

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE**

Section 300.610 Resident Care Policies

- a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. (B)
- b) All the information contained in the policies shall be available to the public, staff, residents and for review by Department personnel.
- c) These written policies shall include, at a minimum the following provisions:
 - 1) Admission, transfer, and discharge of residents including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the facility from one room to another, and other types of transfers.
 - 2) Resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic service (including laboratory and x-ray). (B)
 - 3) There shall also be a policy prohibiting blood transfusions, unless the facility is hospital connected and appropriate services are available in case of an adverse reaction to the transfusions. (B)
- d) The facility shall have a written agreement with one or more hospitals which indicates the hospital or hospitals will provide the following services. This

requirement shall be waived when the facility can document to the satisfaction of the Department that by reason of remote location or refusal of local hospitals to enter an agreement, it is unable to effect such arrangements.

- 1) Emergency admissions.
- 2) Admission to a hospital of residents from the facility who are in need of hospital care.
- 3) Needed diagnostic services.
- 4) Any other hospital based services needed by the resident.

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

Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information

- a) For the purpose of this Section only, a nursing facility is any bed licensed as a skilled nursing or intermediate care facility bed, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or Medicaid program under Title XIX of the Social Security Act.
- b) *All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source.* (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met.
- c) *Any person who seeks to become eligible for medical assistance from the Medical Assistance program under the Illinois Public Aid Code to pay for long-term care services while residing in a facility shall be screened in accordance with 89 Ill. Adm. Code 140.642(b)(4).* (Section 2-201.5(a) of the Act)
- d) *Screening shall be administered through procedures established by administrative rule by the agency responsible for screening.* (Section 2-201.5(a) of the Act) The Illinois Department on Aging is responsible for the screening required in subsection (b) of this Section for individuals 60 years of age or older who are not developmentally disabled or do not have a severe mental illness. The Illinois Department of Human Services is responsible for the screening required in subsection (b) of this Section for

all individuals 18 through 59 years of age and for individuals 60 years of age or older who are developmentally disabled or have a severe mental illness. The Illinois Department of Healthcare and Family Services or its designee is responsible for the screening required in subsection (c) of this Section.

- e) *In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act [20 ILCS 2635] for all persons 18 or older seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)*
- f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.
- g) *If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.*
- h) *A waiver issued pursuant to Section 2-201.5 of the Act shall be valid only while the resident is immobile or while the criteria supporting the waiver exist. (Section 2-201.5(b) of the Act)*
- i) *The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility. If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident. (Section 2-201.5(b) of the Act) If a facility is unable to conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-201.5 of the Act.*

- j) *If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall immediately fax the resident's name and criminal history to the Department pursuant to the requirements of Section 2-201.6 of the Act and Section 300.625 of this Part. (Section 2-201.5(c) of the Act)*
- k) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Criminal History Analysis Report is pending.

(Source: Amended at 31 Ill. Reg. 6044, effective April 3, 2007)

Section 300.620 Admission, Retention and Discharge Policies

- a) All involuntary discharges and transfers shall be in accordance with Sections 3-401 through 3-423 of the Act.
- b) An individual who needs services that are not readily available in a particular facility, or through arrangement with a qualified outside resource, shall not be admitted to or kept in that facility. The Department defines a "qualified outside source" as one recognized as meeting professional standards for services provided.
- c) Each facility shall have a policy concerning the admission of persons needing prenatal and/or maternity care, and a policy concerning the keeping of such persons who become pregnant while they are residents of the facility. If these policies permit such persons to be admitted to or kept in the facility, then the facility shall have a policy concerning the provision of adequate and appropriate prenatal and maternity care to such individuals from in-house and/or outside resources. (See Section 300.3220.)
- d) No person shall be admitted to or kept in the facility:
 - 1) Who is at risk because the person is reasonably expected to self-inflict serious physical harm or to inflict serious physical harm on another person in the near future, as determined by professional evaluation;
 - 2) Who is destructive of property, if the destruction jeopardizes the safety of him/herself or others; or

- 3) Who is an identified offender, unless the requirements of Section 300.615 for new admissions and the requirements of Section 300.625 are met.
- e) No resident shall be admitted to the facility who is developmentally disabled and who needs programming for such conditions, as described in the rules governing intermediate care facilities for the developmentally disabled (77 Ill. Adm. Code 350). Such persons shall be admitted only to facilities licensed as intermediate care facilities for the developmentally disabled under 77 Ill. Adm. Code 350 or, if the person is under 18, to a long-term care facility for persons under 22 years of age that is licensed under 77 Ill. Adm. Code 390. Persons from 18 to 21 years of age in need of such care may be kept in either facility.
- f) Persons under 18 years of age may not be cared for in a facility for adults without prior written approval from the Department.
- g) A facility shall not refuse to discharge or transfer a resident when requested to do so by the resident or, if the resident is incompetent, by the resident's guardian.
- h) If a resident insists on being discharged and is discharged against medical advice, the facts involved in the situation shall be fully documented in the resident's clinical record.
- i) Persons with communicable, contagious, or infectious diseases may be admitted under the conditions and in accordance with the procedures specified in Section 300.1020.
- j) A facility shall not admit more residents than the number authorized by the license issued to it.

(Source: Amended at 31 Ill. Reg. 6044, effective April 3, 2007)

Section 300.624 Criminal History Background Checks for Persons Who Were Residents on May 10, 2006

- a) *The facility shall, by July 9, 2006, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons who were residents of the facility on May 10, 2006. (Section 2-201.5(b) of the Act)*
- b) If the current resident has already had a criminal history record check requested by that facility and performed subsequent to July 12, 2005, subsection (a) shall not apply.

- c) The facility shall be responsible for taking all steps necessary to ensure the safety of all residents while the results of the name-based background check are pending.

(Source: Added at 31 Ill. Reg. 6044, effective April 3, 2007)

Section 300.625 Identified Offenders

- a) *The facility shall review the results of the criminal history background checks immediately upon receipt of those checks. If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check unless the fingerprint-based check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.*
- b) *A waiver issued pursuant to Section 2-201.5 of the Act shall be valid only while the resident is immobile or while the criteria supporting the waiver exist.*
- c) *The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility.*
- d) *If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident. (Section 2-201.5(b) of the Act) If a facility is unable to conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-201.5(b) of the Act.*
- e) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Criminal History Analysis Report is pending.

