

**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.100 PURPOSE OF THE ACT AND THIS PART**

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**Section 295.100 Purpose of the Act and this Part**

- a) *The purpose of the Act is to permit the development and availability of assisted living establishments and shared housing establishments based on a social model that promotes the dignity, individuality, privacy, independence, autonomy, and decision-making ability and the right to negotiated risk of those persons; to provide for the health, safety, and welfare of those residents residing in assisted living and shared housing establishments in this State; to promote continuous quality improvement in assisted living; and to encourage the development of innovative and affordable assisted living establishments and shared housing with service establishments for elderly persons of all income levels. It is the public policy of this State that assisted living is an important part of the continuum of long term care. In support of the goal of aging in place within the parameters established by the Act, assisted living and shared housing establishments shall be operated as residential environments with supportive services designed to meet the individual resident's changing needs and preferences. The residential environment shall be designed to encourage family and community involvement. The services available to residents, either directly or through contracts or agreements, are intended to help residents remain as independent as possible. Assisted living, which promotes resident choice, autonomy, and decision-making, should be based on a contract model designed to result in a negotiated agreement between the resident or the resident's representative and the provider, clearly identifying the services to be provided. This model assumes that residents are able to direct services provided for them and will designate a representative to direct these services if they themselves are unable to do so. This model supports the principle that there is an acceptable balance between consumer protection and resident willingness to accept risk and that most consumers are competent to make their own judgments about the services they are obtaining. Regulation of assisted living establishments and shared housing establishments must be sufficiently flexible to allow residents to age in place within the parameters of the Act. The administration of the Act and services provided must therefore ensure that the residents have the rights and responsibilities to direct the scope of services they receive and to make individual choices based on their needs and preferences. These establishments shall be operated in a manner that provides the least restrictive and most homelike environment and that promotes independence, autonomy, individuality, privacy, dignity, and the right to negotiated risk in residential surroundings. It is not the intent of the State that establishments licensed under this Act be used as half-way houses for alcohol and substance*

*abusers.* (Section 5 of the Act)

- b) The purpose of this Part is to establish standards for assisted living and shared housing establishments. The standards support the concept of aging in place and promote the availability of appropriate services for elderly and disabled persons in a homelike environment that enhances the dignity, independence, individuality, privacy, choice and decision-making ability of the resident.
- c) This Part requires assisted living and shared housing establishments to address standards in the delivery of services to residents and to design the physical environment to support dignity, independence, individuality, privacy, choice, and the decision-making abilities of individual residents.

**Joint Committee on Administrative Rules**

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CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
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PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.200 DEFINITIONS**

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**Section 295.200 Definitions**

The following terms have the meaning ascribed to them here whenever the term is used in this Part:

*Abuse* – any physical or mental injury or sexual assault inflicted on a resident, other than by accidental means, in an establishment.

*Act* – the Assisted Living and Shared Housing Act (Public Act 91-656, effective January 1, 2001).

*Activities of daily living* – eating, dressing, bathing, toileting, transferring, or personal hygiene. (Section 10 of the Act)

*Adequate* – enough in either quantity or quality, as determined by a reasonable person. This determination must be consistent with current professional standards of the subject under review, to meet the needs of the residents of a facility under the particular set of circumstances in existence at the time of review.

*Administrative Warning* – a notice to an establishment issued by the Department under Section 295.1060 of this Part that indicates that a situation, condition or practice in the establishment violates the Act or this Part at the level of a Type 3 violation.

*Applicant* – the individual, partnership, corporation, association, or other person that owns or operates an assisted living or shared housing establishment and makes application for a license.

*Appropriate* – term used to indicate that a requirement is to be applied according to the needs of a particular individual or situation, as determined by a reasonable person. This determination must be consistent with current professional standards of the subject under review.

*Assessment* – see Physician's Assessment.

*Assisted living establishment or establishment* – a home, building, residence, or any other place where sleeping accommodations are provided for at least three unrelated adults, at least 80% of whom are 55 years of age or older and where the

*following are provided consistent with the purpose of the Act:*

*services consistent with a social model that is based on the premise that the resident's unit in assisted living and shared housing is his or her own home; community-based residential care for persons who need assistance with activities of daily living, including personal, supportive, and intermittent health-related services available 24 hours per day, if needed, to meet the scheduled and unscheduled needs of a resident;*

*mandatory services, whether provided directly by the establishment or by another entity arranged for by the establishment, with the consent of the resident or resident's representative; and*

*a physical environment that is a homelike setting that includes the following and such other elements as established by the Department in conjunction with the Assisted Living and Shared Housing Advisory Board: individual living units each of which shall accommodate small kitchen appliances and contain private bathing, washing, and toilet facilities, or private washing and toilet facilities with a common bathing room readily accessible to each resident. Units shall be maintained for single occupancy except in cases in which two residents choose to share a unit. Sufficient common space shall exist to permit individual and group activities.*

*Assisted living establishment or establishment does not mean any of the following:*

*A home, institution, or similar place operated by the federal government or the State of Illinois.*

*A long term care establishment licensed under the Nursing Home Care Act. However, a long term care establishment may convert distinct parts of the establishment to assisted living. If the long term care establishment elects to do so, the establishment shall retain the Certificate of Need for its nursing and sheltered care beds that were converted.*

*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.*

*An establishment for child care as defined in the Child Care Act of 1969.*

*A community living establishment as defined in the Community Living Facilities Licensing Act.*

*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.*

*An establishment licensed by the Department of Human Services as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act.*

*A supportive residence licensed under the Supportive Residences Licensing Act.*

*A life care establishment as defined in the Life Care Facilities Act; a life care establishment may apply under the Act to convert sections of the community to assisted living.*

*A free-standing hospice establishment licensed under the Hospice Program Licensing Act.*

*A shared housing establishment.*

*A supportive living establishment as described in Section 5-5.01a of the Illinois Public Aid Code. (Section 10 of the Act)*

Chemical restraint – any drug that is used for discipline or convenience and is not required to treat medical symptoms.

Comprehensive assessment – see Physician's assessment.

Contract – a legal document containing all information required by Section 90 of the Act between the resident or his/her representative and the establishment, outlining the rights and responsibilities of both parties.

*Department – the Department of Public Health. (Section 10 of the Act)*

Developmental disability – a severe, chronic disability of a person that:

is attributable to a mental or physical impairment or combination of mental and physical impairments;

is manifested before the person attains age 22;

is likely to continue indefinitely;

results in substantial limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.

Dietician – a person who is a licensed dietician as provided in the Dietetic and Nutrition Services Practice Act.

Direct care – the provision of nursing care or assistance with feeding, dressing, movement, bathing, or other personal needs.

Direct care staff – any person who provides assistance with nursing care or assistance with feeding, dressing, movement, bathing or other personal needs to a resident.

Direct supervision – oversight of the establishment by the manager.

*Emergency situation – imminent danger of death or serious physical harm to a resident of an establishment. (Section 10 of the Act)*

Evaluation or establishment evaluation – a determination by the establishment of a resident's abilities and needs, which takes into account the physician's assessment pursuant to Section 295.4000.

Financial exploitation – the act of obtaining control over the resident or his/her property through deception or intimidation with the intent of depriving the resident of the use, benefit or possession of his/her property.

Financial viability – having sufficient assets to provide mandatory services and utilities for at least a three-month period of time.

Full time – on duty a minimum of 36 hours, four days per week.

Governing body – the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of an establishment and establishes policies concerning its operation and the welfare of the individuals it serves.

Guardian – a person appointed under the Probate Act of 1975 as a guardian of the person or guardian of the estate, or both, of a resident.

Home health agency – a public agency or private organization that is licensed to provide home health services under the Home Health Agency Licensing Act.

Intermittent health-related services – health-related services provided episodically, irregularly, or for a limited time period.

*License – any of the following types of licenses issued to an applicant or licensee by the Department:*

*Probationary license – a license issued to an applicant or licensee that has not held a license under the Act prior to its application or pursuant to a license transfer in accordance with Section 50 of the Act.*

*Regular license – a license issued by the Department to an applicant or licensee that is in substantial compliance with the Act and this Part. (Section 10 of the Act)*

*Licensed health care professional – a registered professional nurse, an advanced practice nurse, a physician assistant, and a licensed practical nurse who holds a valid Illinois license under the applicable licensure statute. (Section 10 of the Act)*

*Licensee – a person, agency, association, corporation, partnership, or organization*

*that has been issued a license to operate an assisted living or shared housing establishment. (Section 10 of the Act)*

Manager – the individual in charge of overseeing and responsible for the day-to-day operation of the establishment.

*Mandatory services – include the following:*

*3 meals per day available to the residents prepared by the establishment or an outside contractor;*

*housekeeping services including, but not limited to, vacuuming, dusting, and cleaning the resident's unit;*

*personal laundry and linen services available to the residents provided or arranged for by the establishment;*

*security provided 24 hours each day including, but not limited to, locked entrances or building or contract security personnel;*

*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*

*assistance with activities of daily living as required by each resident.  
(Section 10 of the Act)*

*Medication administration – refers to a licensed health care professional employed by the establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerine patches. (Section 70 of the Act)*

*Medication reminders – reminding residents to take pre-dispensed, self administered medication, observing the resident, and documenting whether or not the resident took the medication. (Section 70 of the Act)*

Neglect – a failure by the establishment to provide services, as outlined in the service delivery contract; a failure to notify the appropriate health care professional that an assessment is necessary in accordance with the service plan; a failure to modify a service plan, as appropriate, based on a new physician's assessment; or a failure to terminate the residency of an individual whose needs can no longer be met by the establishment, which failure results in an avoidable decline in function.

*Negotiated risk – 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. (Section 10 of the Act)*

Negotiated risk agreement – a binding agreement, in compliance with Section 295.2070 of this Part, describing conditions or situations that could put the resident at risk of harm or injury, and describing the resident's agreement with the establishment for how those conditions or situations are to be handled.

Nonmedical services – optional services such as, but not limited to, transportation; social, recreational, educational and religious services; and shopping.

Nurse – a registered nurse or a licensed practical nurse as defined in the Nursing and Advanced Practice Nursing Act [225 ILCS 65].

Operator – the person responsible for the control, maintenance and governance of the establishment, its personnel and physical plant.

*Optional services* – may include but are not limited to *medication reminders, supervision of self-administered medication, medication administration and nonmedical services.* (Section 70 of the Act)

Other resident injury – occurs when a resident is alleged to have suffered physical or mental harm and the allegation does not fall within the definition of abuse or neglect.

*Owner* – 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 establishment, the person who owns the physical plant shall incur jointly and severally with the owner all liabilities imposed on an owner under the Act. (Section 10 of the Act)

Person – any individual, partnership, corporation, association, municipality, political subdivision, trust, estate or other legal entity.

Physical restraint – any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body, that the individual cannot remove easily and that restricts freedom of movement or normal access to one's body.

*Physician* – a person licensed under the Medical Practice Act of 1987 to practice medicine in all of its branches. (Section 10 of the Act)

Physician's assessment – a comprehensive assessment that includes an evaluation of the resident's or prospective resident's physical, cognitive, and psychosocial condition, completed by a physician. (Section 15 of the Act)

Residency termination – the relocation or transfer of a resident from an establishment.

*Resident – a person residing in an assisted living or shared housing establishment. (Section 10 of the Act)*

*Resident's representative – a person, other than the owner, agent, or employee of an establishment or of the health care provider unless related to the resident, designated in writing by a resident to be his or her representative. This designation may be accomplished through the Illinois Power of Attorney Act, pursuant to the guardianship process under the Probate Act of 1975, or pursuant to an executed designation of representative form specified by the Department. (Section 10 of the Act)*

*Risk management – the process by which an establishment assesses and addresses potential liability.*

*Self – the individual or the individual's designated representative. (Section 10 of the Act)*

*Service plan – a written plan developed and mutually agreed upon by the provider and the resident; which is reviewed annually, or more often as the resident's condition, preferences, or service needs change; and which serves as a basis for the service delivery contract between the provider and the resident. (Section 15 of the Act)*

*Severe mental illness – a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994), where the individual is substantially disabled due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders. (Section 75(a)(6) of the Act)*

*Shared housing establishment or establishment – a publicly or privately operated free-standing residence for 12 or fewer persons, at least 80% of whom are 55 years of age or older and who are unrelated to the owners and one manager of the residence, where the following are provided:*

*services consistent with a social model that is based on the premise that the resident's unit is his or her own home;*

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

*mandatory services, whether provided directly by the establishment or by another entity arranged for by the establishment, with the consent of the resident or the resident's representative.*

*Shared housing establishment or establishment does not mean the following:*

*A home, institution, or similar place operated by the federal government or the State of Illinois.*

*A long term care establishment licensed under the Nursing Home Care Act. A long term care establishment may, however, convert sections of the establishment to assisted living. If the long term care establishment elects to do so, the establishment shall retain the Certificate of Need for its nursing beds that were converted.*

*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.*

*An establishment for child care as defined in the Child Care Act of 1969.*

*A community living establishment as defined in the Community Living Facilities Licensing Act.*

*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 tenets of a well-recognized church or religious denomination.*

*An establishment licensed by the Department of Human Services as a community-integrated living arrangement as defined in the Community-Integrated Living Arrangements Licensure and Certification Act.*

*A supportive residence licensed under the Supportive Residences Licensing Act.*

*A life care establishment as defined in the Life Care Facilities Act; a life care establishment may apply under the Act to convert sections of the community to assisted living.*

*A free-standing hospice establishment licensed under the Hospice Program Licensing Act.*

*An assisted living establishment.*

*A supportive living establishment as described in Section 5-5.01a of the Illinois Public Aid Code. (Section 10 of the Act)*

Sheltered care facility – a location licensed as a sheltered care facility under the Nursing Home Care Act.

Significant change in the resident's condition – a change in the resident's condition that is substantial enough to indicate to a reasonable person that current supports and services are insufficient, taking into account the resident's wishes as addressed in any negotiated risk agreements in effect. A significant change is not a temporary change in the individual's health with a predictable course, such as a cold or flu, or

the gradual deterioration in the ability to carry out activities of daily living that accompanies the aging process.

Substantial compliance – meeting requirements, except for unimportant omissions or defects, given the particular circumstances involved.

Substantial failure – the failure to meet requirements, other than unimportant omissions or defects, given the particular circumstances involved.

Sufficient – same as adequate.

*Supervision of self-administered medication – assisting the resident with self-administered medication using any combination of the following: reminding residents to take medication, reading the medication label to residents, checking the self-administered medication dosage against the label of the medication, confirming that residents have obtained and are taking the dosage as prescribed, and documenting in writing that the resident has taken (or refused to take) the medication. If residents are physically unable to open the container, the container may be opened for them. Supervision of self-administered medication shall be under the direction of a licensed health care professional. (Section 70 of the Act)*

*Total assistance – staff or another individual performs the entire activity of daily living without participation by the resident. (Section 10 of the Act)*

Unit – a separate and physically identifiable space that is used for occupancy.

Valid license – a license that is unsuspended, unrevoked, and unexpired.

