

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 330  
SHELTERED CARE FACILITIES CODE

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285 AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

286

287 SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a  
288 maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6  
289 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982;  
290 amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681,  
291 effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended  
292 at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November  
293 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941,  
294 effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective  
295 November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill.  
296 Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985;  
297 amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective  
298 December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency  
299 amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days;  
300 emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989;  
301 amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928,

302 effective October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991; amended at 16  
 303 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3,  
 304 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of  
 305 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8000,  
 306 effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993;  
 307 amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180,  
 308 effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended  
 309 at 17 Ill. Reg. 19576, effective November 4, 1993; amended at 17 Ill. Reg. 21044, effective  
 310 November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill.  
 311 Reg. 15851, effective October 15, 1994; amended at 19 Ill. Reg. 11567, effective July 29, 1995;  
 312 emergency amendment at 20 Ill. Reg. 552, effective January 1, 1996, for a maximum of 150  
 313 days; emergency expired on May 29, 1996; amended at 20 Ill. Reg. 10125, effective July 15,  
 314 1996; amended at 20 Ill. Reg. 12160, effective September 10, 1996; amended at 22 Ill. Reg.  
 315 4078, effective February 13, 1998; amended at 22 Ill. Reg. 7203, effective April 15, 1998;  
 316 amended at 22 Ill. Reg. 16594, effective September 18, 1998; amended at 23 Ill. Reg. 1085,  
 317 effective January 15, 1999; amended at 23 Ill. Reg. 8064, effective July 15, 1999; amended at 24  
 318 Ill. Reg. 17304, effective November 1, 2000; amended at 25 Ill. Reg. 4901, effective April 1,  
 319 2001; amended at 26 Ill. Reg. 4859, effective April 1, 2002; amended at 26 Ill. Reg. 10559,  
 320 effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2202, effective February 1, 2003,  
 321 for a maximum of 150 days; emergency expired June 30, 2003; emergency amendment at 27 Ill.  
 322 Reg. 5473, effective March 25, 2003, for a maximum of 150 days; emergency expired August  
 323 21, 2003; amended at 27 Ill. Reg. 5886, effective April 1, 2003; emergency amendment at 27 Ill.  
 324 Reg. 14218, effective August 15, 2003, for a maximum of 150 days; emergency expired January  
 325 11, 2004; amended at 27 Ill. Reg. 15880, effective September 25, 2003; amended at 27 Ill. Reg.  
 326 18130, effective November 15, 2003; expedited correction at 28 Ill. Reg. 3541, effective  
 327 November 15, 2003; amended at 28 Ill. Reg. 11195, effective July 22, 2004; emergency  
 328 amendment at 29 Ill. Reg. 11879, effective July 12, 2005, for a maximum of 150 days;  
 329 emergency rule modified in response to JCAR Recommendation at 29 Ill. Reg. 15156, effective  
 330 September 23, 2005, for the remainder of the maximum 150 days; emergency amendment  
 331 expired December 8, 2005; amended at 29 Ill. Reg. 12891, effective August 2, 2005; amended at  
 332 30 Ill. Reg. 1439, effective January 23, 2006; amended at 30 Ill. Reg. 5260, effective March 2,  
 333 2006; amended at 31 Ill. Reg. 6072, effective April 3, 2007; amended at 31 Ill. Reg. 8828,  
 334 effective June 6, 2007; amended at 33 Ill. Reg. 9371, effective June 17, 2009; amended at 34 Ill.  
 335 Reg. 19199, effective November 23, 2010; amended at 35 Ill. Reg. 3415, effective February 14,  
 336 2011; amended at 35 Ill. Reg. 11513, effective June 29, 2011; amended at 37 Ill. Reg. 2315,  
 337 effective February 4, 2013; amended at 37 Ill. Reg. 4970, effective March 29, 2013; amended at  
 338 39 Ill. Reg. 5470, effective March 25, 2015; amended at 41 Ill. Reg. 14826, effective November  
 339 15, 2017; amended at 43 Ill. Reg. 3551, effective February 28, 2019; emergency amendment at  
 340 44 Ill. Reg. 8536, effective May 5, 2020, for a maximum of 150 days; emergency repeal of  
 341 emergency rule at 44 Ill. Reg. 16279, effective September 15, 2020; emergency amendment at 44  
 342 Ill. Reg. 18972, effective November 19, 2020, for a maximum of 150 days; emergency rule  
 343 expired April 17, 2021; emergency amendment at 45 Ill. Reg. 411, effective December 18, 2020,  
 344 for a maximum of 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 2084,



345 effective January 27, 2021, for the remainder of the 150 days; emergency expired May 16, 2021;  
 346 emergency amendment at 45 Ill. Reg. 5554, effective April 18, 2021, for a maximum of 150  
 347 days; emergency expired September 14, 2021; emergency amendment at 45 Ill. Reg. 6705,  
 348 effective May 17, 2021, for a maximum of 150 days; emergency expired October 13, 2021;  
 349 emergency amendment at 45 Ill. Reg. 11964, effective September 15, 2021, for a maximum of  
 350 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 14569, effective November 5,  
 351 2021, for the remainder of the 150 days; emergency expired February 11, 2022; emergency  
 352 amendment at 45 Ill. Reg. 13711, effective October 14, 2021, for a maximum of 150 days;  
 353 emergency expired March 12, 2022; emergency amendment at 45 Ill. Reg. 14022, effective  
 354 October 22, 2021, for a maximum of 150 days; emergency expired March 20, 2022; emergency  
 355 amendment at 46 Ill. Reg. 3266, effective February 12, 2022, for a maximum of 150 days;  
 356 emergency expired July 11, 2022; emergency amendment at 46 Ill. Reg. 5342, effective March  
 357 13, 2022, for a maximum of 150 days; emergency expired August 9, 2022; emergency  
 358 amendment at 46 Ill. Reg. 5573, effective March 21, 2022, for a maximum of 150 days; amended  
 359 at 46 Ill. Reg. 10485, effective June 2, 2022; emergency amendment at 46 Ill. Reg. 13401,  
 360 effective July 15, 2022, for a maximum of 150 days; emergency amendment to emergency rule  
 361 at 46 Ill. Reg. 16447, effective September 19, 2022, for the remainder of the 150 days;  
 362 emergency amendment to emergency rule at 46 Ill. Reg. 18243, effective October 31, 2022, for  
 363 the remainder of the 150 days; emergency expired December 11, 2022; amended at 46 Ill. Reg.  
 364 14268, effective July 27, 2022; emergency amendment at 46 Ill. Reg. 20270, effective December  
 365 12, 2022, for a maximum of 150 days; emergency expired May 10, 2023; amended at 47 Ill. Reg.  
 366 7743, effective May 17, 2023; amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

367  
 368 **SUBPART A: GENERAL PROVISIONS**

369  
 370 **Section 330.110 General Requirements**

371  
 372 a) **Applicability**

373  
 374 1) This Part applies to the operator/licensee of facilities, or distinct parts of  
 375 facilities~~part therein~~, that are ~~to be~~-licensed and classified to provide  
 376 sheltered care pursuant to the terms and conditions of the Act.