- f) *If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall immediately fax the resident's name and criminal history information to the Department. (Section 2-201.5(c) of the Act)*
- g) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:
- 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. *If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release.*(Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.
 - 2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense, including compliance with Section 300.695 of this Part.
 - 3) *Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her right to ask whether any residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility.*
 - A) *The notice shall also be prominently posted within every licensed facility.*
 - B) *The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, www.isp.state.il.us, and*

that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, www.idoc.state.il.us. (Section 2-216 of the Act)

- 4) If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the resident's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain updated contact information in the resident's record. The record must also include the resident's criminal history record.
- h) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.
- i) Facilities must annually complete all of the steps required in subsection (g) of this Section for identified offenders. This requirement does not apply to residents who have not been discharged from the facility during the previous 12 months.
- j) For current residents who are identified offenders, the facility shall review the security measures listed in the Criminal History Analysis Report provided by the Department.
- k) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.
- l) *The facility shall incorporate the Criminal History Analysis Report into the identified offender's care plan. (Section 2-201.6(f) of the Act)*
- m) *If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Criminal History Analysis conducted pursuant to Section 2-201.6 of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act)*
- n) The facility's reliance on the Criminal History Analysis Report prepared pursuant to Section 2-201.6(d) of the Act shall not relieve or indemnify in any manner the facility's liability or responsibility with regard to the identified offender or other facility residents.

- o) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and must document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.
- p) Incident reports shall be submitted to the Division of Long-Term Care Field Operations in the Department's Office of Health Care Regulation in compliance with Section 300.690 of this Part. The facility shall review its placement determination of identified offenders based on incident reports involving the identified offender. In incident reports involving identified offenders, the facility must identify whether the incident involves substance abuse, aggressive behavior, or inappropriate sexual behavior, as well as any other behavior or activity that would be reasonably likely to cause harm to the identified offender or others. If the facility cannot protect the other residents from misconduct by the identified offender, then the facility shall transfer or discharge the identified offender in accordance with Section 300.3300 of this Part.
- q) The facility shall notify the appropriate local law enforcement agency, the Illinois Prisoner Review Board, or the Department of Corrections of the incident and whether it involved substance abuse, aggressive behavior, or inappropriate sexual behavior that would necessitate relocation of that resident.
- r) The facility shall develop procedures for implementing changes in resident care and facility policies when the resident no longer meets the definition of identified offender.

(Source: Amended at 31 Ill. Reg. 6044, effective April 3, 2007)

Section 300.626 Discharge Planning for Identified Offenders

- a) *If, based on the security measures listed in the Criminal History Analysis Report, a facility determines that it cannot manage the identified offender resident safely within the facility, it shall commence involuntary transfer or discharge proceedings pursuant to Section 3-402 of the Act and Section 300.3300 of this Part. (Section 2-201.6(g) of the Act)*
- b) All discharges and transfers shall be in accordance with Section 300.3300 of this Part.

- c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department.
- d) A facility that admits or retains an identified offender shall have in place policies and procedures for the discharge of an identified offender for reasons related to the individual's status as an identified offender, including, but not limited to:
 - 1) The facility's inability to meet the needs of the resident, based on Section 300.625 of this Part and subsection (a) of this Section;
 - 2) The facility's inability to provide the security measures necessary to protect facility residents, staff and visitors; or
 - 3) The physical safety of the resident, other residents, the facility staff, or facility visitors.
- e) Discharge planning shall be included as part of the plan of care developed in accordance with Section 300.625(k).

(Source: Amended at 31 Ill. Reg. 6044, effective April 3, 2007)

Section 300.627 Transfer of an Identified Offender

- a) *If, based on the security measures listed in the Criminal History Analysis Report, a facility determines that it cannot manage the identified offender resident safely within the facility, it shall commence involuntary transfer or discharge proceedings pursuant to Section 3-402 of the Act and Section 300.3300 of this Part. (Section 2-201.6(g) of the Act)*
- b) All discharges and transfers shall be in accordance with Section 300.3300 of this Part.
- c) When a resident who is an identified offender is transferred to another facility regulated by the Department, the Department of Healthcare and Family Services, or the Department of Human Services, the transferring facility shall notify the Department and the receiving facility that the individual is an identified offender before making the transfer.
- d) This notification must include all of the documentation required under Section 300.625 of this Part and subsection (a) of this Section, and the transferring facility must provide this information to the receiving facility to complete the discharge planning.

- e) If the following information has been provided to the transferring facility from the Department of Corrections, the transferring facility shall provide copies to the receiving facility before making the transfer:
- 1) *The mittimus and any pre-sentence investigation reports;*
 - 2) *The social evaluation prepared pursuant to Section 3-8-2 of the Unified Code of Corrections [730 ILCS 5/3-8-2];*
 - 3) *Any pre-release evaluation conducted pursuant to subsection (j) of Section 3-6-2 of the Unified Code of Corrections [730 ILCS 5/3-6-2];*
 - 4) *Reports of disciplinary infractions and dispositions;*
 - 5) *Any parole plan, including orders issued by the Illinois Prisoner Review Board and any violation reports and dispositions; and*
 - 6) *The name and contact information for the assigned parole agent and parole supervisor. (Section 3-14-1 of the Unified Code of Corrections)*
- f) The information required by this Section shall be provided upon transfer. Information compiled concerning an identified offender must not be further disseminated except to the resident; the resident's legal representative; law enforcement agencies; the resident's parole or probation officer; the Division of Long Term Care Field Operations in the Department's Office of Health Care Regulation; other facilities licensed by the Department, the Illinois Department of Healthcare and Family Services, or the Illinois Department of Human Services that are or will be providing care to the resident, or are considering whether to do so; health care and social service providers licensed by the Illinois Department of Financial and Professional Regulation who are or will be providing care to the resident, or are considering whether to do so; health care facilities and providers in other states that are licensed and/or regulated in their home state and would be authorized to receive this information if they were in Illinois.

