

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 300.7000 APPLICABILITY

Section 300.7000 Applicability

- a) This Subpart, in addition to the remainder of Part 300, as applicable, shall apply to facilities and distinct parts (units) that are subject to the Alzheimer's Special Care Disclosure Act.
- b) The facility shall comply with the Alzheimer's Special Care Disclosure Act, in accordance with Section 300.163 of this Part, for this unit.
- c) Facilities substantially in compliance with the requirements of this Subpart will receive written recognition from the Department.
- d) A location that, subsequent to the recognition, has an A violation or a repeat B violation that is related to the operation of the unit shall immediately discontinue using the recognition, including, but not limited to, removing documentation of the recognition that may have been posted and removing any mention of the recognition from written documentation provided to families or the community.
- e) A location that, subsequent to the recognition, has an A violation or repeat B violation shall notify current residents and their representatives. Within seven days after a location is issued an A or repeat violation, the licensee shall notify entities that have referred individuals to the unit within the previous 90 days, such as hospital discharge planners, Area Agency on Aging, and Alzheimer's Association.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7010 Admission Criteria

- a) The unit shall have clearly defined admission, admission exclusion, and discharge criteria. This shall include a policy specifying the individuals whom the unit will admit and retain based on the stages of Alzheimer's disease, individuals' behaviors, or other definable needs. These criteria

shall reflect the unit's mission and scope of services. A copy of these criteria shall be provided to the resident, resident's family, resident's representative, and prospective residents and their family/representative prior to admission.

- b) All unit residents shall have a diagnosis of Alzheimer's disease or other types of dementia.
- c) Unit staff shall complete a comprehensive evaluation of the resident before the resident is admitted. The evaluation shall include, but not be limited to, the prospective resident's health status, life-style, behavior, interests, and history. In addition to appropriate medical, behavioral, and social service professionals, the resident, the resident's family, the resident's representative, and the resident's most recent care giver shall have the opportunity to provide information for this evaluation. This information shall be available to staff before admission and shall be used in the assessment process after admission.
- d) A resident may be admitted to the unit without a comprehensive evaluation in situations where a sudden change in circumstances renders the primary care giver unable to continue to provide care (e.g., death or incapacitating illness of the care giver; treatment and release of the prospective resident from a hospital emergency room). A plan shall be put in place prior to admission to meet the resident's needs on admission. In these situations, a comprehensive evaluation shall be initiated within 24 hours after admission and shall be completed within seven days after admission.
- e) The health and behavior of each resident shall be considered by the facility in assigning roommates, so that no resident's physical or mental health is adversely affected by his or her roommate. If a resident's health or behavior changes after admission to the unit, or staff receive new information about a resident's health or behavior that indicates that the current room assignment would be harmful to a resident's health, rooms will be reassigned as necessary to protect the health of all residents on the unit. If there are no available rooms, and reassignment is not possible, other measures shall be taken to protect residents' physical and mental health, e.g., increased staffing or supervision.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7020 Assessment and Care Planning

- a) Resident assessments, in addition to requirements in other applicable State and federal regulations, shall include a standardized, functional, and objective evaluation of the resident's abilities, strengths, interests, and

preferences. The assessment shall be completed within 14 days after admission.

- 1) Assessments shall include at least a behavioral and a functional assessment, as well as direct observations of the resident. The facility shall attempt to interview the resident, the resident's family, the resident's representative, and recent and current direct care givers. This attempt shall be documented.
 - 2) Assessments shall include at least the following:
 - A) daily routine;
 - B) dining, mealtime approaches, and non-mealtime nutrition and hydration needs;
 - C) dressing, toileting, grooming, preference in bathing (e.g., bathing, showering, a.m./p.m.) and other personal care abilities;
 - D) ambulation and transferring abilities;
 - E) behavior triggers; effective calming approaches; and an analysis of each of the resident's patterns of dementia-related behaviors, such as wandering, agitation, anxiety, and safety issues; and
 - F) adaptive equipment or activities that allow the resident to function at the highest practical level.
 - 3) Assessments shall be conducted by a nurse, physical therapist, occupational therapist, social worker or unit director who has at least two years of experience working with residents with dementia and who has training in conducting behavioral or functional assessments.
 - 4) The assessment process shall be ongoing by direct care staff or other professionals, as needed, and shall include the assessment components in subsection (a)(2).
- b) The care plan shall be developed by an interdisciplinary team within 21 days after the resident's admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's representative, and the certified nursing assistant (CNA) who is

primarily responsible for this resident's direct care, or an alternate, if needed, to provide input and gain insight into the care plan. Others may participate at the discretion of the resident.

