Section 300.510 Administrator

... d) The administrator shall appoint in writing a member of the facility staff to coordinate the establishment of, and render assistance to, the residents' advisory council.

Section 300.640 Residents' Advisory Council

a) Each facility shall establish a residents' advisory council consisting of at least five resident members. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents. The administrator shall designate another member of the facility staff other than the administrator to coordinate the establishment of, and render assistance to, the council. (Section 2-203 of the Act)

b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following:

1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives, etc. on the council;

2) the establishment of a separate community advisory group with persons of the residents' choosing; or

3) finding a church or civic group to "adopt" the facility.

c) The resident members shall be elected to the council by vote of their fellow residents and the nonresident members shall be elected to the council by vote of the resident members of the council.

d) In facilities of 50 or fewer beds, the council may consist of all of the residents of the facility, if the residents choose to operate this way.

e) All residents' advisory councils shall elect at least a Chairperson or President and a Vice Chairperson or Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance.

f) Some facilities may wish to establish mini-residents' advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in subsection (a) of this Section.
g) All residents' advisory council meetings shall be open to participation by all residents and by their representatives.

h) No employee or affiliate of any facility shall be a member of any council. Such persons may attend to discuss interests or functions of the nonmembers when invited by a majority of the officers of the council. (Section 2-203(a) of the Act)

i) The council shall meet at least once each month with the staff coordinator who shall provide assistance to the council in preparing and disseminating a report of each meeting to all residents, the administrator, and the staff. (Section 2-203(b) of the Act)

j) Records of the council meetings shall be maintained in the office of the administrator. (Section 2-203(c) of the Act)

k) The residents' advisory council may communicate to the administrator the opinions and concerns of the residents. The council shall review procedures for implementing resident rights and facility responsibilities and make recommendations for changes or additions which will strengthen the facility's policies and procedures as they affect residents' rights and facility responsibilities. (Section 2-203(d) of the Act)

l) The council shall be a forum for:

1) Obtaining and disseminating information;

2) Soliciting and adopting recommendations for facility programming and improvements;

3) Early identification of problems;

4) Recommending orderly resolution of problems. (Section 2-203(e) of the Act)

m) The council may present complaints on behalf of a resident to the Department, or to any other person it considers appropriate. (Section 2203(f) of the Act)

n) Families and friends of residents who live in the community retain the right to form family councils.

1) If there is a family council in the facility, or if one is formed at the request of family members or the ombudsman, a facility shall make information about the family council available to all current and prospective residents, their families and their representatives. The information shall be provided by the family council, prospective members or the ombudsman.

2) If a family council is formed, facilities shall provide a place for the family council to meet.

(Source: Amended at 31 Ill. Reg. 8813, effective June 6, 2007)

Section 300.1010 Medical Care Policies

d) All residents, or their guardians, shall be permitted their choice of a physician.
Section 300.1035 Life-Sustaining Treatments

a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit any life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be:

4) Procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept or reject available life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;

... d) Any decision made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section must be recorded in the resident's medical record. Any subsequent changes or modifications must also be recorded in the medical record.

e) The facility shall honor all decisions made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section and may not discriminate in the provision of health care on the basis of such decision or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act (Ill. Rev. Stat. 1991, ch. 111½, pars. 5301 et seq.) [745 ILCS 70]

f) The resident, agent, or surrogate may change his or her decision regarding life-sustaining treatment by notifying the treating facility of this decision change orally or in writing in accordance with State law.

g) The physician shall confirm the resident's choice by writing appropriate orders in the patient record or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act.

(Source: Added at 17 Ill. Reg. 16194, effective January 1, 1994)

Section 300.1410 Activity Program

g) The facility shall provide a specific, planned program of individual (including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program.

h) The activity program shall be multifaceted and shall reflect each individual resident's needs and be adapted to the resident's capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental
status; and promote each resident’s self-respect by providing, for example, activities that support self-expression and choice.

Section 300.2420 Equipment and Supplies

...b) Privacy Screens and Curtains

1) There shall be at least one privacy screen available in the facility for emergency use when resident privacy is needed.

2) Each multiple-bed resident room must be designed or equipped to assure full visual privacy for each resident. Full visual privacy means that residents have a means of completely withdrawing from view while occupying their beds (e.g., curtains, movable screens).

Section 300.2860 Nursing Unit

...8) Complete visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet.

Section 300.3210 General

1) A resident shall be permitted the free exercise of religion. Upon a resident’s request, and if necessary at his expense, the facility administrator shall make arrangements for a resident’s attendance at religious services of the resident’s choice. However, no religious beliefs or practices, or attendance at religious services, may be imposed upon any resident. (Section 2-109 of the Act)

(Source: Amended at 17 Ill. Reg. 19279, effective October 26, 1993)

Section 300.3220 Medical and Personal Care Program

d) All resident shall be permitted to participate in the planning of their total care and medical treatment to the extent that his condition permits. (Section 2-104(a) of the Act)

(Source: Amended at 15 Ill. Reg. 554, effective January 1, 1991)

Section 300.3250 Communication and Visitation

a) Every resident shall be permitted unimpeded, private and uncensored communication of his choice by mail, public telephone or visitation. (Section 2-108(a) of the Act)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)
Section 300.3270 Residents' Advisory Council

Each resident shall have the right to participate in a residents' advisory council as indicated in Section 300.640.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Section 300.7020 Assessment and Care Planning [Alzheimer's Special Care]

... b) The care plan shall be developed by an interdisciplinary team within 21 days after the resident's admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's representative, and the certified nursing assistant (CNA) who is primarily responsible for this resident's direct care, or an alternate, if needed, to provide input and gain insight into the care plan. Others may participate at the discretion of the resident.

1) The care plan shall be ability centered in focus (see Section 300.7030) and shall define how the identified abilities, strengths, interests, and preferences will be encouraged and used by addressing the resident's physical and mental well-being; dignity, choice, security, and safety; use of retained skills and abilities; use of adaptive equipment; socialization and interaction with others; communication, on whatever level possible (verbal and nonverbal); healthful rest; personal expression; ambulation and physical exercise; and meaningful work.

...8) The resident and the resident's representative shall be given the opportunity to participate in care plan development and modification. If they are unable to attend, a copy or summary of the care plan or modifications shall be provided to the resident and resident's representative.