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PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.300 INCORPORATED AND REFERENCED MATERIALS**

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**Section 295.300 Incorporated and Referenced Materials**

- a) **The following private and professional association standards are incorporated in this Part.**
- 1) **National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code, Chapter 32, New Residential Board and Care Occupancies (2000), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169.**
  - 2) **American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition (DSM-IV) (1994), which may be obtained from the American Psychiatric Association, 1400 K Street, N.W., Washington, D.C. 20005.**
- b) **The following federal guidelines are incorporated in this Part: ADA Accessibility Guidelines (ADAAG), January 1998, which may be obtained from the U.S. Access Board, 133 F Street NW, Suite 1000, Washington, D.C. 20004-1111.**
- c) **All incorporations by reference of federal guidelines and the standards of nationally recognized organizations refer to the standards on the date specified and do not include any additions or deletions subsequent to the date specified.**
- d) **The following statutes and State rules are referenced in this Part:**
- 1) **Federal statutes:  
Americans with Disabilities Act (42 USC 12101 et seq.)**
  - 2) **State of Illinois statutes:**
    - A) **Medical Practice Act of 1987 [225 ILCS 60]**
    - B) **Nursing and Advanced Practice Nursing Act [225 ILCS 65]**
    - C) **Child Care Act of 1969 [225 ILCS 10]**
    - D) **Hospital Licensing Act [210 ILCS 85]**

- E) Nursing Home Care Act [210 ILCS 45]
- F) Probate Act of 1975 [755 ILCS 5]
- G) Illinois Public Aid Code [305 ILCS 5]
- H) Illinois Administrative Procedure Act [5 ILCS 100]
- I) Health Care Worker Background Check Act [225 ILCS 46]
  - J) Criminal Code of 1961 [720 ILCS 5]
  - K) Cannabis Control Act [720 ILCS 550]
- L) Powers of Attorney for Health Care Law [755 ILCS 45/Art. IV]
  - M) Health Care Surrogate Act [755 ILCS 40]
  - N) Illinois Controlled Substances Act [720 ILCS 570]
- O) Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]
  - P) Hospice Program Licensing Act [210 ILCS 60]
  - Q) Freedom of Information Act [5 ILCS 140]
  - R) Alzheimer's Special Care Disclosure Act [210 ILCS 4]
- S) Home Health, Home Services, and Home Nursing Agency Licensing Act [210 ILCS 55]
  - T) Code of Civil Procedure [735 ILCS 5]
  - U) Dietetic and Nutrition Services Practice Act [225 ILCS 30]
  - V) Community Living Facilities Licensing Act [210 ILCS 35]
  - W) Supportive Residences Licensing Act [210 ILCS 65]
  - X) Life Care Facilities Act [210 ILCS 40]
  - Y) Uniform Conviction Information Act [20 ILCS 2635]
  - Z) Criminal Jurisprudence Act [720 ILCS 115]
  - AA) Wrongs to Children Act [720 ILCS 150]

3) State of Illinois rules:

- A) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)

**B) Department of Public Health**

- i) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)**
    - ii) Food Service Sanitation Code (77 Ill. Adm. Code 750)**
    - iii) Private Sewage Disposal Code (77 Ill. Adm. Code 905)**
    - iv) Drinking Water Systems Code (77 Ill. Adm. Code 900)**
  - v) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)**
    - vi) Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)**
    - vii) Control of Tuberculosis Code (77 Ill. Adm. Code 696)**
- (Source: Amended at 32 Ill. Reg. 7968, effective May 12, 2008)**

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SECTION 295.400 LICENSE REQUIREMENT**

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**Section 295.400 License Requirement**

- a) **No person may establish, operate, maintain, or offer an establishment as an assisted living establishment or shared housing establishment as defined by the Act within this State unless and until he or she obtains a valid license, which remains unsuspended, unrevoked, and unexpired.**
- b) **An entity that operates as an assisted living or shared housing establishment as defined by the Act without a license shall be subject to the provisions, including penalties, of the Nursing Home Care Act.**
- c) **No entity shall use in its name or advertise "assisted living" unless licensed as an assisted living establishment under the Act or as a shelter care facility under the Nursing Home Care Act that also meets the definition of an assisted living establishment under the Act, except a shared housing establishment licensed under the Act may advertise assisted living services.**
- d) **No public official, agent, or employee may place any person in, or recommend that any person be placed in, or directly or indirectly cause any person to be placed in, any establishment that meets the definition under the Act and Section 295.200 that is being operated without a valid license. No public official, agent, or employee may place the name of an unlicensed establishment that is required to be licensed under the Act on a list of programs. (Section 25 of the Act)**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.500 APPLICATION FOR LICENSE**

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**Section 295.500 Application for License**

- a) **An applicant shall provide the following information, on forms provided by the Department, to be considered for licensure:**
- 1) **The business name, street address, mailing address, and telephone number of the establishment;**
  - 2) **The name and mailing address of the owner or owners of the establishment and, if the owner or owners are not natural persons, identification of the type of business entity of the owners, and the names and addresses of the officers and members of the governing body, or comparable persons for partnerships, limited liability companies, or other types of business organizations;**
  - 3) **Financial information establishing that the project is financially feasible, in one of the following forms:**
    - A) **A surety bond in an amount equal to at least three months operating expenses;**
    - B) **An independent certified public accountant's report expressing an opinion on the financial status of the establishment;**
    - C) **An audited financial report certifying the financial status of the applicant;**
    - D) **The entity's most recent bond rating (less than 2 years old) from Fitch's, Moody's, or Standard and Poor's rating agency that documents an "A" rating or better;**
    - E) **Evidence of operation for at least 2 years of a facility licensed under the Nursing Home Care Act or under the Assisted Living and Shared Housing Act; or**
    - F) **If the applicant is not able to provide any of the information listed in subsections (a)(3)(A)-(E), the applicant may provide any other information acceptable to the Department that demonstrates financial status.**
  - 4) **The name and mailing address of the managing agent of the establishment, whether hired under a management agreement or lease agreement, if different from the owner or**

owners, and the name of the full-time manager;

- 5) Verification that the establishment has entered or will enter into a service delivery contract as provided in Section 295.2030, as required under the Act, with each resident or resident's representative;
- 6) The name and address of at least one natural person who shall be responsible for dealing with the Department on all matters provided for in this Part, on whom personal service of all notices and orders shall be made, and who shall be authorized to accept service on behalf of the owner or owners and the managing agent. Notwithstanding a contrary provision of the Code of Civil Procedure, personal service on the person identified pursuant to this subsection (a)(6) shall be considered service on the owner or owners and the managing agent, and it shall not be a defense to any action that personal service was not made on each individual or entity;
- 7) The signature of the authorized representative of the owner or owners;
- 8) Proof of an ongoing quality improvement program in accordance with Section 295.2060 of this Part;
- 9) Information about the number and types of units and the maximum census;
- 10) If all units are not licensed, the establishment shall maintain documentation of which units are providing assisted living services. This number shall not exceed the number of units on the license. The entire building having any licensed units shall meet the physical plant requirements of this Part;
- 11) Information about the mandatory and optional services to be provided at the establishment;
- 12) Proof of compliance with applicable State and local residential standards, as evidenced by completion of the Department's Certificate of Compliance form;
  - 13) A copy of the standard contract offered to residents;
- 14) Documentation of adequate liability insurance; (Section 30 of the Act)
- 15) If the establishment does not have a permit under the Life Care Facilities Act and the establishment requires entrance or application fees in excess of three months of a resident's minimum fees, the establishment must maintain a bond or restricted account that guarantees the return of the resident's entrance fees and/or the unused portion of his or her deposit if the establishment ceases to operate;
  - 16) A completed Alzheimer's Special Care Disclosure form; and
  - 17) A schematic drawing of the establishment.
- b) To support regulatory activities necessary to implement the Act, applications shall be accompanied by a nonrefundable fee of:
  - 1) \$1,000 for an assisted living establishment and \$10 per licensed unit; or

**2) \$500 for a shared housing establishment.**

**c) If any of the information in the application changes during the application process, the applicant shall notify the Department, in writing, of those changes. Such written notification will become a part of the licensee's file.**

**(Source: Amended at 32 Ill. Reg. 7968, effective May 12, 2008)**

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SECTION 295.600 ISSUANCE OF AN INITIAL REGULAR LICENSE**

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**Section 295.600 Issuance of an Initial Regular License**

- a) Upon receipt and review of an application for a license and review of the applicant establishment, the Director may issue a license if he or she finds:
- 1) That the individual applicant, or the corporation, partnership, or other entity if the applicant is not an individual, is a person responsible and suitable to operate or to direct or participate in the operation of an establishment by virtue of financial capacity, appropriate business or professional experience, a record of lawful compliance with lawful orders of the Department and lack of revocation of a license issued under the Act or the Nursing Home Care Act during the previous five years;
  - 2) That the establishment is under the supervision of a full-time manager who meets the requirements of Section 295.3010 of this Part;
  - 3) That the establishment has staff sufficient in number with qualifications, adequate skills, education, and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population;
  - 4) That direct care staff meet the requirements of the Health Care Worker Background Check Act;
  - 5) That the applicant is in substantial compliance with the Act and this Part;
  - 6) That the applicant pays all required fees; and
  - 7) That, if the applicant establishment offers, advertises or markets to provide specialized services for individuals with Alzheimer's disease and related dementias through an Alzheimer's special care program, the applicant has provided an accurate disclosure document to the Department in accordance with the Alzheimer's Special Care Disclosure Act and in substantial compliance with Section 150 of the Act and Section 295.4060.
- b) The Department shall issue a regular license within 120 days after receipt of an application that meets the requirements of this Section. This time frame may be extended during the period from January 1, 2001 to January 1, 2002.

- c) The license shall state the number of resident units and physical location of the establishment, the date the license was issued, and the expiration date of the license.**
- d) All regular licenses shall be valid for one year.**
- e) Each license shall be issued only for the premises and persons named in the application, and shall not be transferable or assignable. (Section 35 of the Act)**
- f) After the license is issued, the licensee shall advise the Department within 30 days after any changes in the information required in Section 295.500(a)(1), (2), (4), (6), (9), or (10) of this Part.**
- g) The license shall be posted in public view in the establishment.**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.700 ISSUANCE OF A RENEWAL LICENSE**

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**Section 295.700 Issuance of a Renewal License**

- a) At least 120 days, but not more than 150 days, prior to license expiration, the licensee shall submit an application for renewal of the license, in such form and containing such information as the Department requires. The application shall be accompanied by the fee prescribed in Section 295.500. If the application is approved and the establishment is in substantial compliance with all other licensure requirements, the license shall be renewed for an additional one-year period.
- b) If the application for renewal is not timely filed in accordance with subsection (a) of this Section, the Department shall so inform the licensee.
- c) If appropriate, the renewal application shall not be approved unless the applicant has provided to the Department an accurate disclosure document in accordance with the Alzheimer's Special Care Disclosure Act and Section 295.1100 of this Part. (Section 45 of the Act)

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SECTION 295.800 PROBATIONARY LICENSE**

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**Section 295.800 Probationary License**

- a) The Department may issue a probationary license within 90 days after receipt of a completed application for a regular license. Circumstances in which a probationary license shall be issued include, but are not limited to:
- 1) The applicant has not been previously licensed under the Act;
  - 2) The establishment is not in operation at the time the application is made; (Section 40 of the Act)
  - 3) The applicant is a sheltered care, intermediate care, or skilled care facility converting beds to assisted living; or
  - 4) Ownership of an establishment is transferred from the person named in the license to any other person. (Section 50 of the Act)
- b) A probationary license shall be valid for 120 days unless sooner suspended or revoked in accordance with Section 295.1000 of this Part.
- c) Within 30 days prior to the termination of a probationary license, the Department shall fully and completely review the establishment and, if the establishment meets the applicable requirements for licensure as set forth in the Act and this Part, shall issue a regular license.
- d) If the Department finds that the establishment does not meet the requirements for licensure but has made substantial progress toward meeting those requirements, the license may be renewed once for a second probationary license for a period not to exceed 120 days from the expiration date of the initial probationary license. (Section 40 of the Act)

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SECTION 295.900 DENIAL OF A LICENSE**

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**Section 295.900 Denial of a License**

- a) **An application for a license may be denied for any of the following reasons:**
- 1) **Failure to meet any of the standards set forth in the Act;**
  - 2) **Failure to be in substantial compliance with this Part;**
  - 3) **Conviction of the applicant, or if the applicant is a firm, partnership, or association, of any of its members, or if a corporation, the conviction of the corporation or any of its officers or stockholders, or of the person designated to manage or supervise the establishment, of a felony or of two or more misdemeanors involving moral turpitude during the previous five years as shown by a certified copy of the record of the court of conviction;**
  - 4) **Personnel insufficient in number or unqualified by training or experience to properly care for the residents;**
  - 5) **Insufficient financial or other resources to operate and conduct the establishment in accordance with this Part;**
  - 6) **Revocation of a license in Illinois during the previous five years, if such prior license was issued to the individual applicant, a controlling owner or controlling combination of owners of the applicant; or any affiliate of the individual applicant or controlling owner of the applicant and such individual applicant, controlling owner of the applicant or affiliate of the applicant was a controlling owner of the prior license; provided, however, that the denial of an application for a license pursuant to this Section must be supported by evidence that the prior revocation renders the applicant unqualified or incapable of meeting or maintaining an establishment in accordance with this Part;**
  - 7) **The establishment is not under the direct supervision of a full-time manager; or (Section 55 of the Act)**
  - 8) **Refusal to permit entry or review of the establishment by any authorized officer, employee or agent of the Department. (Section 120 of the Act)**
- b) **Immediately upon the denial of any application or reapplication for a license under**

**the Act, the Department shall notify the applicant in writing. Notice of denial shall include a clear and concise statement of the violations of the Act on which the denial is based and notice of the opportunity for a hearing.**

**c) If the applicant or licensee wishes to contest the denial of a license, it shall provide written notice to the Department of a request for a hearing within 10 days after receipt of the notice of denial.**

**d) Upon the receipt of a request in writing for a hearing, the Director or a person designated in writing by the Director to act as a hearing officer shall conduct a hearing to review the decision. The hearing shall begin within 30 days after the receipt of request for hearing and shall be conducted in accordance with Section 60 of the Act and the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100). (Section 60 of the Act)**

**e) The Department may refuse to issue a license to any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied. (Section 65(e) of the Act)**

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SECTION 295.1000 REVOCATION, SUSPENSION, OR REFUSAL TO RENEW A  
LICENSE**

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**Section 295.1000 Revocation, Suspension, or Refusal to Renew a License**