(Source: Amended at 31 Ill. Reg. 6044, effective April 3, 2007)

Section 300.630 Contract Between Resident and Facility

- a) Contract Execution

- 1) *Before a person is admitted to a facility, or at the expiration of the period of previous contract, or when the source of payment for the resident's care changes from private to public funds or from public to private funds, a written contract shall be executed between a licensee and the following in order of priority:*
 - A) *The person, or if the person is a minor, his parent or guardian; or*
 - B) *The person's guardian, if any, or agent, if any, as defined in Section 2-3 of the Illinois Power of Attorney Act; or*
 - C) *A member of the person's immediate family. (Section 2-202(a) of the Act)*
- 2) *An adult person shall be presumed to have the capacity to contract for admission to a long-term care facility unless he has been adjudicated a "disabled person" within the meaning of Section 11a-2 of the Probate Act of 1975, or unless a petition for such an adjudication is pending in a circuit court of Illinois. (Section 2-202(a) of the Act)*
- 3) *If there is no guardian, agent or member of the person's immediate family available, able or willing to execute the contract required by Section 2-202 of the Act and a physician determines that a person is so disabled as to be unable to consent to placement in a facility, or if a person has already been found to be a "disabled person," but no order has been entered allowing residential placement of the person, that person may be admitted to a facility before the execution of a contract required by that Section; provided that a petition for guardianship or for modification of guardianship is filed within 15 days of the person's admission to a facility, and provided further that such a contract is executed within ten days of the disposition of the petition. (Section 2-202(a) of the Act)*
- 4) *No adult shall be admitted to a facility if he objects, orally or in writing, to such admission, except as otherwise provided in Chapters III and IV of the Mental Health and Developmental Disabilities Code, or Section 11a-14.1 of the Probate Act of 1975. (Section 2-202(a) of the Act)*
- 5) *If on the effective date of this Part, a person has not executed a contract as required by Section 2-202 of the Act, then such a contract shall be executed by, or on behalf of, the person, within ten days of the effective date of this Part, unless a petition has been*

filed for guardianship or modification of guardianship. If a petition for guardianship or modification of guardianship has been filed, and there is no guardian, agent or a member of the person's immediate family available, able, or willing to execute the contract at that time, then a contract shall be executed within ten days of the disposition of such petition.

- b) The contract shall be clearly and unambiguously entitled, "Contract Between Resident and (name of facility)."
- c) *Before a licensee (any facility licensed under the Act) enters a contract under Section 2-202 of the Act, it shall provide the prospective resident and his guardian, if any, with written notice of the licensee's policy regarding discharge of a resident whose private funds for payment of care are exhausted. (Section 2-202(a) of the Act)*
- d) *A resident shall not be discharged or transferred at the expiration of the term of a contract, except as provided in Sections 3-401 through 3-423 of the Act. (Section 2-202(b) of the Act)*
- e) *At the time of the resident's admission to the facility, a copy of the contract shall be given to the resident, his guardian, if any, and any other person who executed the contract. (Section 2-220(c) of the Act)*
- f) The contract shall be signed by the licensee or his agent. The title of each person signing the contract for the facility shall be clearly indicated next to each such signature. The nursing home administrator may sign as the agent of the licensee.
- g) The contract shall be signed by, or for, the resident, as described in subsection (a) of this Section. If any person other than the principal signatory is to be held individually responsible for payments due under the contract, that person shall also sign the contract on a separate signature line labelled "signature of responsible party" or "signature of guarantor."
- h) The contract shall include a definition of "responsible party" or "guarantor," which describes in full the liability incurred by any such person.
- i) *A copy of the contract for a resident who is supported by nonpublic funds other than the resident's own funds shall be made available to the person providing the funds for the resident's support. (Section 2-202(d) of the Act)*

- j) *The original or a copy of the contract shall be maintained in the facility and be made available upon request to representatives of the Department and the Department of Public Aid. (Section 2-202(e) of the Act)*
- k) *The contract shall be written in clear and unambiguous language and shall be printed in not less than 12 point type. (Section 2-202(f) of the Act)*
- l) *The contract shall specify the term of the contract. (Section 2-202(g)(1) of the Act) The term can be until a certain date or event. If a certain date is specified in the contract, an addendum can extend the term of the contract to another date certain or on a month-to-month basis.*
- m) *The contract shall specify the services to be provided under the contract and the charges for the services. (Section 2-202(g)(2) of the Act) A paragraph shall itemize the services and products to be provided by the facility and express the costs of the itemized services and products to be provided either in terms of a daily, weekly, monthly or yearly rate, or in terms of a single fee. The contract may provide that the charges for services may be changed with thirty (30) days advance written notice to the resident or the person executing the contract on behalf of the resident. The resident or the person executing the contract on behalf of the resident may either assent to the change or choose to terminate the contract at any time within 30 days of the receipt of the written notice of the change. The written notice shall become an addendum to the contract.*
- n) *The contract shall specify the services that may be provided to supplement the contract and the charges for the services. (Section 2-202(g)(3) of the Act)*
 - 1) A paragraph shall itemize all services and products offered by the facility or related institutions which are not covered by the rate or fee established in subsection (m) of this Section. If a separate rate or fee for any such supplemental service or product can be calculated with definiteness at the time the contract is executed, then such additional cost shall be specified in the contract.
 - 2) If the cost of any itemized service or product to be provided to the resident by the facility or related institutions cannot be established or predicted with definiteness at the time of the resident's admission to the facility or at the time of the execution of the contract, then no cost for that service or product need be stated in the contract. But the contract shall include a statement explaining the resident's liability for such itemized service or product and explaining that the resident will be receiving a bill for such

itemized service or product beyond and in addition to any rate or fee set forth in the contract.