377  
 378 2) ~~Any license issued and in effect prior to March 1, 1980 pursuant to the~~  
 379 ~~Nursing homes, sheltered care homes, and homes for the aged Act (Ill.~~  
 380 ~~Rev. Stat. 1977, ch. 111 ½, pars. 35.16 et seq.) shall remain valid and~~  
 381 ~~subject to the terms and conditions of the Nursing Home Care Act (the~~  
 382 ~~Act) (Ill. Rev. Stat. 1991, ch. 111 ½, par. 4151-101 et seq.) and all~~  
 383 ~~regulations promulgated thereunder until the expiration date shown on the~~  
 384 ~~face of such license.~~

385  
 386 b) The license issued to each operator/licensee shall designate the licensee's name,  
 387 the facility name and; address, the classification by level of service authorized for

388 that facility, the number of beds authorized for each level, the date the license was  
 389 issued, and the expiration date. Licenses will~~Such licenses shall~~ be issued for a  
 390 period of *not less than six*~~six~~ *months nor more than 18 months for facilities with*  
 391 *annual licenses and not less than 18 months nor more than 30 months for*  
 392 *facilities with two-year licenses.* The Department will set the period of the license  
 393 based on the license expiration dates of the facilities in the geographical area  
 394 surrounding the facility *in order to distribute the expiration dates as evenly as*  
 395 *possible throughout the calendar year.* (Section 3-110 of the Act)  
 396

397 c) An applicant may request that the license issued by the Department ~~of Public~~  
 398 ~~Health (the Department)~~ have distinct parts classified according to levels of  
 399 services. The distinct part shall~~must satisfactorily~~ meet the applicable physical  
 400 plant standards of this Part based on the~~a~~ level of service classification sought for  
 401 that distinct part. ~~To~~~~if necessary to~~ protect the health, welfare and safety of  
 402 residents in a distinct part of the facility who require~~requiring~~ higher standards,  
 403 the facility shall comply with~~the Department shall require compliance with~~  
 404 ~~whatever~~ additional physical plant standards ~~are necessary~~ in any distinct part, to  
 405 achieve this protection as required by the highest level of care being licensed.  
 406 Administrative, supervisory, and other personnel may be shared by the entire  
 407 facility to meet the health, welfare, and safety,~~if so doing does not adversely~~  
 408 ~~affect meeting the total~~ needs of the residents of the facility.  
 409

410 d) A facility shall admit only that number of residents for which it is licensed~~The~~  
 411 ~~operator may not admit residents in excess of the licensed capacity of the facility.~~  
 412 (Section 2-209 of the Act) ~~(B)~~  
 413

414 e) No person shall:  
 415

416 1) Willfully file any false, incomplete or intentionally misleading information  
 417 required to be filed under the Act, or willfully fail or refuse to file any  
 418 required information. (Section 3-318(a)(6) of the Act)  
 419

420 2) Open or operate a facility without a license. (Section 3-318(a)(7) of the  
 421 Act)  
 422

423 f) A violation of subsection (e) is a business offense, punishable by a fine not to  
 424 exceed \$10,000, except as otherwise provided in subsection (2) of Section 3-103  
 425 of the Act and subsection 330.120(d) as to submission of false or misleading  
 426 information in a license application. (Section 3-318(b) of the Act)  
 427

428 ge) A ~~sheltered care~~ facility ~~licensed and classified under the Act~~ shall not use in its  
 429 title or description "Hospital", "Sanitarium", "Sanatorium", "Rehabilitation  
 430 Center", "Skilled Nursing Facility", "Assisted Living or Shared Housing

431 Establishment", or any other word or description in its title or advertisements  
 432 ~~that~~which indicates that a type of service is provided by the facility for which the  
 433 facility is not licensed to provide or ~~in fact~~, does not provide.

434  
 435 hf) Any person establishing, constructing, or modifying a health care facility or  
 436 portion thereof without obtaining a required permit from the Health Facilities and  
 437 Services Review Board, or in violation of the terms of the required permit, shall  
 438 not be eligible to apply for any necessary operating licenses or be eligible for  
 439 payment by any State agency for services rendered in that facility until the  
 440 required permit is obtained.~~Any person constructing or modifying a long-term~~  
 441 ~~care facility or portion thereof without obtaining the required permit from the~~  
 442 ~~Health Facilities Planning Board shall not be eligible to apply for licensure for~~  
 443 ~~that facility or portion thereof~~ (Section 13.1 of the Illinois Health Facilities  
 444 Planning Act)~~(Ill. Rev. Stat. 1991, ch. 111 ½, par. 1163.1)).~~

445  
 446 ig) The administrator of a facility licensed under the Act and this Part~~The licensee~~  
 447 shall give 60 days~~90 days~~ notice prior to voluntarily closing a facility or closing  
 448 any part of a facility, or prior to closing any part of a facility if closing ~~the~~such  
 449 part will require the transfer or discharge of more than 10%~~ten percent~~ of the  
 450 residents. Notice~~Such notice~~ shall be given to the Department, to the Office of  
 451 State Long Term Care Ombudsman, to any resident~~residents~~ who must be  
 452 transferred or discharged, to the resident's representative, and to a member of the  
 453 resident's family, where practicable. If the Department suspends, revokes, or  
 454 denies renewal of the facility's license, then notice shall be given no later than the  
 455 date specified by the Department. Notice shall state the proposed date of closing  
 456 and the reason for closing. The facility shall submit a closure plan to the  
 457 Department for approval which shall address the process for the safe and orderly  
 458 transfer of residents. The approved plan shall be included in the notice. The  
 459 facility~~licensee~~ shall offer to assist the resident in securing an alternative  
 460 placement and shall advise the resident on available alternatives. Where the  
 461 resident is unable to choose an alternate placement and is not under  
 462 guardianship, the Department shall be notified of the need for relocation  
 463 assistance. A facility closing in its entirety shall not admit any new residents on  
 464 or after the date written notice is submitted to the Department as specified under  
 465 the Act and this Part. The facility shall comply with all applicable laws and  
 466 regulations until the date of closing, including those related to transfer or  
 467 discharge of residents. The Department may place a relocation team in the  
 468 facility as provided under Section 3-419 of the Act and Section 330.4300 of this  
 469 Part~~the Act~~. (Section 3-423 of the Act)~~(A, B)~~