- 1) The care plan shall be ability centered in focus (see Section 300.7030) and shall define how the identified abilities, strengths, interests, and preferences will be encouraged and used by addressing the resident's physical and mental well-being; dignity, choice, security, and safety; use of retained skills and abilities; use of adaptive equipment; socialization and interaction with others; communication, on whatever level possible (verbal and nonverbal); healthful rest; personal expression; ambulation and physical exercise; and meaningful work.
 - 2) As new behaviors manifest, the behaviors shall be evaluated and addressed in the care plan.
 - 3) The resident's care plan shall be reviewed by the unit director 30 and 60 days after the initial care plan's development and shall be modified, as needed, with the participation of the interdisciplinary team.
 - 4) The care plan shall be reviewed at least quarterly.
 - 5) All appropriate staff shall have access to and shall use the information in the care plan in order to integrate the care plan into the daily care of the resident.
 - 6) The care plan shall be implemented and followed by staff who care for the resident.
 - 7) Revisions may be made to the care plan at any time, with input from the resident, resident's family, and resident's representative, the care coordinator, and, if appropriate, the physician.
 - 8) The resident and the resident's representative shall be given the opportunity to participate in care plan development and modification. If they are unable to attend, a copy or summary of the care plan or modifications shall be provided to the resident and resident's representative.
- c) The facility shall include the resident's family (other than the resident's representative) in the interdisciplinary team and in care planning and shall provide information to the family about the resident and the resident's care plan, with the consent of the resident or, as appropriate, the resident's representative.

- d) When a resident is moved within the facility or different direct care staff are newly assigned, discharging and receiving staff shall communicate verbally and with written documentation to the newly assigned staff about the care plan and the needs of the resident.
- e) The unit shall have and follow a written plan for communicating information within departments, between shifts, between units, and with resident's family and resident's representative.
- f) The unit shall have a procedure that is implemented and monitored for safeguarding residents' adaptive equipment, such as hearing aids, glasses, dentures, and feeding and ambulation equipment.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7030 Ability-Centered Care

- a) Ability-centered care programming, also called activity-focused programming, recognizes the resident's abilities and competencies in care planning. Tasks are adapted and modified to provide for the resident's involvement at the maximum level of the resident's ability. Ability-centered care programming embraces the following concepts: activities are every event, encounter, and exchange with a staff member, volunteer, relative, or other individuals; activities are redefined as traditional (i.e., work related, recreational) and nontraditional (i.e., bathing, eating, walking); both independent and structured events are used.
- b) Flexibility is allowed in traditional staff roles and staff are encouraged to develop relationships with residents. The use of staff in nontraditional roles shall be documented in the unit's policies and procedures. Non-licensed staff who are not certified nursing assistants shall not provide nursing or personal care but are limited to assisting with activities of daily living and providing verbal cueing, for which the staff have been trained.
- c) Unit directors and activity professionals for units established before January 1, 2005 shall participate in ability-centered care training before July 1, 2005. Unit directors and activity professionals for units established after January 1, 2005 shall have had course work in ability-centered care programming.
- d) The unit shall use a distinct approach to resident care that is designed for persons with Alzheimer's disease and related dementia. The use of ability-centered care is recommended. If the facility uses an alternative approach, this approach shall be reviewed by the Department to determine if the care goals of the ability-centered care have been satisfied. Alternative

methodologies shall not be implemented until the Department has approved them.