- a) The Department, after notice to the applicant or licensee, may suspend, revoke, or refuse to renew a license in any case in which the Department finds any of the following:
- 1) That there has been a substantial failure to comply with the Act or this Part;
  - 2) That there has been a conviction of the licensee, or of the person designated to manage or supervise the establishment, of a felony or of two or more misdemeanors involving moral turpitude during the previous five years as shown by a certified copy of the record of the court of conviction;
  - 3) That the personnel are insufficient in number or unqualified by training or experience to properly care for the number and type of residents served by the establishment;
  - 4) That the financial or other resources are insufficient to conduct and operate the establishment in accordance with this Part; or
  - 5) That the establishment is not under the direct supervision of a full-time manager.  
(Section 65(a) of the Act)
- b) Notice under this Section shall include a clear and concise statement of the violations on which the suspension, nonrenewal or revocation is based, the statute or rule violated, and notice of the opportunity for a hearing under Section 60 of the Act. (Section 65(b) of the Act)
- c) If an establishment desires to contest the suspension, nonrenewal or revocation of a license, the establishment shall, within 10 days after receipt of notice under subsection (b) of this Section, notify the Department in writing of its request for a hearing under Section 60 of the Act.
- d) Upon receipt of the request the Department shall send notice to the establishment and hold a hearing as provided under Section 60 of the Act. (Section 65(c) of the Act)
- e) The effective date of suspension, nonrenewal or revocation of a license by the Department shall be as provided in Section 65(d) of the Act. (Section 65(d) of the Act)

- f) The Department may refuse to issue or may suspend the license of any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied. (Section 65(e) of the Act)**
  
- g) Pursuant to Section 10-65 of the Illinois Administrative Procedure Act, licensees who are individuals are subject to revocation or denial of renewal of licensure if the individual is more than 30 days delinquent in complying with a child support order.**
  
- h) The Department may extend the effective date of license revocation, suspension or expiration if necessary to permit relocation of residents.**

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SECTION 295.1010 TRANSFER OF OWNERSHIP**

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**Section 295.1010 Transfer of Ownership**

- a) An establishment license is not transferable or applicable to any location, establishment, management agent or ownership other than that indicated on the application and license.**
  
- b) Whenever ownership of an establishment is transferred from the person named in the license to any other person, the transferee must obtain a new probationary license. The transferee shall notify the Department of the transfer and apply for a new license at least 30 days prior to final transfer. (Section 50(a) of the Act)**
  
- c) The transferor shall notify the Department at least 30 days prior to final transfer. The transferor shall remain responsible for the operation of the establishment until such time as a probationary license is issued to the transferee. (Section 50(b) of the Act)**
  
- d) The transferor shall remain liable for all penalties assessed against the establishment that are imposed for violations occurring prior to transfer of the license. The license granted to the transferee shall be subject to any agreements made by the previous owner and approved by the Department to remedy the violation. If there are outstanding violations that have not been remedied, the Department may require that the violations be corrected prior to the issuance of a license.**
  
- e) The residents shall be informed of any transfer of ownership of the establishment.**

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SECTION 295.1020 INFORMATION TO BE MADE AVAILABLE TO THE RESIDENT  
BY THE LICENSEE**

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**Section 295.1020 Information to Be Made Available to the Resident by the Licensee**

- a) Each establishment shall provide a resident or representative with the following information at the time the resident is accepted into the establishment:
  - 1) A copy of current resident policies or a resident handbook;
  - 2) Whether each unit has independent heating and cooling controls and their location;
  - 3) The establishment's policy concerning response to medical emergency situations; and
    - 4) Whether the establishment provides therapeutic diets.
- b) The current telephone numbers for:
  - 1) The Illinois Department of Public Health's Office of Health Care Regulation and Assisted Living Complaint Registry;
  - 2) The Illinois Department on Aging Senior Helpline;
  - 3) The Department on Aging Long-Term Care Ombudsman Program; and
    - 4) 911 or other local emergency response.
- c) The establishment's license issued under the Act and this Part shall be posted in public view in the establishment.
- d) The establishment shall make available for review the results of the most recent Department survey and any statement of correction currently in effect.
- e) The establishment shall make available for review any waiver or variance currently in effect.

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SECTION 295.1030 INFORMATION TO BE MADE AVAILABLE TO THE PUBLIC BY  
THE DEPARTMENT**

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**Section 295.1030 Information to Be Made Available to the Public by the Department**

- a) **Individuals may request information from the Department concerning an establishment by submitting a written request to the Department and paying reasonable copying fees for documents in excess of 20 pages. Such information may include, but is not limited to:**
- 1) Ownership,**
  - 2) Licensure status,**
  - 3) Frequency of complaints,**
  - 4) Disposition of substantiated complaints, and**
  - 5) Disciplinary actions. (Section 110(f) of the Act)**
- b) **Other information shall be available from the Department through the Freedom of Information Act.**

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SECTION 295.1040 TECHNICAL INFRACTIONS**

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**Section 295.1040 Technical Infractions**

- a) A technical infraction is a situation in which the establishment's failure to meet a requirement of this Part does not result in harm and does not have a significant negative impact on the delivery of services to residents. A technical infraction may include a Type 3 violation that is identified and corrected during the on-site survey review process.**
- b) The establishment shall be required to correct a technical infraction. If the establishment has taken steps to correct the technical infraction, no fine, violation, or sanction shall be imposed.**
- c) Repeat of the same technical infraction during subsequent on-site surveys may result in a Type 3 violation.**

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SECTION 295.1050 VIOLATIONS**

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**Section 295.1050 Violations**

**For the purpose of this Section, the following definitions apply:**

**Violation – a situation in which the requirements of this Part are not met due to the conduct of the establishment or its staff, either by an improper action or the failure to take an action. A violation may only be based upon the licensee's improper conduct or the conduct of the licensee's staff.**

**Type 3 violation – an act or omission by the establishment or its staff, except by accidental means, that causes a significant negative impact on the delivery of services to the residents of the establishment. The establishment shall be required to participate in a consultative review with the Department unless the establishment has taken corrective action within a time frame agreed upon between the Department and the establishment.**

**Type 2 violation – an act or omission by the establishment or its staff that causes harm to a resident.**

**Type 1 violation – an act or omission by the establishment or its staff that causes severe harm or the death of a resident.**

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SECTION 295.1060 REMEDIES AND SANCTIONS**

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**Section 295.1060 Remedies and Sanctions**

- a) The Department may impose the following remedies and sanctions upon an establishment that is found to have committed a violation under the following circumstances:
- 1) Consultative conference – possible for all violations. This may be part of the on-site review, via teleconference, or other means of communication. Failure to meet the requirements after the consultative conference may result in a higher sanction if the establishment does not come into compliance. A consultative conference is a remedy, not a sanction.
  - 2) Statement of correction – shall be required for all levels of violation, either offered by the establishment or imposed by the Department. A statement of correction must be submitted by the licensee within 15 days after the notification to the establishment of the infraction or violation. A statement of correction must be in writing and must contain:
    - A) A description of the specific corrective action the establishment is taking;
    - B) A description of the steps that will be taken to avoid future occurrences; and
    - C) A specific date by which the correction shall be completed.
  - 3) Administrative warning – may be imposed for any Type 3 violation.
  - 4) Mandatory training – may be required of establishment staff for any violation.
  - 5) Imposed order of correction – may be imposed for violations and repeat violations after the establishment fails to submit or carry out its own statement of correction or the establishment's plan fails to address the issue. The Department may impose an immediate order of correction for a Type 1 violation.
  - 6) Fines – shall be imposed as follows:
    - A) The Department may impose a fine of up to \$500 for an initial Type 2 violation.
    - B) The Department may impose a fine of up to \$1000 on any provider that has repeat

**Type 2 violations at a subsequent on-site inspection.**

- C) The Department may impose a fine of up to \$2000 for Type 1 violations.**
- D) The Department shall impose a fine of up to \$10,000 on any provider that has a repeat Type 1 violation or when the Director determines that a serious and immediate threat exists.**
  - 7) Revocation of license – may occur when other remedies have been progressively applied and the establishment has not achieved compliance. The decision to revoke a license may only be made by the Director of the Department.**
    - b) Remedies and sanctions shall be evaluated and imposed on the basis of:**
      - 1) Gravity of the violation;**
      - 2) Severity of the violation;**
      - 3) Pattern of occurrences of the same or similar violations; and**
      - 4) History of compliance with the Act and this Part.**
    - c) An unlicensed assisted living or shared housing establishment or an entity that violates Section 295.400(a), (b) or (c) shall be assessed a civil penalty not to exceed \$3,000. The entity will also be referred to the Department's Bureau of Long-Term Care for review and possible referral to the Office of the Attorney General.**
    - d) Any licensee preventing the Department from carrying out its duties under this Section shall have its license revoked and be subject to a fine of not more than \$250 per day.**
    - e) Any establishment caring for a resident whose care needs exceed those authorized under the Act shall be fined \$500 for the first violation and \$1,000 for each subsequent violation. The establishment shall not be found in violation if a sudden change in a resident's condition, making the resident ineligible for residency, has occurred within the last 72 hours, the establishment is actively attempting to find placement for the resident in an alternative care setting, and the establishment has initiated involuntary termination of residency proceedings. An establishment shall be deemed to be "actively attempting" to find alternative placement if the following occurs:**
      - 1) The establishment is assisting the resident in finding alternative placement; and**
      - 2) A reasonable relocation plan is in place, including a time frame and provision of services in the interim.**
    - f) An establishment that fails to conduct a health care worker background check as required by Section 295.3040 shall be fined \$100 for each offense.**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.1070 ANNUAL ON-SITE REVIEW AND COMPLAINT INVESTIGATION  
PROCEDURES**

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**Section 295.1070 Annual On-Site Review and Complaint Investigation Procedures**

a) The Department shall conduct an annual unannounced on-site visit at each assisted living and shared housing establishment to determine compliance with the applicable licensure requirements and standards, as set forth in the Act and this Part. Additional visits may be conducted without prior notice to the assisted living or shared housing establishment. (Section 110(a) of the Act)

b) The purpose of the annual on-site review shall be to ensure establishments' compliance with this Part and to assist the licensee in meeting the requirements of this Part and providing quality services to the consumer. The visit shall focus on solving resident issues and concerns, and the quality improvement process implemented by the establishment to address resident issues. (Section 30(a) of the Act) The on-site review shall be conducted in a collaborative manner, with the Department and the establishment focused on meeting the needs of the residents.

c) The review shall address the following issues:

- 1) Assessment, service plan and services provided to ensure that resident needs are met;
- 2) Staff sufficient in numbers and with appropriate skill, education and training to provide services required by the resident population;
- 3) Compliance with the Health Care Worker Background Check Act;
- 4) Compliance with service delivery contracts and lease agreements;
- 5) Grievance procedures;
- 6) Service plan, negotiated risk, and protection of individual rights and resident's involvement in directing his or her own care;
- 7) Quality improvement policies and procedures to determine whether an effective procedure is in place. Quality improvement policies shall not be used as the sole criterion for issuance of a violation;

- 8) Whether an annual resident satisfaction survey has been conducted;
- 9) Compliance with physical plant, health and sanitation, and food preparation requirements as set forth in this Part;
- 10) Any complaints not reviewed through an on-site review; and
- 11) Incident and accident reports that are required to be submitted to the Department.
  - d) An establishment shall not restrict or hamper access by Department staff to the building, residents or designated records required to conduct routine or periodic review or investigations. A resident may limit access to his or her private dwelling space to reviewers, except if suspected violations exist that may pose a threat to the resident's or others' health, safety or well-being. A resident may also elect to limit access to himself or herself and his or her records, except as required as a condition of payment for publicly funded housing and/or services.
  - e) When the Department identifies a technical infraction during an on-site inspection, the Department representative shall engage the establishment staff in a consultative conference. If the establishment resolves the technical infraction prior to the end of the on-site inspection, no violation shall be deemed to exist and no violation shall be reported. The Department may recommend methods of addressing the technical infraction.
  - f) Prior to concluding the on-site inspection, the Department representative shall meet with the manager regarding any identified technical infraction. The Department shall allow the establishment an opportunity to discuss the technical infraction and to present any evidence that indicates that the technical infraction did not exist or evidence related to the level of the violation.
  - g) The Department shall provide the establishment with a written statement of findings and violations no later than 20 days after conclusion of the on-site review.
  - h) The establishment shall file a statement of correction within 15 days after receipt of the statement of findings and violations. The statement of correction may be in letter form and shall describe the action taken by the establishment to address the violation. The establishment may also submit a statement of dispute regarding any of the alleged violations within 15 days. The Department shall review all statements of dispute submitted prior to making its final determination that a violation exists or of the level of the violation. If the Department does not make a change to the statement of violations based upon the statement of dispute, it shall provide a brief justification of its determination in writing.
  - i) The notice of findings shall include the reason for the determination and a statement of the right to appeal the determination pursuant to the Department's Rules of Practice and Procedure in Administrative Hearings.
  - j) Whenever there is a revisit for a Type 1 violation or a pervasive pattern of Type 2 violations, the Department shall conduct the on-site revisit within 30 days after the Department's receipt of the statement of correction or within 30 days after the corrective action is completed to confirm that the establishment has carried out the corrective action. Nothing prohibits the Department from conducting a revisit at any time.

(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)

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SECTION 295.1080 WAIVERS**

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**Section 295.1080 Waivers**

- a) **The Department may grant a waiver from this Part if the licensee or applicant can demonstrate that an alternative is available to ensure the residents' health, safety, and welfare.**
- b) **An applicant or licensee shall submit a written request for a waiver on a Department-provided form that includes:**
  - 1) **The applicant's or licensee's name;**
  - 2) **The name, address, and license number, if applicable, of the assisted living or shared housing establishment;**
  - 3) **The specific Section of this Part for which the applicant is requesting a waiver;**
  - 4) **The reason or reasons why an applicant is not able to comply with the requirement; and**
  - 5) **An alternative that ensures that the health, safety, and welfare of residents are protected.**
- c) **The Department shall evaluate a request for a waiver as follows:**
  - 1) **Review the written request;**
  - 2) **Verify the submitted documentation;**
  - 3) **If the requested waiver involves a physical plant requirement, inspect the establishment; and**
  - 4) **If applicable, discuss the waiver with the establishment's manager or manager's designee, residents or representatives, or any individual the Department determines is necessary to evaluate the request.**

**d) If the Department issues a waiver, the Department shall provide a written notice to the applicant or licensee within 90 days after receipt of the request for a waiver.**

**e) The Department shall issue a notice of denial within 90 days if the Department determines that the proposed alternative does not ensure that the health, safety and welfare of the residents are protected.**

**f) The Department shall withdraw a waiver if:**

**1) A licensee does not comply with the conditions of the waiver as approved by the Department;**

**2) The Department determines that the health, safety, or welfare of residents is not protected by the waiver;**

**3) The condition of the physical plant has deteriorated or its use substantially changed so that the basis upon which the waiver was issued is materially different; or**

**4) The establishment is renovated or remodeled in such a way as to permit compliance.**

**g) The Department may limit the time period that a waiver is in effect.**

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SECTION 295.1090 COMPLAINTS**

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**Section 295.1090 Complaints**

