



Sen. Kimberly A. Lightford

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10300SB3723sam001

LRB103 36302 CES 71737 a

1 AMENDMENT TO SENATE BILL 3723

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3723 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 Sec. 10. Definitions. For purposes of this Act:

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

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

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

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

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

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

24 "Assisted living establishment" or "establishment" does  
25 not mean any of the following:

26 (1) A home, institution, or similar place operated by

1 the federal government or the State of Illinois.

2 (2) A long term care facility licensed under the  
3 Nursing Home Care Act, a facility licensed under the  
4 Specialized Mental Health Rehabilitation Act of 2013, a  
5 facility licensed under the ID/DD Community Care Act, or a  
6 facility licensed under the MC/DD Act. However, a facility  
7 licensed under any of those Acts may convert distinct  
8 parts of the facility to assisted living. If the facility  
9 elects to do so, the facility shall retain the Certificate  
10 of Need for its nursing and sheltered care beds that were  
11 converted.

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

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

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

20 (6) A nursing home or sanitarium operated solely by  
21 and for persons who rely exclusively upon treatment by  
22 spiritual means through prayer in accordance with the  
23 creed or tenants of a well-recognized church or religious  
24 denomination.

25 (7) A facility licensed by the Department of Human  
26 Services as a community-integrated living arrangement as

1 defined in the Community-Integrated Living Arrangements  
2 Licensure and Certification Act.

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

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

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

12 (11) A shared housing establishment.

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

15 "Department" means the Department of Public Health.

16 "Director" means the Director of Public Health.

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

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

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

25 (2) "Regular license" means a license issued by the  
26 Department to an applicant or licensee that is in

1 substantial compliance with this Act and any rules  
2 promulgated under this Act.

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

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

10 "Mandatory services" include the following:

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

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

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

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

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

26 (6) assistance with activities of daily living as

1 required by each resident.

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

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

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

1 "Resident" means a person residing in an assisted living  
2 or shared housing establishment.

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

12 "Self" means the individual or the individual's designated  
13 representative.

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

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

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

1 resident; and

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 the  
5 resident's representative.

6 "Shared housing establishment" or "establishment" does not  
7 mean any of the following:

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

10 (2) A long term care facility licensed under the  
11 Nursing Home Care Act, a facility licensed under the  
12 Specialized Mental Health Rehabilitation Act of 2013, a  
13 facility licensed under the ID/DD Community Care Act, or a  
14 facility licensed under the MC/DD Act. A facility licensed  
15 under any of those Acts may, however, convert sections of  
16 the facility to assisted living. If the facility elects to  
17 do so, the facility shall retain the Certificate of Need  
18 for its nursing beds that were converted.

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

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

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



1           (6) A nursing home or sanitarium operated solely by  
2           and for persons who rely exclusively upon treatment by  
3           spiritual means through prayer in accordance with the  
4           creed or tenants of a well-recognized church or religious  
5           denomination.

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

10          (8) A supportive residence licensed under the  
11          Supportive Residences Licensing Act.

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

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

18          (11) An assisted living establishment.

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

21          "Total assistance" means that staff or another individual  
22          performs the entire activity of daily living without  
23          participation by the resident.

24          (Source: P.A. 99-180, eff. 7-29-15; 100-513, eff. 1-1-18.)

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

1 the service plan may provide for the disconnection or removal  
2 of any appliance.

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

4 (210 ILCS 9/75)

5 Sec. 75. Residency requirements.

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

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

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

16 (1) the person poses a serious threat to himself or  
17 herself or to others;

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

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

25 (4) the person requires the assistance of more than

1 one paid caregiver at any given time with an activity of  
2 daily living;

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

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

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

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

25 (9) the person requires insertion, sterile irrigation,  
26 and replacement of catheter, except for routine

1 maintenance of urinary catheters, unless the catheter care  
2 is self-administered or administered by a licensed health  
3 care professional;

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

7 (11) (blank);

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

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

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

21 (15) other reasons prescribed by the Department by  
22 rule.