- e) Dining and mealtime approaches shall address the special needs of individuals with dementia.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

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- e) Dining and mealtime approaches shall address the special needs of individuals with dementia.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7040 Activities

- a) The unit's activity program shall use ability-centered care programming.
- b) Families shall have access to activity supplies and materials and shall be welcome and encouraged to participate.
- c) Units with a census of more than 40 residents shall have a full-time activity professional who meets the requirements of Section 300.1410(c). Units with a census of 40 or fewer residents shall have an activity professional on duty at least 20 hours per week. This individual shall be responsible for providing activities and training staff in an ability-centered programming approach.
- d) Activity programming shall be planned and provided throughout the day and evening, at least 7 days a week for an average of 8 hours per day.
- e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of 4 activities per day over a one-week period, the unit director shall evaluate the resident's participation and have the available activities modified and/or consult with the interdisciplinary team.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7050 Staffing

- a) The unit shall have a full-time unit director.
 - 1) The director may have other responsibilities, within the unit, in units with fewer than 40 residents.
 - 2) The unit director may support off-unit activities related to persons with Alzheimer's disease and related dementia, such as providing training to facility staff, assessment of potential residents, counseling to potential residents and their families, and consultation/assessment/care planning for facility residents with Alzheimer's disease and related dementia who do not reside on the unit.
 - 3) The unit director shall have documented course work in dementia care and ability-centered care, and shall meet at least one of the following requirements:

- A) Have an associate's or a bachelor's degree and/or be a registered nurse and have at least one year of experience working with persons with Alzheimer's disease and other dementia; or
 - B) Have a minimum of 5 years of experience working with persons with Alzheimer's disease and other dementia, at least two years of which are management experience working with persons with Alzheimer's disease and other dementia.
- 4) The unit director shall obtain at least 12 hours of continuing education every year, especially related to serving residents with Alzheimer's disease and other dementia.
- b) The unit shall have assigned, consistent staff. There shall be enough staff to meet the scheduled and unscheduled needs of each resident, as defined in the care plan, taking into account the purpose of the setting, the severity of dementia, and the resident's physical abilities, behavior patterns, and social and medical needs.
- c) All staff who ever work on the unit (e.g., nurses, CNAs, housekeepers, social services and activities staff, and food service staff) shall receive at least four hours of dementia-specific orientation within the first 7 days of working on the unit. This orientation shall include:
- 1) Basic information about the nature, progression, and management of Alzheimer's disease and other dementia;
 - 2) Techniques for creating an environment that minimizes challenging behavior from residents with Alzheimer's disease and other dementia;
 - 3) Methods of identifying and minimizing safety risks to residents with Alzheimer's disease and other dementia; and
 - 4) Techniques for successful communication with individuals with Alzheimer's disease and other dementia.
- d) Nurses, CNAs, and social service and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall participate in a minimum of 12 additional hours of orientation within the first 45 days after employment, specifically related to the care of persons with Alzheimer's disease and other dementia. This orientation shall be defined in facility policies and procedures; shall be in a form of classroom, return

demonstration, and mentoring; and shall define to new staff the elements contained in Section 300.7050(e)(1)-(10).

- e) Nurses, CNAs, and social services and activities staff who work on the unit at least 50 percent of the time that they work at the facility shall attend at least 12 hours of continuing education every year, specifically related to serving residents with Alzheimer's disease and other dementia. (Completion of the 12 hours of orientation in accordance with subsection (d) of this Section may be counted as continuing education for the year in which this orientation is completed.) Topics shall include, but not be limited to:
 - 1) Promoting the philosophy of an ability-centered care framework;
 - 2) Promoting resident dignity, independence, individuality, privacy and choice;
 - 3) Resident rights and principles of self-determination;
 - 4) Medical and social needs of residents with Alzheimer's disease and other dementia;
 - 5) Assessing resident capabilities and developing and implementing services plans;
 - 6) Planning and facilitating activities appropriate for a resident with Alzheimer's disease and other dementia;
 - 7) Communicating with families and others interested in the resident;
 - 8) Care of elderly persons with physical, cognitive, behavioral, and social disabilities;
 - 9) Common psychotropics and their side effects; and
 - 10) Local community resources.
- f) Within 6 months after January 1, 2005, or within 6 months after hire, the facility administrator and director of nursing shall attend the orientation for staff who work on the unit at least 50 percent of the time in accordance with subsection (d).
- g) For each training requirement in this Section, staff shall be evaluated to determine if they have met or exceeded stated learning objectives. Results shall be documented.