- 3) The contract may provide that the charges for services and products not covered by the rate or fee established in subsection (m) may be changed with thirty (30) days advance written notice to the resident or the person executing the contract on behalf of the resident. The resident or the person executing the contract on behalf of the resident may either assent to the change or choose to terminate the contract at any time within 30 days of the receipt of the written notice of the change. The written notice shall become an addendum to the contract.
- o) *The contract shall specify the sources liable for payment due under the contract.*(Section 2-202(g)(4) of the Act)
- p) *The contract shall specify the amount of deposit paid.* (Section 2-202(g)(5) of the Act) Such amount shall be expressed in terms of a precise number of dollars and be clearly designated as a deposit. The contract shall specify when such deposit shall be paid by the resident, and the contract shall specify when such deposit shall be returned by the facility. The contract shall specify the conditions (if any) which must be satisfied by the resident before the facility shall return the deposit. Upon the satisfaction of all such conditions, the deposit shall be returned to the resident. If the deposit is nonrefundable, the contract shall provide express notice of such nonrefundability.
- q) *The contract shall specify the rights, duties and obligations of the resident, except that the specification of a resident's rights may be furnished on a separate document which complies with the requirements of Section 2-211 of the Act.* (Section 2-202(g)(6) of the Act)
- r) *The contract shall designate the name of the resident's representative, if any. The resident shall provide the facility with a copy of the written agreement between the resident and the resident's representative which authorizes the resident's representative to inspect and copy the resident's records and authorizes the resident's representative to execute the contract on behalf of the resident required by Section 2-202 of the Act.* (Section 2-202(h) of the Act)
- s) *The contract shall provide that if the resident is compelled by a change in physical or mental health to leave the facility, the contract and all obligations under it shall terminate on seven days notice. No prior notice of termination of the contract shall be required, however, in the case of a resident's death. The contract shall also provide that in all other situations, a resident may terminate the contract and all obligations under*

it with 30 days notice. All charges shall be prorated as of the date on which the contract terminates, and, if any payments have been made in advance, the excess shall be refunded to the resident. This provision shall not apply to life-care contracts through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life nor to continuing-care contracts through which a facility agrees to supplement all available forms of financial support in providing maintenance and care for a resident throughout the remainder of the resident's life. (Section 2-202(i) of the Act)

- t) *All facilities which offer to provide a resident with nursing services, medical services or personal care services, in addition to maintenance services, conditioned upon the transfer of an entrance fee to the provider of such services in addition to or in lieu of the payment of regular periodic charges for the care and services involved, for a term in excess of one year or for life pursuant to a life care contract, shall meet all of the provisions of the Life Care Facilities Act (Ill. Rev. Stat. 1991, ch. 111½, par. 4160-1 et seq.) [210 ILCS 40], including the obtaining of a permit from the Department, before they may enter into such contracts. (Section 2(c) of the Life Care Facilities Act)*

- u) *In addition to all other contract specifications contained in this Section, admission contracts shall also specify:*
 - 1) *whether the facility accepts Medicaid clients;*
 - 2) *whether the facility requires a deposit of the resident or his family prior to the establishment of Medicaid eligibility;*
 - 3) *in the event that a deposit is required, a clear and concise statement of the procedure to be followed for the return of such deposit to the resident or the appropriate family member or guardian of the person;*
 - 4) *that all deposits made to a facility by a resident, or on behalf of a resident, shall be returned by the facility within 30 days of the establishment of Medicaid eligibility, unless such deposits must be drawn upon or encumbered in accordance with Medicaid eligibility requirements established by the Illinois Department of Public Aid. (Section 2-202(j) of the Act)*

- v) *It shall be a business offense for a facility to knowingly and intentionally both retain a resident's deposit and accept Medicaid payments on behalf of the resident. (Section 2-202(k) of the Act)*

(Source: Amended at 18 Ill. Reg. 15868, effective October 15, 1994)

Section 300.640 Residents' Advisory Council

- a) *Each facility shall establish a residents' advisory council consisting of at least five resident members. If there are not five residents capable of functioning on the residents' advisory council, as determined by the Interdisciplinary Team, residents' representatives shall take the place of the required number of residents. The administrator shall designate another member of the facility staff other than the administrator to coordinate the establishment of, and render assistance to, the council.* (Section 2-203 of the Act)
- b) Each facility shall develop and implement a plan for assuring a liaison with concerned individuals and groups in the local community. Ways in which this requirement can be met include, but are not limited to, the following:
 - 1) the inclusion of community members such as volunteers, family members, residents' friends, residents' advocates, or community representatives, etc. on the council;
 - 2) the establishment of a separate community advisory group with persons of the residents' choosing; or
 - 3) finding a church or civic group to "adopt" the facility.
- c) The resident members shall be elected to the council by vote of their fellow residents and the nonresident members shall be elected to the council by vote of the resident members of the council.
- d) In facilities of 50 or fewer beds, the council may consist of all of the residents of the facility, if the residents choose to operate this way.
- e) All residents' advisory councils shall elect at least a Chairperson or President and a Vice Chairperson or Vice President from among the members of the council. These persons shall preside at the meetings of the council, assisted by the facility staff person designated by the administrator to provide such assistance.
- f) Some facilities may wish to establish mini-residents' advisory councils for various smaller units within the facility. If this is done, each such unit shall be represented on an overall facility residents' advisory council with the composition described in subsection (a) of this Section.
- g) All residents' advisory council meetings shall be open to participation by all residents and by their representatives.

- h) *No employee or affiliate of any facility shall be a member of any council. Such persons may attend to discuss interests or functions of the non-members when invited by a majority of the officers of the council. (Section 2-203(a) of the Act)*
- i) *The council shall meet at least once each month with the staff coordinator who shall provide assistance to the council in preparing and disseminating a report of each meeting to all residents, the administrator, and the staff. (Section 2-203(b) of the Act)*
- j) *Records of the council meetings shall be maintained in the office of the administrator. (Section 2-203(c) of the Act)*
- k) *The residents' advisory council may communicate to the administrator the opinions and concerns of the residents. The council shall review procedures for implementing resident rights and facility responsibilities and make recommendations for changes or additions which will strengthen the facility's policies and procedures as they affect residents' rights and facility responsibilities. (Section 2-203(d) of the Act)*
- l) *The council shall be a forum for:*
 - 1) *Obtaining and disseminating information;*
 - 2) *Soliciting and adopting recommendations for facility programming and improvements;*
 - 3) *Early identification of problems;*
 - 4) *Recommending orderly resolution of problems. (Section 2-203(e) of the Act)*
- m) *The council may present complaints on behalf of a resident to the Department, or to any other person it considers appropriate. (Section 2-203(f) of the Act)*
- n) Families and friends of residents who live in the community retain the right to form family councils.
 - 1) If there is a family council in the facility, or if one is formed at the request of family members or the ombudsman, a facility shall make information about the family council available to all current and prospective residents, their families and their representatives. The information shall be provided by the family council, prospective members or the ombudsman.