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

26 (e) Residency shall be terminated when services available

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

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

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

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

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

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

21 (210 ILCS 9/80)

22 Sec. 80. Involuntary termination of residency.

23 (a) Residency shall be involuntarily terminated only for  
24 the following reasons:

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

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

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

13          (b) A 30-day ~~30-day~~ written notice of residency  
14          termination shall be provided to the resident, the resident's  
15          representative, or both, the Department, and the long term  
16          care ombudsman, which shall include the reason for the pending  
17          action, the date of the proposed move, and a notice, the  
18          content and form to be set forth by rule, of the resident's  
19          right to appeal, the steps that the resident or the resident's  
20          representative must take to initiate an appeal, and a  
21          statement of the resident's right to continue to reside in the  
22          establishment until a decision is rendered. The notice shall  
23          include a toll free telephone number to initiate an appeal and  
24          a written hearing request form, together with a postage paid,  
25          pre-addressed envelope to the Department. If the resident or  
26          the resident's representative, if any, cannot read English,



1 the notice must be provided in a language the individual  
2 receiving the notice can read or the establishment must  
3 provide a translator who has been trained to assist the  
4 resident or the resident's representative in the appeal  
5 process. In emergency situations as defined in Section 10 of  
6 this Act, the 30-day provision of the written notice may be  
7 waived.

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

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

25 (e) The establishment shall offer the resident and the  
26 resident's representative, if any, residency termination and

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

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

16 (g) An establishment may not initiate a termination of  
17 residency due to an emergency situation if the establishment  
18 is able to safely care for the resident and (1) the resident  
19 has been hospitalized and the resident's physician states that  
20 returning to the establishment would not create an imminent  
21 danger of death or serious physical harm to the resident; or  
22 (2) the emergency can be negated by changes in staffing,  
23 activities, health care, personal care, or rooming  
24 accommodations, consistent with the license of the  
25 establishment. The Department may not find an establishment to  
26 be in violation of Section 75 of this Act for failing to

1 initiate an emergency discharge in these circumstances.

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

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

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

23 (k) Once a notice of appeal is filed, the Department shall  
24 hold a hearing unless the notice of appeal is withdrawn. If the  
25 notice of appeal is withdrawn based upon a representation made  
26 by the establishment to the resident and the Department,

1 including the hearing officer, that a resident who has been  
2 previously denied readmission will be readmitted, failure to  
3 comply with the representation shall be considered a failure  
4 to comply with a Department order pursuant to subsection (h)  
5 and shall result in the imposition of a fine as provided in  
6 subsection (j) of this Section.

7 (1) A long term care ombudsman may request a hearing on  
8 behalf of a resident and secure representation of a resident  
9 if, in the judgment of the long term care ombudsman, doing so  
10 is in the best interests of the resident and the resident does  
11 not object.

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

13 (210 ILCS 9/90)

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

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

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

1 the owner or owners;

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

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

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

13 (6) the duration of the contract;

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

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

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

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

25 (11) a description of the establishment's complaint  
26 resolution process available to residents and notice of

1 the availability of the Department on Aging's Senior  
2 Helpline for complaints;

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

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

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

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

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

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

25 (18) a written explanation, prepared by the Office of  
26 State Long Term Care Ombudsman,~~statement~~ listing the

1 rights specified in Sections 80 and Section 95, including  
2 an acknowledgment by the establishment and acknowledging  
3 that, by contracting with the assisted living or shared  
4 housing establishment, the resident does not forfeit those  
5 rights;

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

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

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

17 (210 ILCS 9/95)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (14) the right to a minimum of 30 days' ~~30 days~~ notice



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

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

10 (16) the right to not be unlawfully transferred or  
11 discharged; and

12 (17) the right not to be charged for any period during  
13 which the resident was unlawfully denied residency.

14  
15 (Source: P.A. 91-656, eff. 1-1-01.)

16 Section 10. The Nursing Home Care Act is amended by  
17 changing Sections 1-114.005, 2-104, 2-111, 3-401, 3-401.1,  
18 3-402, 3-404, 3-405, 3-410, 3-411, and 3-413 and by adding  
19 Sections 3-305.6 and 3-413.1 as follows:

20 (210 ILCS 45/1-114.005)

21 Sec. 1-114.005. High risk designation. "High risk  
22 designation" means a violation of a provision of the Illinois  
23 Administrative Code or statute that has been identified by the  
24 Department through rulemaking or designated in statute to be

1 inherently necessary to protect the health, safety, and  
2 welfare of a resident.

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

4 (210 ILCS 45/2-111) (from Ch. 111 1/2, par. 4152-111)

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

1 appropriate for that level of care, shall be assessed a fine.

2 As used in this Section, "compliance with the order" means  
3 a resident is living in a facility, or a facility and a  
4 resident have agreed on a schedule for readmission.