- a) **Complaints may be submitted either in writing, by telephone or by other electronic means to the IDPH Central Complaint Registry.**
- b) **The Department shall conduct an onsite investigation (see Section 295.1070) of all complaints alleging abuse or neglect within seven days after the receipt of the complaint, except that complaints of abuse or neglect that indicate that a resident's life or safety is in imminent danger shall be investigated within 24 hours after receipt of the complaint.**
- c) **The Department may address those complaints that do not require an on-site review through record review and/or telephone interviews.**
- d) **At the initiation of a complaint investigation, the Department shall inform the establishment that a complaint has been filed and of the specific nature of the complaint so that the identity of the complainant or resident involved is not disclosed.**
- e) **The Department shall review and consider any information submitted by the establishment in response to an investigation.**
- f) **The Department shall determine whether the Act or this Part has been violated and shall inform the complainant and the establishment of its findings in writing within 20 days after its determination. The Department's findings may include documentation provided by either the complainant or the licensee pertaining to the complaint. The notice of such findings shall include the reason for the determination and a statement of the right to appeal pursuant to the Department's Rules of Practice and Procedure in Administrative Hearings.**
- g) **The Department shall conduct an on-site review and evaluation of an assisted living or shared housing establishment found to be in violation of the Act within a specified period of time based on the gravity and severity of the violation and any pervasive pattern of occurrences of the same or similar violations. (Section 110(c) of the Act)**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.1100 ALZHEIMER'S SPECIAL CARE DISCLOSURE**

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**Section 295.1100 Alzheimer's Special Care Disclosure**

**An establishment that offers, advertises or markets to provide care for persons with Alzheimer's disease through an Alzheimer's special care program shall disclose to the Department or to a resident or potential resident of the establishment the following information in writing on request of the Department or resident:**

- a) The form of care or treatment that distinguishes the establishment as suitable for persons with Alzheimer's disease;**
- b) The philosophy of the establishment concerning the care or treatment of persons with Alzheimer's disease;**
- c) The establishment's pre-admission, admission, and residency termination procedures;**
- d) The establishment's assessment, care planning, and implementation guidelines in the care and treatment of persons with Alzheimer's disease, including whether individuals are or are not monitored about eating, drinking, and personal hygiene; whether individuals will be monitored for potentially dangerous behavior while in their rooms; and whether a resident representative will be contacted with concerns that might require a change in the service plan;**
- e) The establishment's minimum and maximum staffing ratios, specifying the general licensed health care provider to resident ratio and the trainee health care provider to resident ratio;**
- f) The establishment's physical environment, including whether doors are monitored;**
  - g) Activities available to residents at the establishment;**
- h) The role of family members in the care of residents at the establishment; and**
- i) The costs of care and treatment under the program. (Section 15 of the Alzheimer's Special Care Disclosure Act)**

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SECTION 295.2000 RESIDENCY REQUIREMENTS**

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**Section 295.2000 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 appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act)
- b) Only adults may be accepted for residency. (Section 75(b) of the Act)
- c) A person shall not be accepted for residency if:
- 1) The person poses a serious threat to himself or herself or to others;
  - 2) The person is not able to communicate his or her needs in any manner and no resident representative residing in the establishment, and with a prior relationship to the person, has been appointed to direct the provision of services;
  - 3) The person requires total assistance with 2 or more activities of daily living;
  - 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living;
  - 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect himself/herself, given the staffing and construction of the building;
  - 6) The person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), where the individual is substantially disabled due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders. Nothing in this Section is meant to prohibit an individual with a diagnosis of depression from

living in an establishment so long as the resident is not substantially disabled in the areas of self-maintenance, social functioning, activities of community living, and work skills;

- 7) The person requires intravenous therapy or intravenous feedings unless self-administered or administered by a qualified, licensed health care 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;
  - 10) The person requires sterile wound care unless care is self-administered or administered by a licensed health care professional;
  - 11) The person requires sliding scale insulin administration unless self-performed or administered by a licensed health care professional;
  - 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; or
  - 14) The person requires 5 or more skilled nursing visits per week for conditions other than those listed in subsection (c)(13) for a period of 3 consecutive weeks or more except when the course of treatment is expected to extend beyond a 3 week period for rehabilitative purposes and is certified as temporary by a physician. (Section 75(c) of the Act)
- d) A resident with a condition listed in subsection (c) shall have his or her residency terminated in accordance with Section 295.2010. (Section 75(d) of the Act)
  - e) Residency shall be terminated in accordance with Section 295.2010 of this Part when services available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act)
  - f) Subsection (d) of this Section shall not apply to terminally ill residents who receive or would qualify for hospice care and such care is coordinated by a hospice licensed under the Hospice Program Licensing Act or other licensed health care professional employed by a licensed home health agency and the establishment and all parties agree to the continued residency. (Section 75(f) of the Act)
  - g) Subsections (c)(3), (4), (5) and (9) shall not apply to individuals who are quadriplegic or paraplegic, or individuals with neuro-muscular diseases, such as muscular dystrophy and multiple sclerosis, or other chronic diseases and conditions if the individual is able to communicate his or her needs and does not require assistance with complex medical problems, and the establishment is able to accommodate the individual's needs. (Section 75(g) of the Act)

**h) For the purposes of subsections (c)(7) through (11), a licensed health care professional may not be employed by the owner or operator of the establishment, its parent entity, or any other entity with ownership common to either the owner or operator of the establishment or parent entity, including but not limited to an affiliate of the owner or operator of the establishment. Nothing in this Section is meant to limit a resident's right to choose his or her health care provider. (Section 75(h) of the Act)**

**i) Before a prospective resident's admission to an assisted living establishment or a shared housing establishment, the establishment shall advise the prospective resident to consult a physician to determine whether the prospective resident should obtain a vaccination against pneumococcal pneumonia. (Section 76 of the Act)**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.2010 TERMINATION OF RESIDENCY**

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**Section 295.2010 Termination of Residency**

**a) Voluntary termination of residency**

- 1) A resident or resident's representative may terminate residency immediately after notice to the establishment due to any of the following: neglect, abuse, financial exploitation or imminent danger of life, health, or safety that is caused by the establishment.**
- 2) Upon a resident's death and removal of the resident's property from the unit, the lease agreement shall terminate.**
- 3) A resident or resident's representative may terminate residency by providing 30 day's written notice to the licensee.**

**b) Involuntary termination of residency**

- 1) Residency shall be involuntarily terminated only for the following reasons:**
  - A) as provided in Section 75 of the Act and Section 295.2000 (Residency Requirements) of this Part;**
  - B) nonpayment of contracted charges after the resident and the resident's representative have received a minimum of 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**
  - C) 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 of the Act, or failure to substantially comply with the terms and conditions of the lease agreement. (Section 80(a) of the Act)**
- 2) A 30 day written notice of involuntary residency termination shall be provided to the resident, the resident's representative, or both, and the ombudsman. (Section 80(b) of the Act)**
- 3) The notice shall be on a form prescribed by the Department and shall contain all of the following:**

- A) The stated reason for the residency termination;
  - B) The proposed date of the residency termination;
  - C) A statement of the resident's right to appeal;
  - D) The steps that the resident or the resident's representative must take to initiate an appeal;
  - E) A statement of the resident's right to continue to reside in the establishment until a decision is rendered;
  - F) A toll free telephone number to initiate an appeal;
  - G) A written hearing request form, together with a postage paid, pre-addressed envelope to the Department; and (Section 80(b) of the Act)
  - H) The name, address, and telephone number of the person at the establishment offering relocation assistance pursuant to subsection (b)(1).
- 4) If the resident or the resident's representative, if any, cannot read English, the notice must be provided in a language the individual receiving the notice can read or the establishment must provide a translator who has been trained to assist the resident or the resident's representative in the appeal process. (Section 80(b) of the Act)
  - 5) In emergency situations as defined in Section 295.200 of this Part, the 30-day provision of the written notice may be waived. (Section 80(b) of the Act)
  - 6) The establishment shall attempt to resolve with the resident or the resident's representative, if any, circumstances that if not remedied have the potential of resulting in an involuntary termination of residency and shall document those efforts in the resident's file. This action may occur prior to or during the 30 day notice period, but must occur prior to the termination of the residency. In emergency situations, the requirements of this subsection may be waived. (Section 80(c) of the Act)
  - 7) A request for a hearing shall stay an involuntary termination of residency until a decision has been rendered by the Department in accordance with the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100), except as otherwise provided in this Part. During this time period, the establishment may not terminate or reduce any service for the purpose of making it more difficult or impossible for the resident to remain in the establishment. (Section 80(d) of the Act)
  - 8) The only issues to be considered at the involuntary termination of residency hearing are whether one or more of the statutory reasons exist for involuntary termination; whether the establishment has followed the proper involuntary termination procedures; and whether the establishment has attempted to resolve the circumstances leading to an involuntary termination.
  - 9) The establishment shall offer the resident and the resident's representative, if any, residency termination and relocation assistance including information on available

**alternative placement. Residents shall be involved in planning the move and shall choose among the available alternative placements except when an emergency situation makes prior resident involvement impossible. Emergency placements are deemed temporary until the resident's input can be sought in the final placement decision. No resident shall be forced to remain in a temporary or permanent placement. (Section 80(e) of the Act)**

**10) The Department may offer assistance to the establishment and the resident in the preparation of residency termination and relocation plans to assure safe and orderly transition and to protect the resident's health, safety, welfare, and rights. In nonemergencies, and where possible in emergencies, the transition plan shall be designed and implemented in advance of transfer or residency termination. (Section 80(f) of the Act)**

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SECTION 295.2020 NOTICE OF CLOSURE**

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**Section 295.2020 Notice of Closure**

- a) An owner of an establishment shall give 90 days notice prior to voluntarily closing the establishment or prior to closing any part of the establishment if closing the part will require residency termination. The notice shall be given to:**
- 1) The Department,**
  - 2) Any resident who must have his/her residency terminated,**
  - 3) The resident's representative, and**
  - 4) A member of the resident's family, where practicable.**
- b) The notice shall state the proposed date of closing and the reason for closing.**
- c) The establishment shall offer to assist the resident in securing alternative placement and shall advise the resident on available alternatives. Where the resident is unable to choose an alternative placement and is not under guardianship, the Department shall be notified of the need for relocation assistance. The establishment shall comply with all applicable laws and this Part until the date of closing, including those related to residency termination.  
(Section 100 of the Act)**

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SECTION 295.2030 ESTABLISHMENT CONTRACTS**

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**Section 295.2030 Establishment Contracts**

- a) A contract between an establishment and a resident must be entitled "assisted living establishment contract" or "shared housing establishment contract" as applicable, shall be printed in no less than 12 point type, and shall include at least the following elements in the body or through supporting documents or attachments:
- 1) The name, street address, and mailing address of the establishment;
  - 2) The name and mailing address of the owner or owners of the establishment and, if the owner or owners are not natural persons, the type of business entity of the owner or owners;
  - 3) The name and mailing address of the managing agent of the establishment, whether hired under a management agreement or lease agreement, if the managing agent is different from the owner or owners;
  - 4) The name and address of at least one natural person who is authorized to accept service on behalf of the owners and managing agent;
  - 5) A statement describing the assisted living or shared housing establishment license status of the establishment and the license status of all providers of health-related or supportive services to a resident under arrangement with the establishment;
  - 6) The duration of the contract;
  - 7) The base rate to be paid by the resident and a description of the services to be provided as part of this rate;
  - 8) A description of any additional services to be provided for an additional fee by the establishment directly or by a third party provider under arrangement 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 and the Long-Term Care Ombudsman Program for assistance with complaint resolution;
- 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 of the Act;
- 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;
- 17) A statement detailing the admission and residency termination criteria and procedures as set forth in the Act and this Part;
- 18) A statement indicating that the establishment maintains a risk management process;
- 19) A statement listing the rights specified in Section 95 of the Act and acknowledgment that, by contracting with the assisted living or shared housing establishment, the resident does not forfeit those rights; and
- 20) A statement provided by the Department detailing the Department's annual on-site review process, including what documents contained in the resident's personal file shall be reviewed by the on-site reviewer. (Section 90 of the Act)
  - b) The establishment contract shall also include:
    - 1) Terms of occupancy, including resident responsibilities and obligations;
    - 2) The amount and purpose of any fee, charge, and deposit, including any fee or charge for any days a resident is absent from the establishment;
    - 3) The establishment's policy for refunding fees, charges, or deposits;
    - 4) The establishment's responsibility to provide at least 30 days written notice before the effective date of any change in a fee or charge. A licensee is not required to provide 30 days written notice of increase to a resident whose service needs change, as documented in the resident's service plan; and
    - 5) The establishment's policy concerning notification of a relative or other individual in an emergency, significant change in the resident's condition, or termination of residency.
  - c) A copy of the establishment contract shall be given to the resident or the resident's representative.

- d) An establishment contract that has been signed shall be maintained on the premises throughout the resident's residency at the establishment.**
- e) Establishment contracts may be automatically renewed from year to year. Any modifications to the contract shall be made in writing and signed by both parties.**
- f) The contract may be terminated immediately at any time upon agreement of the parties.**

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SECTION 295.2040 DISASTER PREPAREDNESS**

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**Section 295.2040 Disaster Preparedness**

- a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment.
- b) Each establishment shall:
- 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also:
    - A) provide for the temporary relocation of residents for any disaster requiring relocation;
    - B) provide for the movement of residents to safe locations within the establishment in the event of a tornado warning or severe thunder storm warning issued by the National Weather Service;
    - C) provide for the temporary relocation of residents any time the temperature in residents' bedrooms falls below 55°F for 12 hours or more as a result of a mechanical problem or loss of power in the establishment;
    - D) provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature (see Section 295. Table A), as established by the National Oceanic and Atmospheric Administration, inside the residents' living, dining, activities, or sleeping areas of the establishment exceeds a heat index/apparent temperature of 80°F;
    - E) address power outages; and
    - F) include contingencies in the event of flooding, if located on a flood plain.