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

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

Section 300.650 Personnel Policies

- a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section.
- b) Employee Records
 - 1) Employment application forms shall be completed for each employee and kept on file in the facility. Completed forms shall be available to Department personnel for review.
 - 2) Individual personnel files for each employee shall contain date of birth; home address; educational background; experience, including types and places of employment; date of employment and position employed to fill in this facility; and (if no longer employed in this facility) last date employed and reasons for leaving.
 - 3) Individual personnel files for each employee shall also contain health records, including the initial health evaluation and the results of the tuberculin skin test required under Section 300.655, and any other pertinent health records.
 - 4) Individual personnel records for each employee shall also contain records of evaluation of performance.
- c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.
- d) The facility shall check the status of all applicants with the Nurse Aide Registry prior to hiring.
- e) All personnel shall have either training or experience, or both, in the job assigned to them.
- f) Orientation and In-Service Training

- 1) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures for resident care services before being assigned to provide direct care to residents. This orientation program shall include information on the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.
- 2) All employees, except student interns shall attend in-service training programs pertaining to their assigned duties at least annually. These in-service training programs shall include the facility's policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include information on the prevention and treatment of decubitus ulcers. In-service training concerning dietary services shall include information on the effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and of personnel attending each session shall be kept.
 - g) Employees shall be assigned duties that are directly related to their functions, as identified in their job descriptions. Exceptions may be made in emergencies.
 - h) Personnel policies shall include a plan to provide personnel coverage for regular staff when they are absent.
 - i) Every facility shall have a current, dated weekly employee time schedule posted where employees may refer to it. This schedule shall contain the employee's name, job title, shift assignment, hours of work, and days off. The schedule shall be kept on file in the facility for one year after the week for which the schedule was used.

(Source: Amended at 26 Ill. Reg. 10523, effective July 1, 2002)

Section 300.655 Initial Health Evaluation for Employees

- a) Each employee shall have an initial health evaluation which shall be used to insure that employees are not placed in positions which 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 the employee beginning employment in the facility. The evaluation shall be completed not more than 30 days after the employee begins employment in the facility.
- c) The initial health evaluation shall include a health inventory. This inventory shall be obtained from the employee and shall include the employee's immunization status and any available history of conditions which would predispose the employee to acquiring or transmitting infectious diseases. This inventory shall include any history of exposure to, or treatment for, tuberculosis. The inventory shall also include any history of hepatitis, dermatologic conditions, or chronic draining infections or open wounds.
- d) The initial health evaluation shall include a physical examination. The examination shall include at a minimum any procedures needed in order to:
 - 1) Detect any unusual susceptibility to infection and any conditions which would increase the likelihood of the transmission of disease to residents, other employees, or visitors.
 - 2) Determine that the employee appears to be physically able to perform the job functions which the facility intends to assign to the employee.
- e) The initial health evaluation shall include a tuberculin skin test which is conducted in accordance with the requirements of Section 300.1025. The test must meet one of the following timeframes:
 - 1) The test must be completed no more than 90 days prior to the date of initial employment in the facility, or
 - 2) The test must be commenced no more than ten days after the date of initial employment in the facility.

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

Section 300.660 Nursing Assistants

- a) *A facility shall not employ an individual as a nurse aide unless the facility has inquired of the Department as to information in the Registry concerning the individual.* (Section 3-206.01 of the Act) The Department shall advise the inquirer if the individual is on the Registry, if the individual has findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act, and if the individual has a current background check. (See Section 300.661 of this Part.)
- b) The facility shall ensure that each nursing assistant complies with one of the following conditions:
- 1) Is approved on the Department's Nurse Aide Registry. "Approved" means that the nurse aide has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver.
 - 2) Begins a Department approved Basic Nursing Assistant Training Program (see 77 Ill. Adm. Code 395) no later than 45 days after employment. The nursing assistant shall successfully complete the training program within 120 days after the date of initial employment. A nursing assistant enrolled in a program approved in accordance with 77 Ill. Adm. Code 395.150(a)(2) shall not be employed more than 120 days prior to successfully completing the program.
 - 3) Within 120 days after initial employment, submits documentation to the Department in accordance with Section 300.663 of this Part to be registered on the Nurse Aide Registry.
- c) Each person employed by the facility as a nursing assistant shall meet each of the following requirements:
- 1) *Be at least sixteen years of age, of temperate habits and good moral character, honest, reliable and trustworthy* (Section 3-206(a)(1) of the Act);
 - 2) *Be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents* (Section 3-206(a)(2) of the Act);
 - 3) *Provide evidence of prior employment or occupation, if any, and residence for two years prior to present employment as a nursing assistant* (Section 3-206(a)(3) of the Act);

- 4) *Have completed at least eight years of grade school or provide proof of equivalent knowledge* (Section 3-206(a)(4) of the Act).
- d) The facility shall certify that each nursing assistant employed by the facility meets the requirements of this Section. Such certification shall be retained by the facility as part of the employee's personnel record.
- e) During inspections of the facility, the Department may require nursing assistants to demonstrate competency in the principles, techniques, and procedures covered by the basic nursing assistant training program curriculum described in 77 Ill. Adm. Code 395, when possible problems in the care provided by aides or other evidences of inadequate training are observed. The State approved manual skills evaluation testing format and forms will be used to determine competency of a nursing assistant when appropriate. Failure to demonstrate competency of the principles, techniques and procedures shall result in the provision of in-service training to the individual by the facility. The in-service training shall address the basic nursing assistant training principles and techniques relative to the procedures in which the nursing assistants are found to be deficient during inspection (see 77 Ill. Adm. Code 395).

(Source: Amended at 23 Ill. Reg. 8106, effective July 15, 1999)

Section 300.661 Health Care Worker Background Check

A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).