470  
 471 jh) Licensure for more than one level of care

472  
 473 1) A facility may be licensed for more than one level of care. The licensee

474 ~~shall~~must designate the level of care that will be provided in each  
 475 bedroom. Bedrooms of like licensed ~~levels~~level of care ~~shall~~must be  
 476 contiguous to each other within each "nursing unit" as defined in Section  
 477 330.330. Each nursing unit may have up to two levels of care and  
 478 ~~shall~~must meet the construction standards for the highest licensed level of  
 479 care in the nursing unit.

481 2) If a ~~facility~~licensee wishes to ~~license~~designate a portion of its licensed  
 482 beds as either ID/DD or MC/DD licensed under the ID/DD Community  
 483 Care Act or the MC/DD Act, respectively~~Intermediate Care for the~~  
 484 ~~Developmentally Disabled or Long Term Care for Under Age 22~~, the  
 485 ~~licensed~~ beds ~~shall~~must be located in a distinct part (as defined in Section  
 486 330.330) of the facility.

487  
 488 k) Each facility shall notify the Department electronically at  
 489 DPH.StrikePlan@illinois.gov within 24 hours after receiving a notice of  
 490 impending strike of staff providing direct care. The facility shall submit a strike  
 491 contingency plan to the Department no later than three calendar days prior to the  
 492 impending strike.

493  
 494 l) Each facility shall have a facility-specific email address and shall provide that  
 495 email address to the Department. The facility shall not change the email address  
 496 without prior notice to the Department.

497  
 498 m) A facility shall comply with the Alzheimer's Disease and Related Dementias  
 499 Services Act and the Alzheimer's Disease and Related Dementias Services Code.

500  
 501 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

502  
 503 **Section 330.200 Inspections, Surveys, Evaluations and Consultation**

504  
 505 The terms survey, inspection and evaluation are synonymous. These terms refer to the overall  
 506 examination of compliance with the Act and this Part.

507  
 508 a) ~~The terms survey, inspection and evaluation are synonymous. These items refer~~  
 509 ~~to the overall examination of compliance with the Act and this Part.~~ All facilities  
 510 to which this Part applies shall be subject to and shall be deemed to have given  
 511 consent to annual inspections, surveys or evaluations by properly identified  
 512 personnel of the Department, or by such other properly identified persons,  
 513 including local health department staff, as the Department may designate. *An*  
 514 *inspection, survey or evaluation, other than an inspection of financial records,*  
 515 *shall be conducted without prior notice to the facilityunannounced. A visit for the*  
 516 *sole purpose of consultation*~~Consultations~~ may be announced. (Section 3-212(a))

517 of the Act) The licensee, or person representing the licensee in the facility, shall  
 518 provide to the representative of the Department access and entry to the premises  
 519 or facility for obtaining information required to carry out this Act and the rules  
 520 promulgated under the Act. In addition, representatives of the Department~~in~~  
 521 ~~addition, representatives of the Department~~ shall have access to and may  
 522 reproduce or photocopy at the Department's cost any books, records, and other  
 523 documents maintained by the facility, the licensee or their representatives,~~the~~  
 524 ~~licensee or their representatives~~ to the extent necessary to carry out the Act and  
 525 this Part~~this Act and this Part~~. (Section 3-213 of the Act) A facility may charge  
 526 the Department for photocopying at a rate determined by the facility not to exceed  
 527 the rate in the ~~Department's~~ Freedom of Information Act.~~rules (2 Ill. Adm. Code~~  
 528 ~~1126).~~ ~~(Sections 3-212 and 3-213 of the Act)~~

529  
 530 b) No person shall:

- 531  
 532 1) Intentionally prevent, interfere with, or attempt to impede in any way any  
 533 duly authorized investigation and enforcement of the Act or this Part  
 534 (Section 3-318(a)(2) of the Act);  
 535  
 536 2) Intentionally prevent or attempt to prevent any examination of any  
 537 relevant books or records pertinent to investigations and enforcement of  
 538 the Act or this Part (Section 3-318(a)(3) of the Act);  
 539  
 540 3) Intentionally prevent or interfere with the preservation of evidence  
 541 pertaining to any violation of the Act or this Part (Section 3-318(a)(4) of  
 542 the Act);  
 543  
 544 4) Intentionally retaliate or discriminate against any resident or employee  
 545 for contacting or providing information to any state official, or for  
 546 initiating, participating in, or testifying in an action for any remedy  
 547 authorized under the Act or this Part. (Section 3-318(a)(5) of the Act)  
 548

549 c) A violation of subsection (b) is a business offense, punishable by a fine not to  
 550 exceed \$10,000, except as otherwise provided in subsection (2) of Section 3-103  
 551 of the Act and subsection 330.120(d) as to submission of false or misleading  
 552 information in a license application. (Section 3-318(b) of the Act)  
 553

554 db) In determining whether to make more than the required number of unannounced  
 555 inspections, surveys and evaluations of a facility the Department will consider  
 556 one or more of the following~~Before making extra inspections, surveys and~~  
 557 ~~evaluations of a facility, the Department shall have taken into account the~~  
 558 following criteria:  
 559

- 560 1) *previous inspection reports;*
- 561
- 562 2) *the facility's history of compliance with the Act and this Part and*
- 563 *correction of violations~~the Act~~;*
- 564
- 565 3) *penalties or other enforcement actions;*
- 566
- 567 *A) ~~prior correction of violations;~~*
- 568
- 569 *B) ~~prior enforcement actions;~~*
- 570
- 571 *C) ~~number and severity of prior complaints;~~*
- 572
- 573 43) *the number and severity of ~~current~~ complaints received about the facility;*
- 574
- 575 54) *any allegations of resident abuse or neglect;*
- 576
- 577 65) *weather conditions~~compliance with disaster preparedness provisions~~*
- 578 *~~under the Act; and~~*
- 579
- 580 76) *health emergencies; or*
- 581
- 582 8) *other reasonable belief that deficiencies ~~regarding the Act~~ exist. (Section*
- 583 *3-212(b) of the Act)*

