**Section 390.630 Admission, Retention and Discharge Policies**

a) The facility shall comply with Section 390.625 subsections (d) through (j) for all new residents. The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.

b) All involuntary discharges and transfers shall be in accordance with Sections 3-401 through 3-423 of the Act.

c) A facility shall admit only residents who have had a comprehensive evaluation of their medical history and physical and psycho/social factors conducted by an appropriately constituted interdisciplinary team. No resident determined by professional evaluation to be in need of services not readily available in a particular facility shall be admitted to or kept in that facility. Additionally, emotional and cognitive histories shall be evaluated when applicable and available.

d) A facility shall be used exclusively for medically complex and developmentally disabled persons ("medically complex" and "developmental disability" are defined in Section 390.330), except when the facility's interdisciplinary team has determined that either initial or continued placement in the facility is appropriate because of the resident's physical and mental functioning status, and that the facility has the service resources to meet the needs of the resident. The facility interdisciplinary team shall further determine that placement shall not constitute a serious danger to the other residents.

e) *A resident may be discharged from a facility after he or she gives the administrator, a physician, or a nurse of the facility written notice of his or her 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 or her guardian or if the resident is a minor, his or her parent unless there is a court order to the contrary.* (Section 2-111 of the Act)

f) If a resident insists on being discharged and is discharged against medical advice, the facts involved in the situation shall be fully documented in the resident's clinical record.

g) No resident shall be discharged without the concurrence of the attending physician. If this approval is given, the facility shall have the right to discharge or transfer a resident to an appropriate resource in accordance with Sections 3-401 through 3-423 of the Act.

h) A facility shall not admit more residents than the number authorized by the license issued to it.

i) *Upon a finding by the Department that there has been a substantial failure to comply with* the *Act* and Section 390.165, *including, without limitation, the circumstances set forth in subsection (a) of Section 3-119 of* the *Act, or if the Department otherwise finds it would be in the public interest or the interest of the health, safety, and welfare of facility residents, the Department may* *impose a ban on new admissions to any facility licensed under* the *Act. The ban shall continue until the Department determines that the circumstances giving rise to the ban no longer exist.* (Section 3-119.1(a) of the Act)

j) *The Department* will *provide notice to the facility and licensee of any ban imposed pursuant to* subsection (h) and Section 390.165. *The notice shall provide clear and concise statements of the circumstances on which the ban on new admissions is based and notice of the opportunity for a hearing.* (Section 3-119.1(b) of the Act)

k) *If the Department finds that the public interest or the health, safety, or welfare of facility residents imperatively requires immediate action and if the Department incorporates a finding to that effect in its notice* per subsection (h), *then the ban on new admissions may be ordered pending any hearing requested by the facility.* (Section 3-119.1(b) of the Act)

l) No identified offender shall be admitted to or kept in the facility, unless the requirements of Section 390.625(d) through (j) for new admissions and the requirements of Section 390.635 are met.

(Source: Amended at 46 Ill. Reg. 8192, effective May 6, 2022)