- 2) **Instruct all personnel employed on the premises in the use of fire extinguishers.**
  - 3) **Post a diagram of the evacuation route and ensure that all personnel employed on the premises are aware of the route.**
  - 4) **Ensure that there is a means of notification to the establishment when the National Weather Service issues a tornado or severe thunderstorm warning covering the area in which the establishment is located. The notification mechanism must be other than commercial radio or television. Notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the establishment, or arrangements with local public safety agencies (police, fire, ESDA) to be notified if a warning is issued.**
  - 5) **Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.**
- c) **At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:**
    - 1) **Ensure that all personnel on all shifts are trained to perform assigned tasks;**
    - 2) **Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;**
    - 3) **Evaluate the effectiveness of disaster plans, procedures and training.**
  - d) **The establishment shall conduct a tornado drill on each shift during February of each year for employees.**
  - e) **Drills shall include residents, establishment personnel, and other persons in the establishment.**
  - f) **Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in advance to residents.**
  - g) **Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.**
  - h) **A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.**

**i) Reporting Disasters**

**1) Upon the occurrence of any disaster requiring hospital service, police, fire department or coroner, the establishment manager or designee must provide a preliminary report to the Department either by using the Assisted Living Complaint Registry or by fax or by electronic means. If the disaster will not require direct Department assistance, the establishment shall provide the preliminary report within 72 hours after the occurrence. This preliminary report shall include, at a minimum:**

- A) name and location of establishment;**
- B) type of disaster;**
- C) number of injuries or deaths to residents;**
- D) number of units not usable due to the occurrence;**
- E) estimate of the extent of damages to the establishment;**
- F) type of assistance needed, if any;**
- G) other State or local agencies notified about the problem.**

**2) The establishment shall submit a full written account to the Department within seven days after the occurrence, including the information specified in subsection (i)(1) of this Section and a statement of action taken by the facility after the preliminary report was filed.**

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SECTION 295.2050 INCIDENT AND ACCIDENT REPORTING**

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**Section 295.2050 Incident and Accident Reporting**

- a) An establishment shall report to the Department an incident or accident that has a significant negative effect on a resident's health, safety or welfare. A significant negative effect shall be assumed whenever an unplanned or unscheduled visit to a hospital is necessary as a result of that incident or accident, treatment is provided, and follow-up care is required.**
- b) The report shall be made by contacting the Department of Public Health Central Complaint Registry or by fax or by other electronic means within 24 hours after the occurrence of the incident or accident.**
- c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident.**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.2060 QUALITY IMPROVEMENT PROGRAM**

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**Section 295.2060 Quality Improvement Program**

- a) The establishment shall establish an effective quality improvement program that encompasses oversight and monitoring, resident satisfaction, and ongoing quality improvement and implementation of any plan that addresses improved quality services. The quality improvement process implemented by the establishment must benchmark performance, be customer centered, be data driven, and focus on resident satisfaction. (Section 30(a) of the Act) For the purpose of this Section, "benchmark" means creating points of reference from which measurements can be made.**
- b) A system shall be in place to facilitate the detection of issues and problems, to expedite the implementation of action, and to resolve problems.**
  - 1) Data analysis shall be used to identify and implement changes that will improve performance or reduce the risk of additional events.**
  - 2) The establishment shall maintain documentation that shows that data analysis has occurred and that actions, as appropriate, have been implemented to address identified issues and to resolve problems, as well as any follow-up actions taken by the establishment.**
- c) The existence, results, and process of a quality improvement program cannot be used as evidence in any civil or criminal court proceeding.**
- d) The result of the quality improvement program cannot be the sole basis for citing a violation.**

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SECTION 295.2070 NEGOTIATED RISK AGREEMENT**

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**Section 295.2070 Negotiated Risk Agreement**

- a) **The negotiated risk agreement, if any, shall be signed by the resident or the resident's representative and the licensee and shall describe the following:**
  - 1) **The problem, issue or service that is the subject of the agreement;**
  - 2) **The choices available to the resident, as well as the major risks and consequences associated with each choice;**
  - 3) **The resulting agreement;**
  - 4) **The responsibilities of the establishment and the resident and any other involved individual; and**
  - 5) **A time frame for review.**
- b) **The negotiated risk agreement may be negotiated or renegotiated at any time during the resident's stay in the establishment and may initiate a reevaluation of the service delivery plan.**
- c) **A negotiated risk agreement shall be limited to a resident's individual care and personal environment.**
- d) **A negotiated risk agreement shall not create a risk to the health, safety, or welfare of other residents and shall not infringe upon the rights of other residents.**
- e) **A negotiated risk agreement shall not waive the requirements of this Part.**

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**SECTION 295.3000 PERSONNEL REQUIREMENTS, QUALIFICATIONS AND TRAINING**

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**Section 295.3000 Personnel Requirements, Qualifications and Training**

- a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act)
- b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR.
- c) At the starting date of employment, each direct care staff member shall be 16 years of age or older.
- d) Job descriptions shall define the minimum education and experience requirements for staff.
- e) A file shall be maintained for each employee containing the following:
  - 1) The employee's name, date of birth, home address, Social Security number and telephone number;
  - 2) Documentation of:
    - A) Freedom from pulmonary tuberculosis;
    - B) Employee orientation; and
    - C) Ongoing training;
  - 3) An employee's starting date of employment and ending date, if applicable.
- f) In addition to the information required in subsection (e) of this Section, the file for

each direct care employee shall contain documentation of:

- 1) Current certification in CPR, if applicable;
- 2) Initial health evaluation;
- 3) Compliance with the Health Care Worker Background Check Act; and
- 4) Documentation that the employer has checked the status of the employee with the Nurse Aide Registry.
- g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period of time by State or federal law.
- h) The establishment shall have sufficient personnel to provide the following for its current resident population:
  - 1) All mandatory services;
  - 2) Services established in each resident's service plan;
  - 3) Service to meet the needs of each resident, including 24 hour scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis;
  - 4) Food services (if provided by the establishment);
  - 5) Environmental services;
  - 6) Evacuation of residents during emergencies; and
- 7) Any optional services to be provided by the establishment as stated in the service plan.
  - i) The personnel schedule shall:
    - 1) Indicate the date, scheduled work hours, and name and position of each employee assigned;
    - 2) Reflect actual work hours; and
  - 3) Be maintained and made available upon request for at least 12 months after the last date on the schedule.
- j) If an establishment accepts individuals with impairments that prevent them from independently moving to an area of safety, sufficient staff must be present and awake to enable these residents to move to a safe area 24 hours per day.
- k) Shared housing establishments shall have at least one staff member on site at all times, except in situations, such as taking a resident to the emergency room or planned or unplanned trips to the grocery store, that would require the staff person to be away from the facility for a brief period of time. In such situations, arrangements shall be made to monitor

**the safety of the residents in accordance with the service delivery plan.**

**l) Assisted living establishments shall have at least one staff member awake, on duty and on site 24 hours per day.**

**m) The establishment shall check the status of all applicants with the Nurse Aide Registry prior to hiring. The establishment is prohibited from hiring any individual who has a finding of abuse, neglect, or misappropriation of property on the Nurse Aide Registry.**

**n) Prior to employing any individual in a position that requires a State professional license, the establishment shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the verification shall be placed in the individual's personnel file.**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.3010 MANAGER'S QUALIFICATIONS**

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**Section 295.3010 Manager's Qualifications**

- a) Each assisted living establishment shall have a full-time manager.
- b) A shared housing establishment shall have a manager, who may oversee no more than three establishments if they are located within 30 minutes driving time during non-rush hour and if the manager may be immediately contacted by an electronic communication device.
- c) The manager shall be at least 21 years of age and have a high school diploma or equivalency.
- d) The manager shall receive training and orientation in care and service system delivery and have at least:
  - 1) one year of management experience in health care, housing, or hospitality or providing similar services to the elderly; or
  - 2) two years of experience in health care, housing, or hospitality or providing similar services to the elderly.
- e) The manager shall designate an individual capable of acting in an emergency to act in his or her absence from the establishment.
- f) If the manager provides direct care, the manager is required to meet the requirements of the Health Care Worker Background Check Act.
- g) Changes in manager must be reported to the Department within 10 working days.

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SECTION 295.3020 EMPLOYEE ORIENTATION AND ONGOING TRAINING**

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**Section 295.3020 Employee Orientation and Ongoing Training**

- a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes:
  - 1) The establishment's philosophy and goals;
  - 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights;
  - 3) Confidentiality of resident records and resident information;
  - 4) Hygiene and infection control;
  - 5) Abuse and neglect prevention and reporting requirements; and
  - 6) Disaster procedures.
- b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes:
  - 1) Orientation to the characteristics and needs of the establishment's residents;
  - 2) The significance and location of resident service plans;
  - 3) Internal establishment requirements and the establishment's policies and procedures;
  - 4) The employee's job responsibilities and limitations;
  - 5) CPR and emergency procedures for medical events, if applicable; and
  - 6) Training in assistance with activities of daily living appropriate to the job.
- c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include:

- 1) **Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;**
  - 2) **Disaster procedures;**
  - 3) **Hygiene and infection control;**
  - 4) **Assisting residents in self-administering medications;**
  - 5) **Abuse and neglect prevention and reporting requirements; and**
  - 6) **Assisting residents with activities of daily living.**
- d) **All training shall be documented with:**
  - 1) **Date;**
  - 2) **Starting and ending time;**
  - 3) **Instructors and their qualifications;**
  - 4) **Short description of content; and**
  - 5) **Staff member's written signature.**
- e) **An employee who has not demonstrated to the establishment that he or she is competent to perform a particular task may perform that task only under the direct supervision of an employee who has demonstrated competence in performing the task.**

**Joint Committee on Administrative Rules**

**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.3030 INITIAL HEALTH EVALUATION FOR DIRECT CARE AND FOOD  
SERVICE EMPLOYEES**

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**Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees**

- a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors.
- b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment.
- c) The initial health evaluation shall include the employee's immunization status.
- d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee.
- e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:
  - 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or
  - 2) The test must be commenced no more than ten days after the date of initial employment in the establishment.

**Joint Committee on Administrative Rules**

**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.3040 HEALTH CARE WORKER BACKGROUND CHECK**

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**Section 295.3040 Health Care Worker Background Check**

- a) The establishment shall not knowingly hire any individual in a position with duties involving direct care for residents if that person has been convicted of committing or attempting to commit one or more of the following offenses (Section 25(a) of the Health Care Worker Background Check Act [225 ILCS 46/25]):
- 1) Solicitation of murder, solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 8-1.1 and 8-1.2));
  - 2) Murder, homicide, manslaughter or concealment of a homicidal death (Sections 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3 of the Criminal Code of 1961 [720 ILCS 5/9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3; Ill. Rev. Stat. 1985, ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 3, 236, 358, 360, 361, 362, 363, 364, 364a, 365, 370, 373, 373a, 417, and 474));
  - 3) Kidnaping or child abduction (Sections 10-1, 10-2, 10-5, and 10-7 of the Criminal Code of 1961 [720 ILCS 5/10-1, 10-2, 10-5, and 10-7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-1, 10-2, 10-5, and 10-7; Ill. Rev. Stat. 1985, ch. 38, par. 10-6; Ill. Rev. Stat. 1961, ch. 38, pars. 384 to 386));
  - 4) Unlawful restraint or forcible detention (Sections 10-3, 10-3.1, and 10-4 of the Criminal Code of 1961 [720 ILCS 5/10-3, 10-3.1, and 10-4] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 10-3, 10-3.1, and 10-4; Ill. Rev. Stat. 1961, ch. 38, pars. 252, 252.1, and 252.4));
  - 5) Indecent solicitation of a child, sexual exploitation of a child, exploitation of a child, child pornography (Sections 11-6, 11-9.1, 11-19.2, and 11-20.1 of the Criminal Code of 1961 [720 ILCS 5/11-6, 11-9.1, 11-19.2, and 11-20.1] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-6, 11-19.2, and 11-20.1; Ill. Rev. Stat. 1983, ch. 38, par. 11-20a; Ill. Rev. Stat. 1961, ch. 38, pars. 103 and 104));
  - 6) Assault, battery, heinous battery, tampering with food, drugs or cosmetics, or infliction of great bodily harm (Sections 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, and 12-4.7 of the Criminal Code of 1961 [720 ILCS 5/12-1, 12-2,

12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, and 12-4.7] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, and 12-4.7; Ill. Rev. Stat. 1985, ch. 38, par. 9-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 55, 56, and 56a to 60b));

7) **Aggravated stalking** (Section 12-7.4 of the Criminal Code of 1961 [720 ILCS 5/12-7.4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-7.4));

8) **Home invasion** (Section 12-11 of the Criminal Code of 1961 [720 ILCS 5/12-11] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-11));

9) **Criminal sexual assault or criminal sexual abuse** (Sections 12-13, 12-14, 12-14.1, 12-15, and 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-13, 12-14, 12-14.1, 12-15, and 12-16] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 11-1, 11-2, 11-3, 11-4, 11-5, 12-13, 12-14, 12-15, and 12-16; Ill. Rev. Stat. 1985, ch. 38, pars. 11-1, 11-4, and 11-4.1; Ill. Rev. Stat. 1961, ch. 38, pars. 109, 141, 142, 490, and 491));

10) **Abuse and gross neglect of a long-term care facility resident** (Section 12-19 of the Criminal Code of 1961 [720 ILCS 5/12-19] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-19));

11) **Criminal abuse or neglect of an elderly or disabled person** (Section 12-21 of the Criminal Code of 1961 [720 ILCS 5/12-21] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 12-21));

12) **Endangering the life or health of a child** (Section 12-21.6 of the Criminal Code of 1961 [720 ILCS 5/12-21.6] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354; Ill. Rev. Stat. 1961, ch. 38, par. 95));

13) **Ritual mutilation, ritualized abuse of a child** (Sections 12-32 and 12-33 of the Criminal Code of 1961 [720 ILCS 5/12-32 and 12-33] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 12-32 and 12-33));

14) **Theft, retail theft** (Sections 16-1 and 16A-3 of the Criminal Code of 1961 [720 ILCS 5/16-1 and 16A-3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 16-1 and 16A-3; Ill. Rev. Stat. 1961, ch. 38, pars. 62, 207 to 218, 240 to 244, 246, 253, 254.1, 258, 262, 262a, 273, 290, 291, 301a, 354, 387 to 388b, 389, 393 to 400, 404a to 404c, 438, 492 to 496));

15) **Financial exploitation of an elderly person or a person with a disability** (Section 16-1.3 of the Criminal Code of 1961 [720 ILCS 5/16-1.3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 16-1.3));

16) **Forgery** (Section 17-3 of the Criminal Code of 1961 [720 ILCS 5/17-3] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 17-3; Ill. Rev. Stat. 1961, ch. 38, pars. 151 and 277 to 286));

17) **Robbery, armed robbery** (Sections 18-1 and 18-2 of the Criminal Code of 1961 [720 ILCS 5/18-1 and 18-2] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 18-1 and 18-2));

18) **Vehicular hijacking, aggravated vehicular hijacking, aggravated robbery** (Sections 18-3, 18-4, and 18-5 of the Criminal Code of 1961 [720 ILCS 5/18-3, 18-4, and 18-5]);

19) **Burglary, residential burglary** (Sections 19-1 and 19-3 of the Criminal Code of 1961 [720 ILCS 5/19-1 and 19-3] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 19-1 and 19-3; Ill. Rev.