584

585 *ee) Upon ~~the~~ completion of each inspection, survey and evaluation, the appropriate*

586 *Department personnel ~~representative of the Department~~ who conducted the*

587 *inspection, survey or evaluation shall submit a physical or electronic copy of their*

588 *report to the licensee ~~or their representative,~~ upon exiting the facility, and shall*

589 *submit the actual report to the appropriate regional office of the Department. A*

590 *copy of the information gathered during a complaint investigation will not be*

591 *provided upon exiting the facility. Comments or documentation provided by the*

592 *licensee which may refute findings in the report, which explain extenuating*

593 *circumstances that the facility could not reasonably have prevented, or which*

594 *indicate methods and timetables for correction of deficiencies described in the*

595 *report shall be provided to the Department~~to the Department~~ within ten days*

596 *after~~of~~ receipt of the copy of the report. (Section 3-212(c) of the Act)*

597

598 *fd) Consultation consists of providing advice or suggestions to the staff of a facility at*

599 *their request relative to specific methods of the scope of regulation, method of*

600 *compliance with the Act or rules, or general matters of resident~~patient~~ care.*

601

602 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 330.230 Information to be Made Available to the Public ~~by~~By the Licensee**

- a) *Every facility shall conspicuously post or display in an area of it accessible to residents, employees, and visitors the following:*
  - 1) *Its current license;*
  - 2) *A description, provided by the Department of complaint procedures established under the Act and the name, address, and telephone number of a person authorized by the Department to receive complaints;*
  - 3) *A copy of any order pertaining to the facility issued by the Department or a court; ~~and~~*
  - 4) *A list of the material available for public inspection under Section 3-210 of the Act; ~~(Section 2-209 of the Act)~~*
  - 5) *Phone numbers and websites for rights protection services must be posted in common areas and at the main entrance and provided upon entry and at the request of resident's representatives; and*
  - 6) *The statement "The Illinois Long-Term Care Ombudsman Program is a free resident advocacy service available to the public."*
- b) *The administrator shall post for all residents and at the main entrance the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged in language the resident can understand, which must include notice of the grievance procedure of the facility or program as well as addresses and phone numbers for the Office of Health Care Regulation and the Long-Term Care Ombudsman Program and website showing the information of a facility's ownership. The facility shall include a link to the Long-Term Care Ombudsman Program's website on the home page of the facility's website. (Section 3-209(a) of the Act)*
- ~~c~~b) *A facility shall retain the following for public inspection:*
  - 1) *A complete copy of every inspection report of the facility received from the Department during the past ~~5~~five years;*
  - 2) *A copy of every order pertaining to the facility issued by the Department or a court during the past ~~5~~five years;*

- 646 3) *A description of the services provided by the facility and the rates charged*  
 647 *for those services and items for which a resident may be separately*  
 648 *charged;*
- 649
- 650 4) *A copy of the Statement of Ownership required by Section 3-207 of the*  
 651 *Act; ~~and~~*
- 652
- 653 5) *A record of personnel employed or retained by the facility who are*  
 654 *licensed, certified or registered by the Department of Professional*  
 655 *Regulation.*
- 656
- 657 6) *a complete copy of the most recent inspection report of the facility*  
 658 *received from the Department; and*
- 659
- 660 7) *a copy of the current Consumer Choice Information Report required by*  
 661 *Section 2-214 of the Act.* (Section ~~3~~-210 of the Act)
- 662

663 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

664

665 **Section 330.272 Determination to Issue a Notice of Violation or Administrative Warning**

666

- 667 a) Upon receipt of a report of an inspection, survey, or evaluation of a facility, *the*  
 668 *Director ~~or his or her designee~~* will review the findings contained in the report to  
 669 *determine whether the report's findings constitute a violation or violations of*  
 670 *which the facility must be given notice. All information, evidence, and*  
 671 *observations made during an inspection, survey or evaluation will be considered*  
 672 *findings or deficiencies. (Section 3-212(c) of the Act)*
- 673
- 674 b) In making this determination, the Director ~~or his or her designee~~ will consider any  
 675 *comments and documentation provided by the licensee within 10 days after*  
 676 *receipt of the copy of the report in accordance with Section 330.200(ee).* (Section  
 677 3-212(c) of the Act)
- 678
- 679 c) In determining whether the findings warrant the issuance of a notice of violation,  
 680 the Director will consider the ~~or his or her designee will base his or her~~  
 681 ~~determination on the~~ following factors:
- 682
- 683 1) *The severity of the finding.* The Director ~~or his or her designee~~ will  
 684 consider whether the finding constitutes a technical non-substantial error  
 685 or whether the finding is serious enough to constitute an actual violation of  
 686 the intent and purpose of the Act or this Part.
- 687
- 688 2) *The danger posed to resident health and safety.* The Director ~~or his or her~~



- 689 ~~designee~~ will consider whether the finding could pose any direct harm to  
 690 the residents.  
 691
- 692 3) *The diligence and efforts to correct deficiencies and correction of reported*  
 693 *deficiencies ~~by the facility~~ by the facility. The Director ~~or his or her~~*  
 694 *~~designee~~ will consider comments and documentation provided by the*  
 695 *facility evidencing that steps have been taken to correct reported findings*  
 696 *and to insure a reduction of deficiencies.*  
 697
- 698 4) *The frequency and duration of similar findings in previous reports and the*  
 699 *facility's general inspection history. The Director ~~or his or her designee~~*  
 700 *will consider whether the same finding or a similar finding relating to the*  
 701 *same condition or occurrence has been included in previous reports and*  
 702 *whether the facility has allowed the condition or occurrence to continue or*  
 703 *to recur. (Section 3-212(c) of the Act)*  
 704
- 705 d) *If the Department finds a situation, condition or practice that violates the Act or*  
 706 *this Part, that does not constitute a type "AA", Type "A", Type "B", or Type "C"*  
 707 *violation, the Department will issue an administrative warning. Any*  
 708 *administrative warning shall be served upon the facility in the same manner as*  
 709 *the notice of violation under Section 3-301 of the Act. A written plan of*  
 710 *correction is required to be filed for an administrative warning issued for*  
 711 *violations of Sections 3-401 through 3-413 of the Act or Section 330.4300*~~If the~~  
 712 ~~Director or his or her designee determines that the report's findings constitute a~~  
 713 ~~violation or violations that do not directly threaten the health, safety, or welfare of~~  
 714 ~~a resident or residents, the Department shall issue an administrative warning as~~  
 715 ~~provided in Section 330.377. (Section 3-303.2(a) of the Act)~~  
 716
- 717 e) *If, however, the situation, condition or practice that resulted in the issuance of an*  
 718 *administrative warning, with the exception of administrative warnings issued*  
 719 *pursuant to Sections 3-401 through 3-413 of the Act and Section 330.4300, is not*  
 720 *corrected by the next on-site inspection by the Department that occurs no earlier*  
 721 *than 90 days from the issuance of the administrative warning, a written plan of*  
 722 *correction must be submitted in the same manner as provided in subsection (b) of*  
 723 *Section 3-303 of the Act and Section 330.278(b). (Section 3-303.2(b) of the Act)*  
 724
- 725 f) *Violations shall be determined under this Section no later than 75 days after*  
 726 *completion of each inspection, survey, and evaluation. (Section 3-212(c) of the*  
 727 *Act)*  
 728

