



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB2879

Introduced 1/16/2026, by Sen. Javier L. Cervantes

SYNOPSIS AS INTRODUCED:

210 ILCS 9/15
210 ILCS 9/150

Amends the Assisted Living and Shared Housing Act. In provisions concerning assessment and service plan requirements, provides that a comprehensive assessment shall be completed by a physician, a physician assistant, or an advanced practice registered nurse (instead of only a physician). In provisions concerning Alzheimer and dementia programs, provides that an assessment must be approved by a resident's physician, physician assistant, or advanced practice registered nurse (instead of only a physician) and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician, physician assistant, or advanced practice registered nurse (instead of only a physician).

LRB104 17581 BAB 31009 b

1 AN ACT concerning regulation.

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

4 Section 5. The Assisted Living and Shared Housing Act is
5 amended by changing Sections 15 and 150 as follows:

6 (210 ILCS 9/15)

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

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

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

14 (210 ILCS 9/150)

15 Sec. 150. Alzheimer and dementia programs.

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

19 (b) No person shall be admitted or retained if the
20 assisted living or shared housing establishment cannot provide
21 or secure appropriate care, if the resident requires a level
22 of service or type of service for which the establishment is
23 not licensed or which the establishment does not provide, or
24 if the establishment does not have the staff appropriate in
25 numbers and with appropriate skill to provide such services.

1 (c) No person shall be accepted for residency or remain in
2 residence if the person's mental or physical condition has so
3 deteriorated to render residency in such a program to be
4 detrimental to the health, welfare or safety of the person or
5 of other residents of the establishment. The Department by
6 rule shall identify a validated dementia-specific standard
7 with inter-rater reliability that will be used to assess
8 individual residents. The assessment must be approved by the
9 resident's physician, physician assistant, or advanced
10 practice registered nurse and shall occur prior to acceptance
11 for residency, annually, and at such time that a change in the
12 resident's condition is identified by a family member, staff
13 of the establishment, or the resident's physician, physician
14 assistant, or advanced practice registered nurse.

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

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

22 (f) An establishment that offers to provide a special
23 program or unit for persons with Alzheimer's disease and
24 related disorders shall:

25 (1) disclose to the Department and to a potential or
26 actual resident of the establishment information as

1 specified under the Alzheimer's Disease and Related
2 Dementias Special Care Disclosure Act;

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

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

8 (A) may wander; and

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

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

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

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

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

22 (8) develop emergency procedures and staffing patterns
23 to respond to the needs of residents.

24 (g) Individual residents shall be assessed prior to
25 admission using assessment tools that are approved or
26 recommended by recognized Alzheimer's and dementia care

1 experts, ensuring that the tools are validated for accurately
2 identifying and evaluating cognitive impairments related to
3 Alzheimer's disease and other forms of dementia. These tools
4 shall be reviewed and updated as needed to align with current
5 best practices and clinical standards in dementia care.

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