Stat. 1961, ch. 38, pars. 84 to 86, 88, and 501));

- 20) **Criminal trespass to a residence (Section 19-4 of the Criminal Code of 1961 [720 ILCS 5/19-4] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 19-4));**
  - 21) **Arson (Sections 20-1 and 20-1.1 of the Criminal Code of 1961 [720 ILCS 5/20-1 and 20-1.1] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 20-1 and 20-1.1; Ill. Rev. Stat. 1961, ch. 38, pars. 48 to 53 and 236 to 238));**
  - 22) **Unlawful use of weapons, aggravated discharge of a firearm, or reckless discharge of a firearm (Sections 24-1, 24-1.2, and 24-1.5 of the Criminal Code of 1961 [720 ILCS 5/24-1, 24-1.2, and 24-1.5] (formerly Ill. Rev. Stat. 1991, ch. 38, pars. 24-1 and 24-1.2; Ill. Rev. Stat. 1961, ch. 38, pars. 152, 152a, 155, 155a to 158b, 414a to 414c, 414e, and 414g));**
  - 23) **Armed violence – elements of the offense (Section 33A-2 of the Criminal Code of 1961 [720 ILCS 5/33A-2] (formerly Ill. Rev. Stat. 1991, ch. 38, par. 33A-2));**
  - 24) **Those provided in Section 4 of the Wrongs to Children Act (Section 4 of the Wrongs to Children Act [720 ILCS 150/4] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2354));**
  - 25) **Cruelty to children (Section 53 of the Criminal Jurisprudence Act [720 ILCS 115/53] (formerly Ill. Rev. Stat. 1991, ch. 23, par. 2368));**
  - 26) **Manufacture, delivery or trafficking of cannabis, delivery of cannabis on school grounds, delivery to person under 18, violation by person under 18 (Sections 5, 5.1, 5.2, 7, and 9 of the Cannabis Control Act [720 ILCS 550/5, 5.1, 5.2, 7, and 9] (formerly Ill. Rev. Stat. 1991, ch. 56 ½, pars. 705, 705.1, 705.2, 707, and 709)); or**
  - 27) **Manufacture, delivery or trafficking of controlled substances (Sections 401, 401.1, 404, 405, 405.1, 407, and 407.1 of the Illinois Controlled Substances Act [720 ILCS 570/401, 401.1, 404, 405, 405.1, 407, and 407.1] (formerly Ill. Rev. Stat. 1991, ch. 56 ½, pars. 1401, 1401.1, 1404, 1405, 1405.1, 1407, and 1407.1)).**
- b) **The establishment shall not knowingly employ or retain any individual in a position with duties involving direct care for residents if that person has been convicted of committing or attempting to commit one or more of the offenses listed in subsections (a)(1) through (27) of this Section unless the applicant, employee or employer obtains a waiver pursuant to this Section. (Section 25(a) of the Health Care Worker Background Check Act)**
  - c) **An establishment shall not hire, employ, or retain any individual in a position with duties involving direct care of residents if the establishment becomes aware that the individual has been convicted in another state of committing or attempting to commit an offense that has the same or similar elements as an offense listed in subsections (a)(1) through (27) of this Section, as verified by court records, records from a State agency, or an FBI criminal history record check. This shall not be construed to mean that an establishment has an obligation to conduct a criminal history records check in other states in which an employee has resided. (Section 25(b) of the Act)**
  - d) **For the purposes of this Section:**

**"Applicant" means an individual seeking employment with an establishment who has**

received a bona fide conditional offer of employment.

**"Conditional offer of employment"** means a bona fide offer of employment by an establishment to an applicant, which is contingent upon the receipt of a report from the Department of State Police indicating that the applicant does not have a record of conviction of any of the criminal offenses listed in subsections (a)(1) through (27) of this Section.

**"Direct care"** means the provision of nursing care or assistance with feeding, dressing, movement, bathing, or other personal needs.

**"Initiate"** means the obtaining of the authorization for a record check from a student, applicant, or employee. (Section 15 of the Health Care Worker Background Check Act)

- e) For purposes of the Health Care Worker Background Check Act, the establishment shall establish a policy defining which employees provide direct care. In making this determination, the establishment shall consider the following:
  - 1) The employee's assigned job responsibilities as set forth in the employee's job description;
  - 2) Whether the employee is required to or has the opportunity to be alone with residents, with the exception of infrequent or unusual occasions; and
  - 3) Whether the employee's responsibilities include physical contact with residents.
- f) When the establishment makes a conditional offer of employment to an applicant who is not exempt under subsection (w) of this Section for a position with duties that involve direct care for residents, the employer must initiate or have initiated on its behalf a Uniform Conviction Information Act (UCIA) criminal history record check for that applicant. (Section 30(c) of the Health Care Worker Background Check Act) If the applicant is on the Department's Nurse Aide Registry and has had a UCIA criminal history record check within the last 2 months, the employer need not initiate another check.
- g) The establishment shall transmit all necessary information and fees to the Illinois State Police within 10 working days after receipt of the authorization. (Section 15 of the Health Care Worker Background Check Act)
- h) The establishment may accept an authentic UCIA criminal history record check that has been conducted within the last 12 months rather than initiating a check as required in subsection (f) of this Section.
- i) The request for a UCIA criminal history record check shall be made as prescribed by the Department of State Police. The applicant or employee must be notified of the following whenever a non-fingerprint-based UCIA criminal history record check is made:
  - 1) That the establishment shall request or have requested on its behalf a non-fingerprint-based UCIA criminal history record check pursuant to the Health Care Worker Background Check Act.
  - 2) That the applicant or employee has a right to obtain a copy of the criminal record report from the establishment, challenge the accuracy and completeness of the report, and

request a waiver in accordance with this Section.

- 3) That the applicant, if hired conditionally, may be terminated if the non-fingerprint-based criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (27) of this Section unless the applicant's identity is validated and it is determined that the applicant or employee does not have a disqualifying criminal history record based on a fingerprint-based records check pursuant to subsection (k) of this Section.
- 4) That the applicant, if not hired conditionally, shall not be hired if the non-fingerprint-based criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (27) of this Section unless the applicant's record is cleared based on a fingerprint-based records check pursuant to subsection (k) of this Section.
- 5) That the employee may be terminated if the criminal records report indicates that the employee has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (27) of this Section unless the employee's record is cleared based on a fingerprint-based records check pursuant to subsection (k) of this Section. (Section 30(e) and (f) of the Health Care Worker Background Check Act)
- j) An establishment may conditionally employ an applicant to provide direct care for up to three months pending the results of a UCIA criminal history record check. (Section 30(g) of the Health Care Worker Background Check Act)
- k) An applicant or employee whose non-fingerprint-based UCIA criminal history record check indicates a conviction for committing or attempting to commit one or more of the offenses listed in subsections (a)(1) through (27) of this Section may request that the establishment or its designee commence a fingerprint-based UCIA criminal records check by submitting any necessary fees and information in a form and manner prescribed by the Department of State Police. (Section 35 of the Health Care Worker Background Check Act)
- l) An establishment having actual knowledge from a source other than a non-fingerprint check that an employee has been convicted of committing or attempting to commit one of the offenses enumerated in Section 25 of the Health Care Worker Background Check Act must initiate a fingerprint-based background check within 10 working days after acquiring that knowledge. The establishment may continue to employ that individual in a direct care position, may reassign that individual to a non-direct care position, or may suspend the individual until the results of the fingerprint-based background check are received. (Section 30(d) of the Health Care Worker Background Check Act)
- m) An applicant, employee or employer may request a waiver to subsection (a), (b) or (c) of this Section by submitting the following to the Department within five working days after the receipt of the criminal records report:
  - 1) A completed fingerprint-based UCIA criminal records check form (Section 40(a) of the Health Care Worker Background Check Act) (which the Department will forward to the Illinois State Police); and
  - 2) A certified check, money order or establishment check made payable to the Department of State Police for the amount of money necessary to initiate a fingerprint-based

**UCIA criminal records check.**

- n) The Department may accept the results of the fingerprint-based UCIA criminal records check instead of the items required by subsections (m)(1) and (2). (Section 40(a-5) of the Health Care Worker Background Check Act)**
- o) An application for a waiver shall be denied unless the applicant meets the following requirements and submits documentation thereof with the waiver application:**
- 1) Except in the instance of payment of court-imposed fines or restitution in which the applicant is adhering to a payment schedule, the applicant shall have met obligations to the court and under terms of parole (i.e., probation has been successfully completed); and**
  - 2) The applicant shall have satisfactorily completed a drug and/or alcohol recovery program, if drugs and/or alcohol were involved in the offense.**
- p) The Department may grant a waiver based on mitigating circumstances, which may include:**
- 1) The age of the individual at which the crime was committed;**
  - 2) The circumstances surrounding the crime;**
  - 3) The length of time since the conviction;**
  - 4) The applicant's or employee's criminal history since the conviction;**
  - 5) The applicant's or employee's work history;**
  - 6) The applicant's or employee's current employment references;**
  - 7) The applicant's or employee's character references;**
  - 8) Nurse Aide Registry records; and**
- 9) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of residents, which may include, but is not limited to, the applicant's or employee's participation in a drug/alcohol rehabilitation program and continued involvement in recovery; the applicant's or employee's participation in anger management or domestic violence prevention programs; the applicant's or employee's status on nurse aide registries in other states; the applicant's or employee's criminal history in other states; or the applicant's or employee's successful completion of all outstanding obligations or responsibilities imposed by or to the court. (Section 40(b) of the Health Care Worker Background Check Act)**
- q) Waivers will not be granted to individuals who have not met the following time frames. "Disqualifying" refers to offenses listed in subsections (a)(1) to (27) of this Section:**
- 1) Single disqualifying misdemeanor conviction – waiver consideration no earlier than one year after the conviction date;**

- 2) **Two to three disqualifying misdemeanor convictions – waiver consideration no earlier than three years after of the most recent conviction date;**
  - 3) **More than three disqualifying misdemeanor convictions – waiver consideration no earlier than five years after of the most recent conviction date;**
  - 4) **Single disqualifying felony convictions – waiver consideration no earlier than three years after the conviction date;**
  - 5) **Two to three disqualifying felony convictions – waiver consideration no earlier than five years after the most recent conviction date;**
  - 6) **More than three disqualifying felony convictions – waiver consideration no earlier than ten years after the most recent conviction date.**
- r) **Waivers will not be granted to individuals who have been convicted of committing or attempting to commit one or more of the following offenses:**
- 1) **Solicitation of murder, solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2]);**
  - 2) **Murder, homicide, manslaughter, or concealment of a homicidal death (Sections 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3 of the Criminal Code of 1961 [720 ILCS 5/9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, and 9-3.3]);**
  - 3) **Kidnaping or aggravated kidnaping (Sections 10-1 and 10-2 of the Criminal Code of 1961 [720 ILCS 5/10-1 and 10-2]);**
  - 4) **Aggravated battery, heinous battery, or infliction of great bodily harm (Sections 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7 of the Criminal Code 1961 [720 ILCS 5/12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.6, and 12-4.7]);**
  - 5) **Criminal sexual assault or aggravated criminal sexual assault (Sections 12-13, 12-14, and 12-14.1 of the Criminal Code of 1961 [720 ILCS 5/12-13, 12-14, and 12-4.1]);**
  - 6) **Criminal sexual abuse or aggravated criminal sexual abuse (Sections 12-15 and 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-15 and 12-16]);**
  - 7) **Abuse and gross neglect of a long-term care facility resident (Section 12-19 of the Criminal Code of 1961 [720 ILCS 5/12-19]);**
  - 8) **Criminal abuse or neglect of an elderly or disabled person (Section 12-21 of the Criminal Code of 1961 [720 ILCS 5/12-21]);**
  - 9) **Financial exploitation of an elderly person or a person with a disability (Section 16-1.3 of the Criminal Code of 1961 [720 ILCS 5/16-1.3]);**
  - 10) **Indecent solicitation of a child, sexual exploitation of a child, exploitation of a child, child pornography (Sections 11-6, 11-9.1, 11-19.2, and 11-20.1 of the Criminal Code of 1961 [720 ILCS 5/11-6, 11-9.1, 11-19.2, and 11-20.1]);**

- 11) **Armed robbery (Section 18-2 of the Criminal Code of 1961 [720 ILCS 5/18-2]); and**
- 12) **Aggravated vehicular hijacking, aggravated robbery (Sections 18-4 and 18-5 of the Criminal Code of 1961 [720 ILCS 5/18-4 and 18-5]).**
- s) **The Director of Public Health may grant a waiver to an individual who does not meet the requirements of subsection (o), (q), or (r), based on mitigating circumstances (see subsection (p)). (Section 40(b) of the Health Care Worker Background Check Act)**
- t) **An individual shall not be employed in a direct care position from the time that the employer receives the results of a non-fingerprint check containing disqualifying conditions until the time that the individual receives a waiver from the Department. If the individual challenges the results of the non-fingerprint check, the employer may continue to employ the individual in a direct care position if the individual presents convincing evidence to the employer that the non-fingerprint check is invalid. If the individual challenges the results of the non-fingerprint check, his or her identity shall be validated by a fingerprint-based records check in accordance with subsection (k) of this Section. (Section 40(d) of the Health Care Worker Background Check Act)**
- u) **An establishment is not obligated to employ or offer permanent employment to an applicant, or to retain an employee, who is granted a waiver. (Section 40(f) of the Health Care Worker Background Check Act)**
- v) **An establishment may retain the individual in a direct care position if the individual presents clear and convincing evidence to the establishment that the non-fingerprint-based criminal records report is invalid and if there is a good faith belief on the part of the employer that the individual did not commit an offense listed in subsections (a)(1) through (27) of this Section, pending positive verification through a fingerprint-based criminal records check. Such evidence may include, but is not limited to:**
- 1) **certified court records;**
  - 2) **written verification from the State's Attorney's office that prosecuted the conviction at issue;**
  - 3) **written verification of employment during the time period during which the crime was committed or during the incarceration period stated in the report;**
  - 4) **a signed affidavit from the individual concerning the validity of the report; or**
  - 5) **documentation from a local law enforcement agency that the individual was not convicted of a disqualifying crime.**
- w) **This Section shall not apply to:**
- 1) **An individual who is licensed by the Department of Professional Regulation or the Department of Public Health under another law of this State;**
  - 2) **An individual employed or retained by a health care employer for whom a criminal background check is required by another law of this State; or**

**3) A student in a licensed health care field including, but not limited to, a student nurse, a physical therapy student, or a respiratory care student unless he or she is employed by a health care employer in a position with duties involving direct care for residents. (Section 20 of the Health Care Worker Background Check Act)**

**x) The establishment shall retain on file for a period of 5 years records of criminal records requests for all employees. The establishment shall retain the results of the UCIA criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of \$500 shall be imposed for failure to maintain these records. (Section 50 of the Health Care Worker Background Check Act)**

**y) The establishment shall maintain a copy of the employee's criminal history record check results and waiver, if applicable, in the personnel file or other secure location accessible to the Department.**

**(Source: Amended at 27 Ill. Reg. 18087, effective November 12, 2003)**

**Joint Committee on Administrative Rules**

**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.4000 PHYSICIAN'S ASSESSMENT**

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**Section 295.4000 Physician's Assessment**

- a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.**
- b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.**
- c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition.**
- d) When a physician's assessment is conducted pursuant to this Part, all current negotiated risk agreements shall be renegotiated as necessary.**
- e) More frequent assessments of skin integrity and nutritional status shall be required (Section 15 of the Act) as ordered by the resident's physician and as arranged for by the resident.**
- f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed.**
- g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment.**
- h) The establishment shall monitor and have a reporting procedure in place for notifying a relative or other individual in an emergency situation, significant change in resident's condition, or termination of residency.**
- i) The establishment shall have policies in place to respond to the gradual deterioration of a resident's ability to carry out the activities of daily living that may accompany the aging**

**process.**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

**Joint Committee on Administrative Rules**

**ADMINISTRATIVE CODE**

**TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.4010 SERVICE PLAN**

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**Section 295.4010 Service Plan**

- a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan.**
- b) The service plan shall be developed by:**
  - 1) The resident, resident's representative or any individual requested by the resident;**
  - 2) The manager or manager's designee; and**
  - 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.**
- c) The service plan shall be signed and dated by all individuals involved in its development.**
- d) 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 (see Section 295.2030). (Section 15 of the Act)**
- e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).**
- f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act)**
- g) Service plans shall address:**
  - 1) The level of service the resident is receiving, including:**
    - A) assistance with activities of daily living;**



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SECTION 295.4020 MANDATORY SERVICES**

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**Section 295.4020 Mandatory Services**

Each establishment shall provide or arrange for the following mandatory services:

