 the resident; or (2) the emergency can be negated by changes in
7 activities, health care, personal care, or available rooming
8 accommodations, consistent with the license and services of
9 the establishment. The Department may not find an
10 establishment to be in violation of Section 75 of this Act for
11 failing to initiate an emergency discharge in these
12 circumstances.

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

24 (i) If an order to readmit is entered pursuant to
25 subsection (h), the establishment shall immediately comply. As
26 used in this subsection, "comply" means the establishment and

1 the resident have agreed on a schedule for readmission or the
2 resident is living in the establishment.

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

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

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

19 (210 ILCS 9/90)

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

1 or attachments:

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

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

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

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

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

19 (6) the duration of the contract;

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

23 (8) a description of any additional services to be
24 provided for an additional fee by the establishment
25 directly or by a third party provider under arrangement
26 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

1 Settings Demonstration Project;

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

5 (18) a written explanation, prepared by the Office of
6 State Long Term Care Ombudsman, statement listing the
7 rights specified in Sections 80 and Section 95, including
8 an acknowledgment by the establishment and acknowledging
9 that, by contracting with the assisted living or shared
10 housing establishment, the resident does not forfeit those
11 rights;

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

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

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

23 (210 ILCS 9/95)

24 Sec. 95. Resident rights. No resident shall be deprived of
25 any rights, benefits, or privileges guaranteed by law, the

1 Constitution of the State of Illinois, or the Constitution of
2 the United States solely on account of his or her status as a
3 resident of an establishment, nor shall a resident forfeit any
4 of the following rights:

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

7 (2) the right to refuse services and to be advised of
8 the consequences of that refusal;

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

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

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

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

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

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

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

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

26 (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

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

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

7 (210 ILCS 45/2-111) (from Ch. 111 1/2, par. 4152-111)

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

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

21 (210 ILCS 45/3-305.6 new)

22 Sec. 3-305.6. Failure to readmit a resident. A facility
23 that fails to comply with an order of the Department to readmit
24 a resident, pursuant to Section 3-703, who wishes to return to

1 the facility and is appropriate for that level of care and
2 services provided, shall be assessed a \$2,500 fine.

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

6 (210 ILCS 45/3-305.7 new)

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

8 (a) A facility that complies with an order of the
9 Department to readmit a resident that has been deemed to have
10 been unlawfully discharged shall notify the Department within
11 10 business days after the resident has been readmitted to the
12 facility. The notice provided to the Department shall include,
13 but not be limited to, the following information:

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

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

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

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

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

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

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

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

22 (210 ILCS 45/3-401) (from Ch. 111 1/2, par. 4153-401)

23 Sec. 3-401. A facility may involuntarily transfer or
24 discharge a resident only for one or more of the following
25 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

1 Public Aid Code. The Department shall adopt rules setting
2 forth the criteria and procedures to be applied in cases
3 of involuntary transfer or discharge permitted under this
4 Section.

5 In the absence of other bases for transfer or discharge in
6 this Section, unless it has complied with the prior notice and
7 other procedural requirements of this Act, a facility may not
8 refuse to readmit a resident following a medical leave of
9 absence if the resident's need for care does not exceed the
10 provisions of the facility's license or current services
11 offered.

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

13 (210 ILCS 45/3-402) (from Ch. 111 1/2, par. 4153-402)

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

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

22 (b) When the transfer or discharge is mandated by the
23 physical safety of other residents, the facility staff, or
24 facility visitors, as documented in the clinical record. The
25 Department, the Office of State Long Term Care Ombudsman, and

1 the resident's managed care organization, if applicable, and
2 the State Long Term Care Ombudsman shall be notified prior to
3 any such involuntary transfer or discharge. The Department
4 shall immediately offer transfer, or discharge and relocation
5 assistance to residents transferred or discharged under this
6 subparagraph (b), and the Department may place relocation
7 teams as provided in Section 3-419 of this Act.

8 (c) When an identified offender is within the provisional
9 admission period defined in Section 1-120.3. If the Identified
10 Offender Report and Recommendation prepared under Section
11 2-201.6 shows that the identified offender poses a serious
12 threat or danger to the physical safety of other residents,
13 the facility staff, or facility visitors in the admitting
14 facility and the facility determines that it is unable to
15 provide a safe environment for the other residents, the
16 facility staff, or facility visitors, the facility shall
17 transfer or discharge the identified offender within 3 days
18 after its receipt of the Identified Offender Report and
19 Recommendation.

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

21 (210 ILCS 45/3-404) (from Ch. 111 1/2, par. 4153-404)

22 Sec. 3-404. A request for a hearing made under Section
23 3-403 shall stay a transfer or discharge pending a hearing or
24 appeal of the decision, unless a condition which would have
25 allowed transfer or discharge in less than 30 21 days as

1 described under paragraphs (a) and (b) of Section 3-402
2 develops in the interim.

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

4 (210 ILCS 45/3-405) (from Ch. 111 1/2, par. 4153-405)

5 Sec. 3-405. A copy of the notice required by Section 3-402
6 shall be placed in the resident's clinical record and a copy
7 shall be transmitted to the Department, the State Long Term
8 Care Ombudsman, the resident, and the resident's
9 representative, if any, and the resident's managed care
10 organization.

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

12 (210 ILCS 45/3-411) (from Ch. 111 1/2, par. 4153-411)

13 Sec. 3-411. The Department of Public Health, when the
14 basis for involuntary transfer or discharge is other than
15 action by the Department of Healthcare and Family Services
16 (formerly Department of Public Aid) with respect to the Title
17 XIX Medicaid recipient, shall hold a hearing at the resident's
18 facility not later than 10 days after a hearing request is
19 filed, and render a decision within 14 days after the filing of
20 the hearing request. The Department has continuing
21 jurisdiction over the transfer or discharge irrespective of
22 the timing of the hearing and decision. Once a request for a
23 hearing is filed, the Department shall hold a hearing unless
24 the request is withdrawn by the resident. If the request for a

1 hearing is withdrawn based upon a representation made by the
2 facility to the resident and the Department, including the
3 hearing officer, that a resident who has been denied
4 readmission will be readmitted, and the resident or resident
5 representative notifies the Department that the facility is
6 still denying readmission, failure to readmit is considered
7 failure to comply with a Department order to readmit pursuant
8 to Section 3-305.6, including the imposition of a \$2,500 fine
9 under Section 3-305.6.

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

11 (210 ILCS 45/3-413) (from Ch. 111 1/2, par. 4153-413)

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

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

24 (210 ILCS 45/3-413.1 new)

1 Sec. 3-413.1. Denial of transfer or discharge. If the
2 Department determines that a transfer or discharge is not
3 authorized under Section 3-401, then the Department shall
4 issue a written decision stating that the transfer or
5 discharge is denied. If the action of the facility giving rise
6 to the request for hearings is the facility's failure to
7 readmit the resident following hospitalization, other medical
8 leave of absence, or other absence, then the Department shall
9 order the immediate readmission of the resident to the
10 facility. The facility shall comply with the order
11 immediately. A copy of the Department's written decision shall
12 be placed in the resident's medical chart. A surveyor shall
13 make an on-site inspection of the facility's compliance with
14 the order unless the resident or resident representative
15 notifies the Department in writing that there is compliance
16 with the order.

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

24 Section 99. Effective date. This Act takes effect January

1 1, 2026.".