729 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

730  
 731 **Section 330.274 Determination of the Level of a Violation**

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- a) After determining that issuance of a notice of violation is warranted and prior to issuance of the notice, the Director ~~or his or her designee~~ will review the findings that are the basis of the violation, and any comments and documentation provided by the facility, to determine the ~~type level~~ of the violation. Each violation shall be determined to be either a Type "AA", Type "A", Type "B", or Type "C"~~level AA, a level A, a level B, or level C~~ violation based on the criteria in this Section.
  
- b) The following definitions of ~~types~~levels of violations shall be used in determining the ~~type level~~ of each violation:
  - 1) A Type "AA" violation~~"level AA violation" or a "Type AA violation"~~ is a violation of the Act or this Part ~~that~~which creates a condition or occurrence relating to the operation and maintenance of a facility that proximately caused a resident's death. (Section 1-128.5 of the Act)
  
  - 2) A Type "A" violation~~"level A violation" or "Type A violation"~~ is a violation of the Act or this Part ~~that~~which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that the risk of death or serious mental or physical harm will result therefrom or has resulted in actual physical or mental harm to a resident. (Section 1-129 of the Act)
  
  - 3) A Type "B" violation~~"level B violation" or "Type B violation"~~ is a violation of the Act or this Part ~~that~~which creates a condition or occurrence relating to the operation and maintenance of a facility that is more likely than not to cause more than minimal physical or mental harm to a resident. (Section 1-130 of the Act)
  
  - 4) A Type "C" violation~~"level C violation" or "Type C violation"~~ is a violation of the Act or this Part ~~that~~which creates a condition or occurrence relating to the operation and maintenance of a facility that creates a substantial probability that less than minimal physical or mental harm to a resident will result therefrom. (Section 1-132 of the Act)
  
- c) In determining the ~~type level~~ of a violation, the Director ~~will~~or his or her designee shall consider the following criteria:
  - 1) The degree of danger to the resident or residents that is posed by the condition or occurrence in the facility. The following factors will be considered in assessing the degree of danger:
    - A) Whether the resident or residents of the facility are able to

775 recognize conditions or occurrences that may be harmful and are  
776 able to take measures for self-preservation and self-protection.  
777 The extent of nursing care required by the residents as indicated by  
778 review of patient needs will be considered in relation to this  
779 determination.

780  
781 B) Whether the resident or residents have access to the area of the  
782 facility in which the condition or occurrence exists and the extent  
783 of such access. A facility's use of barriers, warning notices,  
784 instructions to staff and other means of restricting resident access  
785 to hazardous areas will be considered.

786  
787 C) Whether the condition or occurrence was the result of inherently  
788 hazardous activities or negligence by the facility.

789  
790 D) Whether the resident or residents of the facility were notified of the  
791 condition or occurrence and the promptness of such notice. Failure  
792 of the facility to notify residents of potentially harmful conditions  
793 or occurrences will be considered. The adequacy of the method of  
794 such notification and the extent to which such notification reduced  
795 the potential danger to the residents will also be considered.

796  
797 2) The directness and imminence of the danger to the resident or residents by  
798 the condition or occurrence in the facility. In assessing the directness and  
799 imminence of the danger, the following factors will be considered:

800  
801 A) Whether actual harm, including death, physical injury or illness,  
802 mental injury or illness, distress, or pain, to a resident or residents  
803 resulted from the condition or occurrence and the extent of such  
804 harm.

805  
806 B) Whether available statistics and records from similar facilities  
807 indicate that direct and imminent danger to the resident or residents  
808 has resulted from similar conditions or occurrences and the  
809 frequency of such danger.

810  
811 C) Whether professional opinions and findings indicate that direct and  
812 imminent danger to the resident or residents will result from the  
813 condition or occurrence.

814  
815 D) Whether the condition or occurrence was limited to a specific area  
816 of the facility or was widespread throughout the facility. Efforts  
817 taken by the facility to limit or reduce the scope of the area

818 affected by the condition or occurrence will be considered.

819

820 E) Whether the physical, mental, or emotional state of the resident or  
821 residents, who are subject to the danger, would facilitate or hinder  
822 harm actually resulting from the condition or occurrence.

823

824 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

825

826 **Section 330.276 Notice of Violation**

827

828 a) *Each notice of violation shall be prepared in writing and shall include the*  
829 *following information*~~*shall contain the following information:*~~

830

831 1) A description of *the nature of the violation.*

832

833 2) A citation of the specific *statutory provision or rule alleged by*~~*which*~~ the  
834 Department *to have*~~*believes has*~~ been violated. (Section 3-301 of the Act)

835

836 3) A statement of the *type*~~*level*~~ of ~~*the*~~ violation as determined pursuant to  
837 Section 330.274.