- a) **Three meals per day available to the residents, prepared by the establishment or an outside contractor;**
- b) **Housekeeping services including, but not limited to, vacuuming, dusting, and cleaning the resident's unit;**
- c) **Personal laundry and linen services available to the residents, provided or arranged for by the establishment;**
- d) **Security provided 24 hours each day including, but not limited to, locked entrances or building or contract security personnel;**
- e) **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**
- f) **Assistance with activities of daily living as required by each resident. (Section 10 of the Act)**

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SECTION 295.4030 SPECIAL SAFETY AND SERVICE NEEDS OF INDIVIDUALS WHO  
ARE QUADRIPLÉGIC OR PARAPLEGIC, OR WHO HAVE NEURO-MUSCULAR  
DISEASES**

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**Section 295.4030 Special Safety and Service Needs of Individuals Who Are Quadriplegic or Paraplegic, or Who Have Neuro-Muscular Diseases**

**If the establishment accepts individuals who are quadriplegic or paraplegic, or who have neuro-muscular diseases, such as muscular dystrophy and multiple sclerosis, the establishment shall provide for the special safety and service needs of those individuals.**

**(Section 75(g) of the Act) The resident and the establishment shall enter into a written agreement describing how the special needs of the resident shall be met. Assistance by more than one person is allowed for safety reasons or if, once transferred, the resident can exit the building with minimal or no assistance in a wheelchair or motorized scooter.**

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SECTION 295.4040 COMMUNICABLE DISEASE POLICIES**

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**Section 295.4040 Communicable Disease Policies**

- a) **The establishment shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).**
  
- b) **The establishment shall not knowingly admit a person with a communicable, contagious, or infectious disease, as defined in the Control of Communicable Diseases Code. A resident who is suspected of or diagnosed as having any such disease shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the establishment believes that it cannot provide the necessary infection control measures, it shall initiate residency termination pursuant to Section 80 of the Act.**
  
- c) **All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The establishment shall furnish all pertinent information relating to such occurrences. In addition, the establishment shall also inform the Department of all incidents of scabies and other skin infestations.**

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SECTION 295.4050 TUBERCULIN SKIN TEST PROCEDURES**

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**Section 295.4050 Tuberculin Skin Test Procedures**

**Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).**

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SECTION 295.4060 ALZHEIMER'S AND DEMENTIA PROGRAMS**

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**Section 295.4060 Alzheimer's and Dementia Programs**

- a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act)
- b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident 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 appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act)
- c) No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's 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. (Section 150(c) of the Act)
- d) Individual residents shall be assessed prior to admission to the establishment using any one or a combination of the following assessment tools, based on the resident's condition and stage in the disease process:
- 1) **Functional**
    - A) **Functional Activities Questionnaire (FAQ)**
    - B) **Physical Self-Maintenance Scale (PSMS); Activities of Daily Living**
    - C) **Instrumental Activities of Daily Living (IADL)**
    - D) **Clock Drawing Task (CDT)**
    - E) **Progressive Deterioration Scale (PDS)**

**F) Functional Assessment Staging (FAST)**

**2) Cognitive**

**A) Allen Cognitive Disabilities Theory**

**B) Alzheimer's Disease Assessment Scale, Cognitive Subsection (ADAS-Cog)**

**C) Blessed Information-Memory Concentration Test (BIMC)**

**D) Short Test of Mental State (STMS)**

**E) Clinical Dementia Rating Scale (CDR)**

**F) Mini-Mental State Examination (MMSE)**

**3) Global**

**A) Clinical Global Impression of Change (CGIC)**

**B) Clinical Interview-Based Impression (CIBI)**

**C) Global Deterioration Scale (CDS)**

**D) Brief Cognitive Rating Scale (BCRS) (to use with Global Deterioration Scale)**

**e) No person shall be accepted for residency or remain in residence if the person is dangerous to self or others and the establishment would be unable to eliminate the danger through the use of appropriate treatment modalities. (Section 150(d) of the Act)**

**f) No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of the Act. (Section 150(e) of the Act)**

**g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation.**

**h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall:**

**1) Disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Special Care Disclosure Act;**

**2) Ensure that a resident's representative is designated for the resident;**

**3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who:**

**A) May wander; and**

- B) May need supervision and assistance when evacuating the building in an emergency;
- 4) Provide coordination of communications with each resident, resident's representative, relatives and other persons identified in the resident's service plan;
  - 5) Provide, in the service plan, appropriate cognitive stimulation and activities to maximize functioning, which include a structure and rhythm that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination;
- 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times;
- 7) At a minimum, provide 1.4 hours of services per resident per day. For purposes of this Section, services shall mean assistance with activities of daily living, activities-based programming, and services delivered to the resident to meet the unique needs of residents with dementia;
- 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section;
- 9) Develop emergency procedures and staffing patterns to respond to the needs of residents; (Section 150(f) of the Act)
- 10) Provide encouragement to eat snacks and meals and to take liquids; and
- 11) Have a supervisor of the program with training as outlined in subsection (i)(1) of this Section.
  - i) Training requirements for individuals working in a special program:
    - 1) Manager qualifications and training:
      - A) The manager of an establishment providing Alzheimer care or the supervisor of an Alzheimer program must be 21 years of age and have:
        - i) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or
        - ii) at least two years of management experience with persons with dementia.
      - B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care.

**2) Staff training:**

**A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics:**

- i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders;**
- ii) techniques for creating an environment that minimizes challenging behavior;**
- iii) identifying and alleviating safety risks to residents with Alzheimer's disease;**
- iv) techniques for successful communication with individuals with dementia; and**
- v) residents' rights.**

**B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover:**

- i) encouraging independence in and providing assistance with the activities of daily living;**
- ii) emergency and evacuation procedures specific to the dementia population;**
- iii) techniques for creating an environment that minimizes challenging behaviors;**
- iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and**
- v) techniques for successful communication.**

**C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include:**

- i) assessing resident capabilities and developing and implementing service plans;**
- ii) promoting resident dignity, independence, individuality, privacy and choice;**
- iii) planning and facilitating activities appropriate for the dementia resident;**
- iv) communicating with families and other persons interested in the resident;**
- v) resident rights and principles of self-determination;**
- vi) care of elderly persons with physical, cognitive, behavioral and social disabilities;**
- vii) medical and social needs of the resident;**
- viii) common psychotropics and side effects;**

**ix) local community resources; and**

**x) other related issues.**

**(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)**

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SECTION 295.5000 MEDICATION REMINDERS, SUPERVISION OF SELF-  
MEDICATION, MEDICATION ADMINISTRATION AND STORAGE**

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**Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage**

- a) **An establishment may provide medication reminders, supervision of self-administered medication, and medication administration as an optional service.**
  - b) **Medication reminders include:**
    - 1) **Reminding residents to take pre-dispensed, self-administered medication;**
    - 2) **Observing the resident; and**
    - 3) **Documenting whether or not the resident took the medication.**
  - c) **Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional.**
    - 1) **Reminding residents to take medication;**
    - 2) **Confirming that residents have obtained and are taking the dosage as prescribed;**
    - 3) **Reading the medication label to residents;**
    - 4) **Checking the self-administered medication dosage against the label of the medication;**
    - 5) **Opening the medication container for a resident who is physically unable to do so;**
    - 6) **Confirming that residents have obtained and are taking the dosage as prescribed; and**
    - 7) **Documenting in writing that the resident has taken (or refused to take) the medication.**
- d) **Medication administration refers to a licensed health care professional employed by**

**an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed staff may not administer any medication. (Section 70 of the Act)**

**e) Medication stored by a resident in the resident's unit shall be stored and controlled as stated in the resident's service plan and shall be inaccessible to other residents.**

**f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address:**

**1) Obtaining and refilling medication;**

**2) Storing and controlling medication;**

**3) Disposing of medication;**

**4) Assisting in the self-administration of medication and medication administration, as applicable; and**

**5) Recording of medication assistance provided to residents and maintenance of medication records.**

**g) If an establishment provides medication administration or supervision of self-administered medication, a drug reference guide, no older than 2 years from the copyright date, shall be available and accessible for use by employees.**

**h) Any medication stored by the establishment shall meet the following requirements:**

**1) Medication shall be stored in a locked container, cabinet, or area that is inaccessible to residents;**

**2) Medication shall not be left unattended by an employee;**

**3) Medication shall be stored in the original labeled container, except for medication organizers, and according to instructions on the medication label;**

**4) A bathroom or laundry room shall not be used for medication storage; and**

**5) Any expired or discontinued medication, including those of deceased residents, shall be disposed of according to the establishment's medication policies and procedures.**

**i) Except for medication organizers, resident medication shall not be pre-poured. Medication organizers may be prepared up to one month in advance by the following individuals:**

**1) A resident or the representative;**

**2) A resident's relatives;**

**3) A nurse; or**

- 4) As otherwise provided by law.
- j) A separate medication record shall be maintained for each resident receiving medication administration and shall include:
- 1) Name of resident;
  - 2) Name of medication, dosage, directions, and route of administration;
  - 3) Date and time medication is scheduled to be administered;
  - 4) Date and time of actual medication administration; and
  - 5) Signature or initials of the employee administering medication.

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SECTION 295.6000 RESIDENT RIGHTS**

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**Section 295.6000 Resident Rights**

- a) **No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights:**
- 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect;**
  - 2) The right to respect for bodily privacy and dignity at all times, especially during care and treatment;**
  - 3) The right to retain and use personal property, unless such use infringes on the health, safety, or welfare of other individuals, and a place to store personal items that is locked and secure;**
  - 4) The right to designate any individual to participate with the resident or in the resident's name in the development of the written service plan;**
  - 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes;**
  - 6) The right to direct his or her own care and negotiate the terms of his or her own care;**
  - 7) The right to refuse services unless such services are court ordered or the health, safety, or welfare of other individuals is endangered by the refusal, and to be advised of the consequences of that refusal;**
  - 8) The right to exercise free choice in selected activities, schedules, and daily routine;**
  - 9) The right to exercise free choice in selecting a primary care provider, pharmacy, home health provider, or other service provider and to assume responsibility for any additional costs incurred as a result of such choices. However, an establishment may specify how medications are packaged by a pharmacy if the resident receives administration of**

medication;

- 10) The right to request to relocate or refuse to relocate within the facility based upon the resident's needs, desires, and availability of such options;
  - 11) The right to the free exercise of religion and to participate or refuse to participate in religious, social, recreational, rehabilitative, political or community activities;
    - 12) The right to be free of chemical and physical restraints;
  - 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor;
  - 14) The right to confidentiality of the resident's medical, financial, or other records. The release of a record shall be by written consent of the resident or the resident's representative and shall specify the circumstances under which each individual record may be released, except as specified by law;
    - 15) The right to privacy in financial and personal affairs;
  - 16) The right of access and the right to review and copy the resident's personal files maintained by the establishment, during normal business hours or at a time agreed upon by the resident and the establishment;
  - 17) The right to privacy with regard to mail, phone calls, and visitors;
  - 18) The right to uncensored access to the State Ombudsman or his or her designee, and the right to refuse access to a State Ombudsman or Department reviewer;
  - 19) The right to be free of retaliation for or constraint from criticizing the establishment or making complaints to appropriate agencies or any agency or individual;
  - 20) The right to 24 hour access to the establishment and all common areas of the establishment;
  - 21) The right to a minimum of 30-day notice of any change in a fee or charge or the availability of a service;
  - 22) The right to a minimum of 90-day notice of a planned establishment closure;
  - 23) The right to a minimum of 30-day 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;
  - 24) The right to a 30-day notice of delinquency and at least 15 days right to cure delinquency. (Section 95 of the Act)
- b) Nothing in this Part is meant to limit a resident's right to choose his or her health care provider. (Section 75(h) of the Act)

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SECTION 295.6010 ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION  
PREVENTION AND REPORTING**

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**Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting**

- a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall:
- 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report.
  - 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report.
- b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following:
- 1) Dates, times, and description of the alleged abuse, neglect or financial exploitation;
  - 2) Description of any injury to the resident;
  - 3) Description of any change in the resident's physical, cognitive, functional, or emotional condition;
  - 4) Any actions taken by the licensee;
  - 5) A list of individuals and agencies interviewed or notified by the establishment;
  - 6) Names of witnesses to the alleged abuse, neglect, or financial exploitation; and
- 7) If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future.

**c) Establishment employees and volunteers are obligated to report abuse, neglect, or financial exploitation of a resident to the establishment management and to the Department.**

**d) When the establishment has a reasonable belief that abuse, neglect or financial exploitation occurred, the perpetrator, if an employee or volunteer, shall be removed from direct contact with residents.**

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SECTION 295.6030 RESIDENT'S REPRESENTATIVE**

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**Section 295.6030 Resident's Representative**

- a) Designation of a resident's representative may be accomplished through the Illinois Power of Attorney Act, pursuant to the guardianship process under the Probate Act of 1975, or pursuant to an executed designation of representative form specified by the Department.  
(Section 10 of the Act)
- b) The Department and the establishment shall recognize the authority of a resident's representative designated in accordance with this Section, a legally appointed guardian, an agent designated by the resident pursuant to the Powers of Attorney for Health Care Law, or a surrogate decision maker appointed in accordance with the Health Care Surrogate Act.
- c) The designation of a representative pursuant to the Department's form shall meet the following conditions:
- 1) The designation shall be in writing and be signed by the resident;
  - 2) Documentation of the designation shall be provided to the establishment; and
  - 3) The resident must be competent at the time of the designation.
- d) If a resident is not able to communicate his or her own needs in any manner, the resident's representative must reside in the establishment and have a prior relationship to the resident. (Section 75(c)(2) of the Act)

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SECTION 295.7000 RESIDENT RECORDS**

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**Section 295.7000 Resident Records**

- a) **Service delivery contracts and related documents executed by each resident or resident's representative shall be maintained by the establishment from the date of execution until three years after the date the contract is terminated. (Section 105 of the Act)**
- b) **An establishment shall maintain a resident's record that contains at least the following:**
  - 1) **The resident's name and Social Security number;**
  - 2) **The date of the resident's acceptance into the establishment and the last address of the resident;**
  - 3) **The names, addresses, and telephone numbers of the following:**
    - A) **The resident's representative, if applicable;**
    - B) **The resident's primary health care provider; and**
- C) **An individual or relative to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;**
  - 4) **The establishment contract and any amendments;**
  - 5) **Documentation of orientation to the evacuation plan;**
- 6) **Notation of assessments and evaluations conducted pursuant to Section 295.4000;**
  - 7) **The service plan, its amendments and updates;**
  - 8) **A health care directive, if disclosed and applicable;**
  - 9) **Notation of known accidents, incidents or injuries;**
- 10) **Documentation of any significant change in a resident's behavior or physical,**

**cognitive, or functional condition that would trigger an assessment or evaluation, and action taken by employees to address the resident's changing needs;**