(Source: Amended at 29 Ill. Reg. 12852, effective August 2, 2005)

Section 300.662 Resident Attendants

- a) *As used in this Section, "resident attendant" means an individual who assists residents in a facility with the following activities:*
 - 1) *eating and drinking; and*
 - 2) *personal hygiene limited to washing a resident's hands and face, brushing and combing a resident's hair, oral hygiene, shaving residents with an electric razor, and applying makeup.* (Section 3-206.03(a) of the Act)
- b) *The term "resident attendant" does not include an individual who:*

- 1) *is a licensed health professional or a registered dietitian;*
 - 2) *volunteers without monetary compensation;*
 - 3) *is a nursing assistant; or*
 - 4) *performs any nursing or nursing-related services for residents of a facility.*(Section 3-206.03(b) of the Act)
- c) *A facility may employ resident attendants to assist the nurse aides with the activities authorized under subsection (a) of this Section. The resident attendants shall not count in the minimum staffing requirements under this Part. (Section 3-206.03(b) of the Act)*
- d) Each person employed by the facility as a resident attendant shall meet the following requirements:
- 1) Be at least 16 years of age; and
 - 2) Be able to speak and understand the English language or a language understood by a substantial percentage of the facility's residents.
- e) Resident attendants shall be supervised by and shall report to a nurse.
- f) The facility shall develop and implement policies and procedures concerning the duties of resident attendants in accordance with this Section, and shall document such duties in a written job description.
- g) As part of the comprehensive assessment (see Section 300.1220), each resident shall be evaluated to determine whether the resident may or may not be fed, hydrated or provided personal hygiene by a resident attendant. Such evaluation shall include, but not be limited to, the resident's level of care; the resident's functional status in regard to feeding, hydration, and personal hygiene; the resident's ability to cooperate and communicate with staff.
- h) *A facility may not use on a full-time or other paid basis any individual as a resident attendant in the facility unless the individual:*
- 1) *has completed a Department-approved training and competency evaluation program encompassing the tasks the individual provides; and*

- 2) *is competent to provide feeding, hydration, and personal hygiene services.*(Section 3-206.03(c) of the Act) The individual shall be deemed to be competent if he/she is able to perform a hands-on return demonstration of the required skills, as determined by a nurse.
- i) The facility shall maintain documentation of completion of the training program and determination of competency for each person employed as a resident attendant.
- j) *A facility-based training and competency evaluation program shall be conducted by a nurse and/or dietician and shall include one or more of the following units:*
 - 1) *A feeding unit that is at least five hours in length and that is specific to the needs of the residents, and that includes the anatomy of digestion and swallowing; feeding techniques; developing an awareness of eating limitations; potential feeding problems and complications; resident identification; necessary equipment and materials; resident privacy; handwashing; use of disposable gloves; verbal and nonverbal communication skills; behavioral issues and management techniques; signs of choking; signs and symptoms of aspiration; and Heimlich maneuver;*
 - 2) *A hydration unit that is at least three hours in length and that includes the anatomy of digestion and swallowing; hydration technique; resident identification; necessary equipment and materials; potential hydration problems and complications; verbal and nonverbal communication skills; behavioral issues and management techniques; use of disposable gloves; signs of choking; signs and symptoms of aspiration; handwashing; and resident privacy;*
 - 3) *A personal hygiene unit that is at least five hours in length and includes oral hygiene technique, denture care; potential oral hygiene problems and complications; resident identification; verbal and nonverbal communication skills; behavioral issues and management techniques; resident privacy; handwashing; use of disposable gloves; hair combing and brushing; face and handwashing technique; necessary equipment and materials; shaving technique. (Section 3-206.03(d) of the Act)*
- k) All training shall also include a unit in safety and resident rights that is at least five hours in length and that includes resident rights; fire safety, use of a fire extinguisher, evacuation procedures; emergency and disaster preparedness; infection control; and use of the call system.

- l) Each resident attendant shall be given instruction by a nurse or dietician concerning the specific feeding, hydration, and/or personal hygiene care needs of the resident whom he or she will be assigned to assist.
- m) *Training programs shall be reviewed and approved by the Department every two years. (Section 3-206.03(d) of the Act)*
- n) Training programs shall not be implemented prior to initial Department approval.
- o) Application for initial approval of facility-based and non-facility-based training programs shall be in writing and shall include:
 - 1) An outline containing the methodology, content, and objectives for the training program. The outline shall address the curriculum requirements set forth in subsection (h) of this Section for each unit included in the program;
 - 2) A schedule for the training program;
 - 3) Resumes describing the education, experience, and qualifications of each program instructor, including a copy of any valid Illinois licenses, as applicable; and
 - 4) A copy or description of the tools that will be used to evaluate competency.
- p) The Department will evaluate the initial application and proposed program for conformance to the program requirements contained in this Section. Based on this review, the Department will:
 - 1) Grant approval of the proposed program for a period of two years;
 - 2) Grant approval of the proposed program contingent on the receipt of additional materials, or revision, needed to remedy any minor deficiencies in the application or proposed program, which would not prevent the program from being implemented, such as deficiencies in the number of hours assigned to cover different areas of content, which can be corrected by submitting a revised schedule or outline; or
 - 3) Deny approval of the proposed program based on major deficiencies in the application or proposed program that would prevent the program from being implemented, such as deficiencies in the qualifications of instructors or missing areas of content.

- q) Programs shall be resubmitted to the Department for review within 60 days prior to expiration of program approval.
- r) If the Department finds that an approved program does not comply with the requirements of this Section, the Department will notify the facility in writing of non-compliance of the program and the reason for the finding.
- s) If the Department finds that any conditions stated in the written notice of non-compliance issued under subsection (r) of this Section have not been corrected within 30 days after the date of issuance of such notice, the Department will revoke its approval of the program.
- t) Any change in program content or objectives shall be submitted to the Department at least 30 days prior to program delivery. The Department will review the proposed change based on the requirements of this Section and will either approve or disapprove the change. The Department will notify the facility in writing of the approval or disapproval.
- u) *A person seeking employment as a resident attendant is subject to the Health Care Worker Background Check Act (Section 3-206.03(f) of the Act) and Section 300.661 of this Part.*

(Source: Added at 24 Ill. Reg. 17330, effective November 1, 2000)

Section 300.663 Registry of Certified Nursing Assistants

- a) An individual will be placed on the Nurse Aide Registry when he/she has successfully completed a training program approved in accordance with the Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395) and has met background check information required in Section 300.661 of this Part, and when there are no findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act.
- b) An individual will be placed on the Nurse Aide Registry if he/she has met background check information required in Section 300.661 of this Part and submits documentation supporting one of the following equivalencies:
 - 1) Documentation of current registration from another state indicating that the requirements of 42 CFR 483.151 – 483.156 (October 1, 1997, no further amendments or editions included) have been met and that there are no documented findings of abuse, neglect, or misappropriation of property.