838

839 4) *Information regarding any action the Department may take under the Act,*  
840 *including the requirement of a facility plan of correction under Section 3-*  
841 *303 of the Act; placement of a facility on a list prepared under Section 3-*  
842 *304 of the Act; assessment of a penalty under Section 3-305 of the Act;*  
843 *issuance of a conditional license under Sections 3-311 through 3-317 of*  
844 *the Act; or license suspension or revocation under Section 3-119 of the*  
845 *Act.*

846

847 5) *Information regarding the rights to a hearing under Section 3-703 of the*  
848 *Act. (Section 3-301(a) of the Act)*

849

850 6) One of the following requirements for corrective action:

851

852 A) *For Type "AA" violations and Type "A" violations, a statement that*  
853 *necessary corrective action to abate or eliminate the situation,*  
854 *condition or practice constituting a Type "AA" violation or a Type*  
855 *"A" violation shall be taken immediately unless a fixed period of*  
856 *time, not exceeding 15 days, as determined by the Department and*  
857 *specified in the notice of violation, is required for correction.*

858

859 ~~*(Section 3-303(a) of the Act) For level A violations, a statement*~~  
860 ~~*that necessary corrective action to abate or eliminate the violation*~~  
~~*must be taken immediately or within a specific fixed period of time*~~

861 ~~not exceeding 15 days.~~ In setting this period, the Department will  
 862 consider whether harm to residents of the facility is imminent,  
 863 whether necessary precautions can be taken to protect residents  
 864 before the corrective action is completed, and whether delay would  
 865 pose additional risks to the residents.  
 866

867 B) For Type "B"~~level B~~ violations, a *request* that the facility submit a  
 868 *plan of correction within ten days* ~~after of the~~ receipt of the notice  
 869 of violation pursuant to Section 3-303(b) of the Act and Section  
 870 330.278 ~~of this Part.~~ (Section 3-303(b)~~3-304~~ of the Act)  
 871

872 ~~5) A statement that the Department may take additional action under the Act,~~  
 873 ~~including assessment of penalties or licensure action.~~  
 874

875 ~~6) A description of the licensee's right to appeal the notice and its right to a~~  
 876 ~~hearing.~~  
 877

878 b) Each notice of violation shall be sent to the facility and the licensee or served  
 879 personally at the facility *within ten days* after the Director ~~or his designee~~  
 880 determines that issuance of a notice of violation is warranted under Section  
 881 300.272. (Section 3-301(a) of the Act).  
 882

883 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
 884

885 **Section 330.278 Plans of Correction**  
 886

887 a) *The situation, condition, or practice constituting a Type "AA" violation or a Type*  
 888 *"A" violation shall be abated or eliminated immediately unless a fixed period of*  
 889 *time, not exceeding 15 days, as determined by the Department and specified in the*  
 890 *notice of violation is required for correction.* (Section 3-303(a) of the Act)  
 891

892 b) *The facility shall have 10 days after receipt of notice of violation for a Type "B"*  
 893 *violation, or after receipt of a notice under Section 330.277(d) of failure to correct*  
 894 *a situation, condition, or practice that resulted in the issuance of an administrative*  
 895 *warning, to prepare and submit a plan of correction to the Department.* (Section  
 896 3-303(b) of the Act)  
 897

898 c) Within the ~~10-day~~10 day period, a facility may request additional time for  
 899 submission of the plan of correction. The Department will extend the period for  
 900 submission of the plan of correction for an additional 30 days, when it finds that  
 901 corrective action by a facility to abate or eliminate the violation will require  
 902 *substantial capital improvement.* The Department will consider the extent and  
 903 complexity of necessary physical plant repairs and improvements and any impact

904 on the health, safety, or welfare of the residents of the facility in determining  
 905 whether to grant a requested extension. (Section 3-303(b) of the Act)

906  
 907 d) No person shall intentionally fail to correct or interfere with the correction of a  
 908 Type "AA", Type "A", or Type "B" violation within the time specified on the notice  
 909 or approved plan of correction under the Act as the maximum period given for  
 910 correction, unless an extension is granted pursuant to subsection (c) and the  
 911 corrections are made before expiration of extension. A violation of this  
 912 subsection is a business offense, punishable by a fine not to exceed \$10,000,  
 913 except as otherwise provided in subsection (2) of Section 3-103 of the Act and  
 914 Section 330.120(d) as to submission of false or misleading information in a  
 915 license application. (Section 3-318 (a)(1) and (b) of the Act)

916  
 917 ed) Each plan of correction shall be based on an assessment by the facility of the  
 918 conditions or occurrences that are the basis of the violation and an evaluation of  
 919 the practices, policies, and procedures that have caused or contributed to the  
 920 conditions or occurrences. Evidence of ~~the~~such assessment and evaluation shall  
 921 be maintained by the facility. Each plan of correction shall include:

- 922  
 923 1) A description of the specific corrective action the facility is taking, or  
 924 plans to take, to abate, eliminate, or correct the violation cited in the  
 925 notice.  
 926  
 927 2) A description of the steps that will be taken to avoid future occurrences of  
 928 the same and similar violations.  
 929  
 930 3) A specific date by which the corrective action will be completed.

931  
 932 fe) Submission of a plan of correction ~~will~~shall not be considered an admission by  
 933 the facility that the violation has occurred.

934  
 935 gf) The Department will review each plan of correction to ~~ensure~~insure that it  
 936 provides for the abatement, elimination, or correction of the violation. The  
 937 Department will reject a submitted plan only if it finds any of the following  
 938 deficiencies:

- 939  
 940 1) The plan does not appear to address the conditions or occurrences that are  
 941 the basis of the violation and an evaluation of the practices, policies, and  
 942 procedures that have caused or contributed to the conditions or  
 943 occurrences.  
 944  
 945 2) The plan is not specific enough to indicate the actual actions the facility  
 946 will be taking to abate, eliminate, or correct the violation.

- 947  
 948 3) The plan does not provide for measures that will abate or eliminate, or  
 949 correct the violation.  
 950  
 951 4) The plan does not provide steps that will avoid future occurrences of the  
 952 same and similar violations.  
 953  
 954 5) The plan does not provide for timely completion of the corrective action,  
 955 considering the seriousness of the violation, any possible harm to the  
 956 residents, and the extent and complexity of the corrective action.  
 957  
 958 **hg)** When the Department rejects a submitted plan of correction, it will notify the  
 959 facility. The notice of rejection shall be in writing and shall specify *the reason for*  
 960 *the rejection. The facility shall have 10 days after receipt of the notice of*  
 961 *rejection in which to submit a modified plan.* (Section 3-303(b) of the Act)  
 962  
 963 **ih)** If a facility fails to submit a plan or modified plan meeting the criteria in  
 964 subsection ~~(ed) of this Section~~ within the prescribed time periods in subsection (b)  
 965 or (c) ~~of this Section~~, or anytime the Department issues a Type "AA", a Type "A"  
 966 or repeat Type"B" violation, the Department will impose an approved plan of  
 967 correction.  
 968  
 969 **ji)** The Department will verify the completion of the corrective action required by the  
 970 plan of correction within the specified time period during subsequent  
 971 investigations, surveys and evaluations of the facility.  
 972