5 (210 ILCS 45/3-401) (from Ch. 111 1/2, par. 4153-401)

6 Sec. 3-401. A facility may involuntarily transfer or  
7 discharge a resident only for one or more of the following  
8 reasons:

9 (a) the facility is unable to meet the medical needs  
10 of the resident, as documented in the resident's clinical  
11 record by the resident's physician for medical reasons~~for~~  
12 ~~medical reasons;~~

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

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

16 (d) for either late payment or nonpayment for the  
17 resident's stay, except as prohibited by Titles XVIII and  
18 XIX of the federal Social Security Act. For purposes of  
19 this Section, "late payment" means non-receipt of payment  
20 after submission of a bill. If payment is not received  
21 within 45 days after submission of a bill, a facility may  
22 send a notice to the resident and responsible party  
23 requesting payment within 30 days. If payment is not  
24 received within such 30 days, the facility may thereupon  
25 institute transfer or discharge proceedings by sending a

1 notice of transfer or discharge to the resident and  
2 responsible party by registered or certified mail. The  
3 notice shall state, in addition to the requirements of  
4 Section 3-403 of this Act, that the responsible party has  
5 the right to pay the amount of the bill in full up to the  
6 date the transfer or discharge is to be made and then the  
7 resident shall have the right to remain in the facility.  
8 Such payment shall terminate the transfer or discharge  
9 proceedings. This subsection does not apply to those  
10 residents whose care is provided for under the Illinois  
11 Public Aid Code. The Department shall adopt rules setting  
12 forth the criteria and procedures to be applied in cases  
13 of involuntary transfer or discharge permitted under this  
14 Section.

15 In non-emergency situations, prior to issuing the notice  
16 of transfer or discharge of a resident under subsection (a),  
17 (b), or (c) of this Section, an attending physician shall  
18 conduct an in-person assessment and provide an explanation  
19 that, in the physician's medical opinion, the safety threshold  
20 under the Act and the federal regulations has or has not been  
21 breached with the findings documented in the resident's  
22 clinical record. In the absence of other bases for transfer or  
23 discharge in this Section, unless it has complied with the  
24 prior notice and other procedural requirements of this Act, a  
25 facility may not refuse to readmit a resident following a  
26 medical leave of absence if the resident's need for care does

1 not exceed the provisions of the facility's license.

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

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

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

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

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

23 (c) When an identified offender is within the provisional  
24 admission period defined in Section 1-120.3. If the Identified  
25 Offender Report and Recommendation prepared under Section

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

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

11 (210 ILCS 45/3-404) (from Ch. 111 1/2, par. 4153-404)

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

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

19 (210 ILCS 45/3-405) (from Ch. 111 1/2, par. 4153-405)

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

1 organization, if applicable, and the Office of State Long Term  
2 Care Ombudsman.

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

4 (210 ILCS 45/3-410) (from Ch. 111 1/2, par. 4153-410)

5 Sec. 3-410. A resident subject to involuntary transfer or  
6 discharge from a facility, the resident's guardian or if the  
7 resident is a minor, his parent shall have the opportunity to  
8 file a request for a hearing with the Department within 10 days  
9 following receipt of the written notice of the involuntary  
10 transfer or discharge by the facility. A long term care  
11 ombudsman may request a hearing on behalf of the resident, and  
12 secure representation for the resident, if, in the judgment of  
13 the long term care ombudsman, doing so is in the best interests  
14 of the resident, and the resident does not object.

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

16 (210 ILCS 45/3-411) (from Ch. 111 1/2, par. 4153-411)

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

1 jurisdiction over the transfer or discharge irrespective of  
2 the timing of the hearing and decision. Once a request for a  
3 hearing is filed, the Department shall hold a hearing unless  
4 the request is withdrawn by the resident. If the request for a  
5 hearing is withdrawn based upon a representation made by the  
6 facility to the resident and the Department, including the  
7 hearing officer, that a resident who has been denied  
8 readmission will be readmitted, and the resident or resident  
9 representative notifies the Department that the facility is  
10 still denying readmission, failure to readmit is considered  
11 failure to comply with a Department order to readmit pursuant  
12 to Section 3-305.6, including the imposition of a fine under  
13 Section 3-305.6.

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

15 (210 ILCS 45/3-413) (from Ch. 111 1/2, par. 4153-413)

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



1 the notice and discharge.

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

3 (210 ILCS 45/3-413.1 new)

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