- 2) Documentation of successful completion of a nursing arts course (e.g., Basics in Nursing, Fundamentals of Nursing, Nursing 101) with at least 40 hours of supervised clinical experience in an accredited nurse training program as evidenced by a diploma, certificate or other written verification from the school and, within 120 days after employment, successful completion of the written portion of the Department-established nursing assistant competency test.
- 3) Documentation of successful completion of a United States military training program that includes the content of the Basic Nursing Assistant Training Program (see 77 Ill. Adm. Code 395) and at least 40 hours of supervised clinical experience, as evidenced by a diploma, certification, DD-214, or other written verification, and, within 120 days after employment, successful completion of the written portion of the Department established nursing assistant competency test.
- 4) Documentation of completion of a nursing program in a foreign country, including the following, and, within 120 days after employment, successful completion of the written portion of the Department-established nursing assistant competency test:
 - A) A copy of the license, diploma, registration or other proof of completion of the program;
 - B) A copy of the Social Security card; and
 - C) Visa or proof of citizenship.
- c) An individual shall notify the Nurse Aide Registry *of any change of address within 30 days* and of any name change within 30 days and shall submit proof of any name change to the Department. (Section 3-206.01 of the Act)

(Source: Amended at 26 Ill. Reg. 4846, effective April 1, 2002)

Section 300.665 Student Interns

- a) No person who meets the definition of student intern in Section 300.330 shall be required to complete a current course of training for nursing assistants.
- b) The facility may utilize student interns to perform basic nursing assistant skills for which they have been evaluated and deemed competent by an

approved evaluator using the State approved manual skills competency evaluation testing format and forms (see 77 Ill. Adm. Code 395.300), but shall not allow interns to provide rehabilitation nursing (see Section 300.1210(b), in-bed bathing, assistance with skin care, foot care, or to administer enemas, except under the direct, immediate supervision of a licensed nurse.

- c) No facility shall have more than fifteen percent of its nursing assistant staff positions held by student interns.

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

Section 300.670 Disaster Preparedness

- a) For the purpose of this Section only, "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 facility.
- b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow. The plan shall include, but not be limited to, the following:
 - 1) Proper instruction in the use of fire extinguishers for all personnel employed on the premises;
 - 2) A diagram of the evacuation route, which shall be posted and made familiar to all personnel employed on the premises;
 - 3) A written plan for moving residents to safe locations within the facility in the event of a tornado warning or severe thunderstorm warning; and
 - 4) An established means of facility notification when the National Weather Service issues a tornado or severe thunderstorm warning that covers the area in which the facility is located. The notification mechanism shall be other than commercial radio or television. Approved notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the facility, or arrangements with local public safety agencies (police, fire, emergency management agency) to be notified if a warning is issued.

- c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. 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; and
 - 3) Evaluate the effectiveness of disaster plans and procedures.
- d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.
- e) The facility shall provide for the evacuation of physically handicapped persons, including those who are hearing or sight impaired.
- f) If the welfare of the residents precludes an actual evacuation of an entire building, the facility shall conduct drills involving the evacuation of successive portions of the building under conditions that assure the capability of evacuating the entire building with the personnel usually available, should the need arise.
- g) A written evaluation of each drill shall be submitted to the facility administrator and shall be maintained for one year.
- h) A written plan shall be developed for temporarily relocating the residents for any disaster requiring relocation and at any time that the temperature in residents' bedrooms falls below 55°F. for 12 hours or more.
- i) Reporting of Disasters
 - 1) Upon the occurrence of any disaster requiring hospital service, police, fire department or coroner, the facility administrator or designee shall provide a preliminary report to the Department either by using the nursing home hotline or by directly contacting the appropriate Department Regional Office during business hours. This preliminary report shall include, at a minimum:
 - A) The name and location of the facility;
 - B) The type of disaster;
 - C) The number of injuries or deaths to residents;

- D) The number of beds not usable due to the occurrence;
 - E) An estimate of the extent of damages to the facility;
 - F) The type of assistance needed, if any; and
 - G) A list of other State or local agencies notified about the problem.
- 2) If the disaster will not require direct Departmental assistance, the facility shall provide a preliminary report within 24 hours after the occurrence. Additionally, the facility shall submit a full written account to the Department within seven days after the occurrence, which includes the information specified in subsection (i)(1) of this Section and a statement of actions taken by the facility after the preliminary report.
- j) Each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature (see Section 300. Table D), as established by the National Oceanic and Atmospheric Administration, inside the facility exceeds 80°F.
- k) Coordination with Local Authorities
- 1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction.
 - 2) Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2610(b), to the local health authority and local emergency management agency having jurisdiction.
 - 3) Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local emergency management agency having jurisdiction. The facility shall inform the local health authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.
 - 4) When requested by the local health authority and the local emergency management agency, the facility shall participate in emergency planning activities.

(Source: Amended at 34 Ill. Reg. 19182, effective November 23, 2010)

Section 300.680 Restraints

- a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel.
- b) No physical restraints with locks shall be used.
- c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience.
- d) The use of chemical restraints is prohibited.

(Source: Amended at 20 Ill. Reg. 12208, effective September 10, 1996)

Section 300.682 Nonemergency Use of Physical Restraints

- a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on:
 - 1) the assessment of the resident's capabilities and an evaluation and *trial of less restrictive* alternatives that could prove effective;
 - 2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or

her *highest practicable physical, mental or psychosocial well being*;

- 3) consultation with appropriate health professionals, such as rehabilitation nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and
 - 4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the *highest practicable physical, mental or psychosocial well being*. (Section 2-106(c) of the Act)
- b) A physical restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106(c) of the Act) Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact.
 - c) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used.
 - d) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than 5 days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing.
 - e) A physical restraint may be applied only by staff trained in the application of the particular type of restraint. (Section 2-106(d) Act)
 - f) Whenever a period of use of a physical restraint is initiated, the resident shall be advised of his or her right to have a person or organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the physical restraint. A period of use is initiated when a physical restraint is applied to a resident for the first time under a

new or renewed informed consent for the use of physical restraints. *A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the physical restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the physical restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted.* (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information in writing to the Guardianship and Advocacy Commission:

- 1) the reason the physical restraint was needed;
 - 2) the type of physical restraint that was used;
 - 3) the interventions utilized or considered prior to physical restraint and the impact of these interventions;
 - 4) the length of time the physical restraint was to be applied; and
 - 5) the name and title of the facility person who should be contacted for further information.
- g) *Whenever a physical restraint is used on a resident whose primary mode of communication is sign language, the resident shall be permitted to have his or her hands free from restraint for brief periods each hour, except when this freedom may result in physical harm to the resident or others.* (Section 2-106(f) of the Act)
- h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well being.
- i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate.
- j) No form of seclusion shall be permitted.