- 11) A written notice of termination of residency, if applicable;**
  - 12) Documentation of relocation assistance provided to the resident, if applicable;**
    - 13) A negotiated risk agreement, if applicable;**
    - 14) Any express waiver of confidentiality;**
  - 15) If applicable, letters of guardianship, the resident's representative designation form, or durable power of attorney for health care; and**
  - 16) Orders from a licensed health care provider for medication that is to be administered by the establishment.**
- c) The resident, resident's representative, resident's guardian, or health care power of attorney is responsible for alerting the establishment of any changes to the information contained in the record.**
- d) An establishment shall ensure that a resident's record is:**
- 1) Confidential and only released with written permission from the resident or the representative, or as otherwise provided by law;**
  - 2) Maintained at the establishment;**
  - 3) Legibly recorded in ink or electronically recorded;**
- 4) Retained for 3 years from the date of termination of residency (closed records may be retained off-site); and**
- 5) Available for review by the resident or the resident's representative during normal business hours or at a time agreed upon by the resident and the manager.**
- e) An establishment shall ensure that a resident's financial records are maintained separate from a resident's record and are accessible only to individuals designated by the establishment.**
- f) The following resident records and supporting documents shall be made available for on-site inspection by the Department upon request at any time:**
- 1) Service delivery contracts and related documents executed by each resident or resident's representative, including, but not limited to, negotiated risk agreements;**
  - 2) Records supporting compliance with each individual contract and with this Part; and**
  - 3) Incident and accident reports that are required to be submitted to the Department.  
(Section 105 of the Act)**

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SECTION 295.7010 ESTABLISHMENT RECORDS**

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**Section 295.7010 Establishment Records**

**The establishment shall maintain the following records:**

- a) Reports of known resident injury requiring a physician's intervention;**
- b) Reports of abuse, neglect, or financial exploitation that are submitted to the Department pursuant to Section 295.6010;**
- c) Incident and accident reports that are required to be submitted to the Department;**
- d) Documentation of compliance with Section 295.3040 (Health Care Worker Background Check); and**
  - e) Quality improvement program.**

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SECTION 295.8000 FOOD SERVICE**

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**Section 295.8000 Food Service**

- a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met:
- 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements.
  - 2) Establishments that provide or contract for therapeutic diets as an optional service to residents shall employ or contract with a dietician. A therapeutic diet means a diet ordered by a physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet, or to provide food in a form that the resident is able to eat. The dietician shall approve written menus and diet extensions, assess the resident's special diet needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring the resident's acceptance of the diet. The frequency of the dietician's visits shall be determined by the resident's dietary needs and the establishment's ability to implement the diet. Special dietary services may be considered an additional service requiring an additional fee.
  - 3) Meals shall be nutritionally balanced. The establishment shall work with residents to accommodate residents' preferences.
  - 4) Menus shall be planned and made available at least 48 hours in advance.
  - 5) The establishment shall meet temporary needs for meals delivered to residents' rooms according to establishment policy.
  - 6) Snacks, fruits and beverages shall be available to residents. This may be met by vending machines, appliances in the residents' rooms, or provision by the establishment.
  - 7) A sufficient number of personnel shall be on duty to meet the dietary needs of the residents.
- b) This Section in no way limits a resident's choice regarding his/her diet.

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SECTION 295.9000 PHYSICAL PLANT**

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**Section 295.9000 Physical Plant**

- a) **The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32, New Residential Board and Care Occupancies.**
- b) **The establishment shall comply with local and State building codes for the building type and local ordinances, fire codes, and zoning requirements. In the case of a conflict between a local requirement and this Part, the more stringent requirement shall apply. The establishment may petition the Department for a determination as to which requirement is applicable. The Department shall respond within 30 days after receipt of the petition.**
- c) **The establishment shall comply with the accessibility standards of the Americans with Disabilities Act (ADA Accessibility Guidelines). (Section 20(1) of the Act)**
- d) **If the establishment is subject to the requirements of the Illinois Accessibility Code (71 Ill. Adm. Code 400), it shall be deemed residential or multi-story housing for determining the requirements under that code.**
- e) **The water supply shall comply with all applicable State codes and local ordinances. Each establishment shall be served by:**
  - 1) **Water from a municipal water system; or**
  - 2) **A water supply that complies with the Department's Drinking Water Systems Code (77 Ill. Adm. Code 900); or**
  - 3) **A water supply that complies with the Department's Public Area Sanitary Practice Code (77 Ill. Adm. Code 895).**
- f) **All sewage and liquid wastes shall be discharged into a public sewage disposal system or shall be collected, treated, and disposed of in a private sewage disposal system that is designed, constructed, maintained and operated in accordance with the Department's Private Sewage Disposal Code (77 Ill. Adm. Code 905).**
- g) **The Department may grant a waiver of physical plant standards in accordance with**

**Section 295.1090 of this Part (Waivers). Waivers will not be granted for compliance with the Life Safety Code; however, the Department will recognize equivalencies. The Department shall review waivers relating to physical plant standards issued pursuant to this Section at the time of the annual visits and shall renew waivers, unless:**

- 1) the condition of the physical plant has deteriorated or its use substantially changes so that the basis upon which the waiver was issued is materially different; or**
- 2) the establishment is renovated or substantially remodeled in such a way as to permit compliance with the applicable requirements without substantial increase in cost.**
- h) A resident unit shall not be used as access to a common room, common bathroom, or another bedroom or unit.**
- i) Each establishment shall provide individual mailboxes or mail delivery for residents.**
- j) An assisted living establishment shall have no units below ground level. A shared housing establishment may have units below ground level if the units have a window with direct access to the outside.**

**k) Illumination**

**Illumination systems shall be installed and maintained to ensure sufficient general lighting, lighting for reading, night lighting for corridors and stairwells, and lighting for emergency and disaster situations. Common areas shall be lighted to assure the safety of residents. Outdoor areas shall be adequately illuminated.**

**l) Telephone**

**A telephone shall be located in an area easily accessible to residents that allows for private conversations.**

- m) The establishment shall maintain a means of unlocking all doors, which may be used in emergency situations or as provided in the establishment contract.**

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SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE  
SECTION 295.9005 UNITS**

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**Section 295.9005 Units**

- a) Each unit in the establishment shall include, at a minimum, the following:
- 1) A lockable door. The key to the unit is to be kept by the resident. The establishment shall keep a key to all lockable doors, to be used only in the case of an emergency situation. The door lock shall be capable of being disabled if required by the resident's service plan.
  - 2) A telephone jack.
  - 3) An emergency communication response system 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. (Section 10 of the Act)
- b) To provide natural light and to provide safe egress in an emergency situation, a unit shall have:
- 1) A window to the outside; or
  - 2) A door made of glass to the outside.

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SECTION 295.9010 SUPPLEMENTAL PHYSICAL PLANT REQUIREMENTS FOR  
ASSISTED LIVING ESTABLISHMENTS**

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**Section 295.9010 Supplemental Physical Plant Requirements for Assisted Living Establishments**

- a) **Each unit shall have a bathroom that provides privacy when in use and that contains:**
  - 1) **An operational toilet;**
  - 2) **An operational sink, which may be provided in the same room as the toilet or in an adjacent room;**
  - 3) **A mirror, unless the resident's service plan requires otherwise;**
  - 4) **A means of ventilation or an operable window; and**
- 5) **Assistive devices such as grab bars, if identified in a resident's service plan, to provide for resident safety.**
- b) **Bathing facilities, whether provided in the unit or in a common room that is readily accessible to residents, shall meet the following requirements:**
  - 1) **All showers and bath tubs shall have slip-resistant surfaces;**
  - 2) **Assistive devices shall be provided if indicated by the resident's service plan;**
  - 3) **All tub enclosures and showers shall be of nonporous surfaces;**
  - 4) **Shared bathing rooms shall be lockable from the inside; and**
- 5) **If more than one shower or bath tub is provided in a common bathing room, privacy curtains shall be provided.**
- c) **Each unit shall accommodate small kitchen appliances. (Section 10 of the Act)**

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SECTION 295.9020 SUPPLEMENTAL PHYSICAL PLANT REQUIREMENTS FOR  
SHARED HOUSING ESTABLISHMENTS**

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**Section 295.9020 Supplemental Physical Plant Requirements for Shared Housing  
Establishments**

**Shared housing establishments shall provide at least one tub and/or shower for every six residents and one operational toilet and one sink for every four residents. Each bathroom shall provide privacy when in use and shall contain:**

- a) A mirror, unless the resident's service plan requires otherwise;**
- b) A means of ventilation or an operable window;**
- c) Nonporous surfaces for shower or tub enclosure and slip-resistant surfaces in tubs and showers; and**
- d) Grab bars for the toilet and tub or shower, and other assistive devices, to provide for resident safety if required in a resident's service plan.**

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SECTION 295.9030 FURNISHINGS**

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**Section 295.9030 Furnishings**

**Furnishings, if provided by the establishment, shall include, at a minimum:**

- a) A bed that is clean and in good repair;**
- b) Adequate general and task lighting;**
- c) Adjustable window covers that provide resident privacy; and**
- d) A dresser or other storage space for clothing and personal effects.**

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SECTION 295.9040 ENVIRONMENTAL REQUIREMENTS**

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**Section 295.9040 Environmental Requirements**

- a) The establishment shall be kept in a clean, safe and orderly condition and in good repair.
- b) The establishment shall be free of odors.
- c) The establishment shall be free of insects and rodents.
- d) Establishment garbage and refuse shall be stored in covered containers lined with plastic bags and shall be removed from the premises at least once a week.
- e) Hot water temperatures shall be maintained between 95° F and 120° F in the areas of an establishment used by residents.
- f) The supply of hot and cold water shall be sufficient to meet the personal hygiene needs of residents.
- g) Common bathrooms shall have toilet paper, soap and either cloth towels, paper towels, or a mechanical air hand dryer accessible to residents.
- h) The establishment shall have an effective means of protecting clean linen from contamination during handling, transport and storage.
- i) Soiled linen and soiled clothing stored by the establishment shall be stored in closed containers away from food storage, kitchen, and dining areas.
- j) Oxygen containers stored by the establishment shall be maintained in an upright position or as otherwise prescribed by the manufacturer.
- k) All cleaning compounds, insecticides, and other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms separate from food preparation and storage, dining areas, and medications.
- l) Combustible or flammable liquids and hazardous materials shall be stored in the original labeled containers or safety containers inaccessible to residents and in accordance

with State law.

**m) If the establishment allows pets or animals, they shall be:**

**1) Controlled to prevent endangering the residents and to maintain sanitation; and**

**2) Licensed and vaccinated consistent with local ordinances.**

**n) A first aid kit shall be available. First aid supplies shall include at least disposable bandage strips, sterile bandages or gauze pads, topical antiseptic solution, tweezers, scissors, tape, and disposable gloves.**

**o) Medical waste disposal:**

**1) Medical waste that is under the establishment's control shall be properly disposed of in compliance with State law.**

**2) Disposal of medical waste that is under a resident's control shall be addressed in the service plan.**

**p) The establishment shall notify the residents at least 24 hours before pesticide application to the establishment or the establishment grounds. The notice shall advise the resident of the name (either the common name, i.e., insect killer, or actual name) of the pesticide, method of application (i.e., spray, dust, etc.), and the date of application. The establishment may choose to meet this requirement by advising residents of the date of pending pesticide applications and who to contact for more complete information.**

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SECTION 295.APPENDIX A PHYSICIAN'S ASSESSMENT FORM**

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**Section 295.APPENDIX A Physician's Assessment Form**

Resident Name: \_\_\_\_\_ Resident Representative, If any: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

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Other Emergency Contact Person: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

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**Purpose of Assessment:**

Prior to Admission                      Annual                      Significant Change in Condition

**ESTABLISHMENT**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

The Assisted Living and Shared Housing Act requires every resident, prior to admission, annually and upon identification of significant change in condition, to receive a comprehensive physician's assessment. The assessment must include an evaluation of the person's physical, cognitive, and psychosocial condition.

The Act prohibits persons having certain conditions or limitations and requiring certain types of care from residing in an establishment. A list of these conditions, limitations, and types of care appears in **Part III** of this form.

**Part I – I certify that the following have been completed:**

a physical, psychosocial, and cognitive assessment;

written instructions for any needed home health services, including periodic nutritional and skin integrity assessments; and

instructions, as appropriate, contained in **Part II** of this form.

I further certify that in my professional judgement the person for whom this certification is being completed meets the conditions, limitations, and care requirements specified in the Assisted Living and Shared Housing Act and outlined in **Part III** of this form.

Signature:

**Physician Name:** \_\_\_\_\_  
(typed or printed)

**Physician ID Number:** \_\_\_\_\_

**Part II – Personal Services Needs:** Based on my assessment, the resident's condition warrants assistance with the following personal services: (note any specific needs and instruction)

Activity of Daily Living (ADL)	NO	YES	EXPLANATION
Eating	_____	_____	_____
Does resident have any special dietary needs?	_____	_____	_____
Dressing	_____	_____	_____
Toileting	_____	_____	_____
Transferring	_____	_____	_____
Bathing	_____	_____	_____

Personal Hygiene

\_\_\_\_\_

Can resident administer his/her own medication?

\_\_\_\_\_

Does resident require supervision when taking medications?

\_\_\_\_\_

Does resident require establishment personnel to administer medication?

\_\_\_\_\_

### **Part III – Residency Conditions, Care and Limitations**

#### **MUST**

- be an adult
- pose no serious threat to anyone (including self)
- be able to communicate needs
- not have a severe mental illness

#### **NOT NEED**

- total assistance with 2 or more ADLs\*
- assistance from more than 1 paid caregiver for any ADL\*
- more than minimal assistance to move to safe area in case of emergency\*
- 5 or more skilled nursing visits per week for conditions other than treatment of stage 3 or stage 4 decubitus ulcers (for a period not to exceed 3 consecutive weeks)

#### **NOT NEED (unless self-administered or administered by a qualified licensed health care professional)**

- intravenous and/or gastrostomy feeding therapies
- insertion, sterile irrigation, and replacement of catheter, except for routine maintenance\*
- sterile wound care
- sliding scale insulin administration and injections
- treatment of stage 3 or stage 4 decubitus ulcers or exfoliative dermatitis

\* Except for quadriplegic, paraplegic, or individuals with neuro-muscular disease

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**SECTION 295.TABLE A HEAT INDEX TABLE/APPARENT TEMPERATURE**

**Section 295.TABLE A Heat Index Table/Apparent Temperature**

**(Air Temperature (degrees Fahrenheit))**

	70	75	80	85	90	95	100	105	110	115	120	125	130	135
5	64	69	74	79	84	88	93	97	102	107	111	116	122	128
10	65	70	75	80	85	90	95	100	105	111	116	123	131	
15	65	71	76	81	86	91	97	102	108	115	123	131		
20	66	72	77	82	87	93	99	105	112	120	130	141		
25	66	72	77	83	88	94	101	109	117	127	139			
30	67	73	78	84	90	96	104	113	123	135	148			
35	67	73	79	85	91	98	107	118	130	143				
40	68	74	79	86	93	101	110	123	137	151				
45	68	74	80	87	95	104	115	129	143					
50	69	75	81	88	96	107	120	135	150					
55	69	75	81	89	98	110	126	142						
60	70	76	82	90	100	114	132	149						
65	70	76	83	91	102	119	138							
70	70	77	85	93	106	124	144							
75	70	77	86	95	109	130								
80	71	78	83	97	113	136								
85	71	78	87	99	117									
90	71	79	88	102	122									
95	71	79	89	105										

(Relative Humidity Percent)