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

973  
 974  
 975 **Section 330.280 Reports of Correction**  
 976

- 977 a) In lieu of submission of a plan of correction, a facility may submit a report of  
 978 correction if the corrective action has been completed. The report of correction  
 979 ~~shall~~**must** be submitted within the time periods required in Section 330.278 for  
 980 submission of a plan of correction.  
 981  
 982 b) Each report of correction shall be based on an assessment by the facility of the  
 983 conditions or occurrences which are the basis of the violation and an evaluation of  
 984 the practices, policies, and procedures ~~that~~**which** have caused or contributed to the  
 985 conditions or occurrences. Evidence of ~~the~~**such** assessment and evaluation shall  
 986 be maintained by the facility. Each report of correction shall include:  
 987  
 988 1) A description of the specific corrective action the facility has taken to  
 989 abate, eliminate, or correct the violation cited in the notice:-

- 990  
991 2) A description of the steps the facility has~~which have been~~ taken to avoid  
992 future occurrences of the same and similar violations;~~;~~  
993  
994 3) The specific date on which the corrective action was completed; and~~;~~  
995  
996 4) A signed statement by the administrator of the facility that the report of  
997 correction is true and accurate, which shall be considered an oath for the  
998 purposes of any legal proceedings.  
999
- 1000 c) Submission of a report of correction will~~shall~~ not be considered an admission by  
1001 the facility that the violation has occurred.  
1002
- 1003 d) The Department will~~shall~~ review and approve or disapprove the report of  
1004 correction based on the criteria outlined in Section 330.278(~~ed~~) for review of  
1005 plans of correction. If a report of correction is disapproved, the facility shall be  
1006 subject to a plan of correction imposed by the Department as provided in Section  
1007 330.278.  
1008
- 1009 e) The Department will~~shall~~ verify the completion of the corrective action outlined  
1010 in the report of correction during subsequent investigations, surveys and  
1011 evaluations of the facility.  
1012

1013 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
1014

### 1015 **Section 330.282 Conditions for Assessment of Penalties**

1016

1017 The Department will consider the assessment of a monetary penalty against a facility under the  
1018 following conditions:  
1019

- 1020 a) *A licensee who commits a Type "AA" violation as defined in Section 1-128.5 of*  
1021 *the Act is automatically issued a conditional license for a period of 6 months to*  
1022 *coincide with an acceptable plan of correction and assessed a fine up to \$25,000*  
1023 *per violation. (Section 3-305(1) of the Act)*  
1024
- 1025 b) *A licensee who commits a Type "A" violation as defined in Section 1-129 of the*  
1026 *Act is automatically issued a conditional license for a period of 6 months to*  
1027 *coincide with an acceptable plan of correction and assessed a fine of up to*  
1028 *\$12,500 per violation. (Section 3-305(1.5) of the Act)*  
1029
- 1030 c) *A licensee who commits a Type "AA" or Type "A" violation as defined in Section*  
1031 *1-128.5 or 1-129 of the Act which continues beyond the time specified in Section*  
1032 *3-303(a) of the Act, which is cited as a repeat violation, shall have its license*



- 1033 *revoked and shall be assessed a fine of 3 times the fine computed per resident per*  
 1034 *day under subsection (a) or (b) ~~of this Section~~. (Section 3-305(3) of the Act)*  
 1035
- 1036 d) *A licensee who commits a Type "B" violation as defined in Section 1-130 of the*  
 1037 *Act shall be assessed a fine of up to \$1,100 per violation. (Section 3-305(2) of*  
 1038 *the Act)*  
 1039
- 1040 e) *A licensee who fails to satisfactorily comply with an accepted plan of correction*  
 1041 *for a Type "B" violation or an administrative warning issued pursuant to Sections*  
 1042 *3-401 through 3-413 of the Act or pursuant to this Part shall be automatically*  
 1043 *issued a conditional license for a period of not less than 6 months. A second or*  
 1044 *subsequent acceptable plan of correction shall be filed. A fine shall be assessed*  
 1045 *in accordance with subsection (d) ~~of this Section~~ when cited for the repeat*  
 1046 *violation. This fine shall be computed for all days of the violation, including the*  
 1047 *duration of the first plan of correction compliance time. (Section 3-305(4) of the*  
 1048 *Act)*  
 1049
- 1050 f) *A licensee who commits 10 or more Type "C" violations, as defined in Section 1-*  
 1051 *132 of the Act, in a single survey shall be assessed a fine of up to \$250 per*  
 1052 *violation. A licensee who commits one or more Type "C" violations with a high*  
 1053 *risk designation shall be assessed a fine of up to \$500 per violation. (Section 3-*  
 1054 *305(2.5) of the Act)*  
 1055
- 1056 g) *If an occurrence results in more than one type of violation as defined in the Act*  
 1057 *(that is, a Type "AA", Type "A", Type "B", or Type "C" violation), the Department*  
 1058 *will assess only one fine, which shall not exceed~~the maximum fine that may be~~*  
 1059 *~~assessed for that occurrence is~~ the maximum fine that may be assessed for the*  
 1060 *most serious type of violation charged. For purposes of the preceding sentence, a*  
 1061 *Type "AA" violation is the most serious type of violation that may be charged,*  
 1062 *followed by a Type "A", Type "B", or Type "C" violation, in that order. (Section*  
 1063 *3-305(7.5) of the Act)*  
 1064
- 1065 h) *The minimum and maximum fines that may be assessed pursuant to Section 3-305*  
 1066 *of the Act and ~~this Section 330.282~~ shall be twice those otherwise specified for*  
 1067 *any facility that willfully makes a misstatement of fact to the Department, or*  
 1068 *willfully fails to make a required notification to the Department, if that*  
 1069 *misstatement or failure delays the start of a surveyor or impedes a survey.*  
 1070 *(Section 3-305(8) of the Act)*  
 1071
- 1072 i) *High risk designation. If the Department finds that a facility has violated a*  
 1073 *provision of this Part that has a high risk designation, or that a facility has*  
 1074 *violated the same provision of this Part 3 or more times in the previous 12 months,*

1075 *the Department may assess a fine of up to 2 times the maximum fine otherwise*  
1076 *allowed. (Section 3-305(9) of the Act)*

1077  
1078 j) For the purposes of calculating certain penalties pursuant to this Section,  
1079 violations of the following requirements shall have the status of "high risk  
1080 designation".