- h) Training requirements of this Section are in addition to requirements for nurse aide training. Orientation requirements of this Section are in addition to regular staff orientation.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7060 Environment

- a) The environment (cultural, social, and physical) shall support the functioning of cognitively impaired residents. It shall accommodate behaviors, maximize functional abilities, promote safety, and encourage residents' independence by compensating for losses resulting from the disease process in accordance with each resident's care plan.
- b) The unit shall use a variety of sensory cues to differentiate rooms, spaces, and uses.
- c) The unit shall be designed and maintained to ensure an appropriate range of environmental and sensory stimulation and information; e.g., using minimally distracting security, pager and safety systems.
- d) Visual supervision of indoor and outdoor activity areas shall be provided, supported by architectural design. Staff shall be present in activity areas when residents are in these areas.
- e) Resident rooms shall not contain more than two beds. Rooms containing more than 2 beds within units established prior to January 1, 2005 may retain more than 2 beds.
- f) A secure out-of-doors space shall be provided in units established after January 1, 2005 and, whenever possible, in units established before January 1, 2005. If a secure out-of-doors space is not available, the facility shall implement a plan to provide residents with the opportunity for daily, routine outdoor activities, weather permitting.
- g) Social space appropriate to the needs of the individual with Alzheimer's disease and other dementia shall be provided. Social space is any space that is independently accessible to the resident, except for the resident's bedroom, the bathroom, or shower/bathrooms or hallways. Social space includes, but is not limited to, dining room, living room, family visitation areas, unit kitchen, and activity areas.
- h) In facilities establishing a unit after January 1, 2005, this social space shall equal at least 40 square feet per resident bed.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7070 Quality Assessment and Improvement

The unit shall have a written plan that is part of the facility's overall quality assurance plan to assess residents' quality of care, quality of life, and overall well-being.

- a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:
 - 1) Ongoing monitoring and evaluation of the quality of care and service provided at the facility, including, but not limited to:
 - A) Admission of residents who are appropriate to the capabilities of the facility;
 - B) Resident assessment;
 - C) Development and implementation of appropriate individualized, ability-centered treatment plans;
 - D) Resident satisfaction;
 - E) Infection control;
 - F) Appropriate numbers of staff; and
 - G) Staff turnover.
 - 2) Identification and analysis of problems.
 - 3) Identification and implementation of corrective action or changes in response to problems.
- b) The program shall operate pursuant to a written plan that shall include, but not be limited to:
 - 1) A detailed statement of how problems will be identified, including procedures to elicit insights from residents, residents' families, and residents' representatives;
 - 2) The methodology and criteria that will be used to formulate action plans to address problems, which shall include the insights of residents, residents' families, and residents' representatives;
 - 3) Procedures for evaluating the effectiveness of action plans and revising action plans to prevent reoccurrence of problems;

- 4) Procedures for documenting the activities of the program; and
 - 5) Identifying the persons responsible for administering the program.
- c) A copy of the plan shall be provided to residents, residents' families, or residents' representatives.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)

Section 300.7080 Variances to Enhance Residents' Quality of Life

- a) The Department will consider requests for variances from this Part where the variance will enhance the residents' quality of life. The variance shall be requested in writing and shall contain the following information:
- 1) Facility contact person;
 - 2) The specific Section of this Part from which the applicant is requesting a variance;
 - 3) The proposed alternative plan, service, or approach to meet the needs of the residents;
 - 4) The benefit to the residents if the variance is approved; and
 - 5) The facility plan to evaluate the effectiveness of the variance in meeting the residents' needs, including eliciting insights from residents, residents' families, and residents' representatives.
- b) The facility shall not implement the variance prior to receiving written approval from the Department.
- c) The Department will advise the facility in writing if the variance is approved, denied or approved with conditions or limitations within 90 days after receipt of the request. The Department's decision to approve, deny, or approve the variance with conditions or limitations shall be based on whether the proposed alternative provides an equivalent level of care and safety to the residents.
- d) Variances will not be granted for statutory requirements.

(Source: Added at 28 Ill. Reg. 14623, effective October 20, 2004)