(Source: Added at 20 Ill. Reg. 12208, effective September 10, 1996)

Section 300.684 Emergency Use of Physical Restraints

- a) *If a resident needs emergency care, physical restraints may be used for brief periods to permit treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question. (Section 2-106(c) of the Act)*
- b) For this Section only, "emergency care" means the unforeseen need for immediate treatment inside or outside the facility that is necessary to:
 - 1) save the resident's life;
 - 2) prevent the resident from doing serious mental or physical harm to himself/herself; or
 - 3) prevent the resident from injuring another individual.
- c) If a resident needs emergency care and other less restrictive interventions have proved ineffective, a physical restraint may be used briefly to permit treatment to proceed. The attending physician shall be contacted immediately for orders. If the attending physician is not available, the facility's advisory physician or Medical Director shall be contacted. If a physician is not immediately available, a nurse with supervisory responsibility may approve, in writing, the use of physical restraints. A confirming order, which may be obtained by telephone, shall be obtained from the physician as soon as possible, but no later than within eight hours. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used. The resident must be in view of a staff person at all times until either the resident has been examined by a physician or the physical restraint is removed. The resident's needs for toileting, ambulation, hydration, nutrition, repositioning, and skin care must be met while the physical restraint is being used.
- d) The emergency use of a physical restraint must be documented in the resident's record, including:
 - 1) the behavior incident that prompted the use of the physical restraint;
 - 2) the date and times the physical restraint was applied and released;

- 3) the name and title of the person responsible for the application and supervision of the physical restraint;
 - 4) the action by the resident's physician upon notification of the physical restraint use;
 - 5) the new or revised orders issued by the physician;
 - 6) the effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident; and
 - 7) the date of the scheduled care planning conference or the reason a care planning conference is not needed, in light of the resident's emergency need for physical restraints.
- e) The facility's emergency use of physical restraints shall comply with Sections 300.682(e), (f), (g), and (j).

(Source: Added at 20 Ill. Reg. 12208, effective September 10, 1996)

Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs

- a) *A resident shall not be given unnecessary drugs in accordance with Section 300.Appendix F. In addition, an unnecessary drug is any drug used:*
- 1) *in an excessive dose, including in duplicative therapy;*
 - 2) *for excessive duration;*
 - 3) *without adequate monitoring;*
 - 4) *without adequate indications for its use; or*
 - 5) *in the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act)*
- b) *Psychotropic medication shall not be prescribed or administered without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will*

achieve the desired therapeutic outcome. Side effects of the medications shall be described.

- c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 300. Appendix F.
- d) Residents who use antipsychotic drugs shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these drugs in accordance with Section 300. Appendix F.
- e) For the purposes of this Section:
 - 1) "Duplicative drug therapy" means any drug therapy that duplicates a particular drug effect on the resident without any demonstrative therapeutic benefit. For example, any two or more drugs, whether from the same drug category or not, that have a sedative effect.
 - 2) "Psychotropic medication" *means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest edition of the AMA Drug Evaluations (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Hospital Formulary Service Drug Information 1995 (American Society of Health Systems Pharmacists, 1995), or the Physician's Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)*
 - 3) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders.

(Source: Added at 20 Ill. Reg. 12208, effective September 10, 1996)

Section 300.690 Incidents and Accidents

- a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.
- b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.
- c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

(Source: Amended at 33 Ill. Reg. 9356, effective June 17, 2009)

Section 300.695 Contacting Local Law Enforcement

- a) For the purpose of this Section, the following definitions shall apply:
 - 1) "911" – an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services, including police, fire, medical ambulance and rescue.
 - 2) Physical abuse – see Section 300.30.
 - 3) Sexual abuse – sexual penetration, intentional sexual touching or fondling, or sexual exploitation (i.e., use of an individual for another person's sexual gratification, arousal, advantage, or profit).
- b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations:
 - 1) Physical abuse involving physical injury inflicted on a resident by a staff member or visitor;
 - 2) Physical abuse involving physical injury inflicted on a resident by another resident, except in situations where the behavior is associated with dementia or developmental disability;
 - 3) Sexual abuse of a resident by a staff member, another resident, or a visitor;

- 4) When a crime has been committed in a facility by a person other than a resident; or
 - 5) When a resident death has occurred other than by disease processes.
- c) The facility shall develop and implement a policy concerning local law enforcement notification, including:
- 1) Ensuring the safety of residents in situations requiring local law enforcement notification;
 - 2) Contacting local law enforcement in situations involving physical abuse of a resident by another resident;
 - 3) Contacting police, fire, ambulance and rescue services in accordance with recommended procedure;
 - 4) Seeking advice concerning preservation of a potential crime scene;
 - 5) Facility investigation of the situation.
- d) Facility staff shall be trained in implementing the policy developed pursuant to subsection (c).
- e) The facility shall also comply with other reporting requirements of this Part.

(Source: Added at 26 Ill. Reg. 4846, effective April 1, 2002)

Section 300.696 Infection Control

- a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.
- b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.

c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):

- 1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections
- 2) Guideline for Hand Hygiene in Health-Care Settings
- 3) Guidelines for Prevention of Intravascular Catheter-Related Infections
- 4) Guideline for Prevention of Surgical Site Infection
- 5) Guideline for Prevention of Nosocomial Pneumonia
- 6) Guideline for Isolation Precautions in Hospitals
- 7) Guidelines for Infection Control in Health Care Personnel

(Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)