1081  
1082 1) Section 330.715(a)

1083  
1084 2) Section 330.715(b)

1085  
1086 3) Section 330.715(c)

1087  
1088 4) Section 330.725(a)

1089  
1090 5) Section 330.725(b)

1091  
1092 6) Section 330.725(c)

1093  
1094 7) Section 330.725(f)

1095  
1096 8) Section 330.725(j)

1097  
1098 9) Section 330.725(k)

1099  
1100 10) Section 330.725(l)

1101  
1102 11) Section 330.725(n)

1103  
1104 12) Section 330.725(o)

1105  
1106 13) Section 330.727(c)

1107  
1108 14) Section 330.727(d)

1109  
1110 15) Section 330.727(e)

1111  
1112 16) Section 330.780

1113  
1114 17) Section 330.785(b)

1115  
1116 18) Section 330.790

1117

- 1118 19) Section 330.911
- 1119
- 1120 20) Section 330.4240(a)
- 1121
- 1122 21) Section 330.4240(d)
- 1123
- 1124 22) Section 330.4240(e)
- 1125

1126 k) *If a licensee has paid a civil monetary penalty imposed pursuant to the Medicare*  
 1127 *and Medicaid Certification Program for the equivalent federal violation giving*  
 1128 *rise to a fine under Section 3-305 of the Act and this Section 330.282, or provides*  
 1129 *the Department with a copy of a letter to the Centers for Medicare and Medicaid*  
 1130 *Services (CMMS) of its binding intent to waive its rights to a federal hearing to*  
 1131 *contest a civil monetary penalty for the equivalent federal violation, the*  
 1132 *Department shall offset the fine by the amount of the civil monetary penalty. The*  
 1133 *offset may not reduce the fine by more than 75% of the original fine, however.*  
 1134 *(Section 3-305(10) of the Act) The meaning of "equivalent federal violation"*  
 1135 *shall be determined by the Department. Upon request by the Department, the*  
 1136 *facility shall provide proof to the Department of the federal civil monetary penalty*  
 1137 *when the payment is due.*

1138

1139 l) *When the Department finds that a provision of Article II has been violated with*  
 1140 *regard to a particular resident, the Department shall issue an order requiring the*  
 1141 *facility to reimburse the resident for injuries incurred, or \$100, which is greater.*  
 1142 *In the case of a violation involving any action other than theft of money belonging*  
 1143 *to a resident, reimbursement shall be ordered only if a provision of Article II has*  
 1144 *been violated with regard to that or any other resident of the facility within the 2*  
 1145 *years immediately preceding the violation in question. (Section 3-305(6) of the*  
 1146 *Act)*

1147

1148 m) *For the purpose of computing a penalty under subsections (c) through (f), the*  
 1149 *number of residents per day shall be based on the average number of residents in*  
 1150 *the facility during the 30 days preceding the discovery of the violation. (Section*  
 1151 *3-305(5) of the Act)*

1152

1153 n) *For purposes of assessing fines under this Section, a repeat violation shall be a*  
 1154 *violation which has been cited during one inspection of the facility for which an*  
 1155 *accepted plan of correction was not complied with or a new citation of the same*  
 1156 *rule if the licensee is not substantially addressing the issue routinely throughout*  
 1157 *the facility. (Section 3-305(7) of the Act)*

1158

1159 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1160

**Section 330.286 Notice of Penalty Assessment; Response by Facility**

1161  
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1203

- a) If the Director ~~or his or her designee~~ determines that a penalty is to be assessed, a written notice of penalty assessment shall be sent to the facility. Each notice of penalty assessment shall include:
  - 1) *The amount of the penalty* assessed as provided in Section 330.282.
  - 2) The amount of any reduction or whether the penalty has been waived pursuant to Section 330.288.
  - 3) A description of *the violation*, including a reference to the notices of violation and plans of correction that are the basis of the assessment.
  - 4) A citation to the provision of *the statute or rule* that the facility has violated.
  - 5) A description of the right of the facility to appeal the assessment and of *the right to a hearing under Section 3-703 of the Act.* (Section 3-307 of the Act)
  
- b) *A facility may contest an assessment of a penalty by sending a written request to the Department for hearing under Section 3-703 of the Act. Upon receipt of the request the Department shall hold a hearing as provided under Section 3-703 of the Act. Instead of requesting a hearing pursuant to Section 3-703 of the Act, a facility may, within 10 business days after receipt of the notice of violation and fine assessment, transmit to the Department 65% of the amount assessed for each violation specified in the penalty assessment. (Section 3-309 of the Act):*
  - ~~1) 65% of the amount assessed for each violation specified in the penalty assessment; or~~
  - ~~2) in the case of a fine subject to offset under Section 330.282(j) and Section 3-305 of the Act, up to 75% of the amount assessed. (Section 3-309 of the Act) In lieu of submitting payment for the fine subject to offset under Section 330.282(k) and Section 3-305 of the Act, a facility may submit to the Department a copy of a letter to the Centers for Medicare and Medicaid Services (CMMS) of its binding intent to waive its right to a federal hearing to contest a civil monetary penalty for the equivalent federal violation, as described in Section 330.282(k) of this Part.~~
  
- c) The facility shall pay penalties to the Department within the time periods

1204 provided in Section 3-310 of the Act.

1205

1206 d) The submission of ~~either~~ 65% of the amount assessed for each violation specified  
 1207 in the penalty assessment, pursuant to subsection (b)(1), ~~or the submission of up~~  
 1208 ~~to 75% of the amount assessed (or a letter to CMMS), as described in subsection~~  
 1209 ~~(b)(2)~~, shall constitute a waiver by the facility of a right to hearing pursuant to  
 1210 Section 3-703 of the Act.

1211

1212 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1213

1214 **Section 330.288 Reduction or Waiver of Penalties**

1215

1216 a) Reductions for all types of violations subject to penalties.

1217

1218 1) The Director ~~or his designee shall~~ consider the factors contained in  
 1219 Section ~~330.287~~330.286(a) in determining whether to reduce the amount  
 1220 of the penalty to be assessed from the amount calculated pursuant to  
 1221 Section ~~330.282~~330.284 and in determining the amount of such reduction.

1222

1223 2) When the Director ~~or his designee~~ finds that correction of a violation  
 1224 required capital improvements or repairs in the physical plant of the  
 1225 facility and the facility has a history of compliance with physical plant  
 1226 requirements, the penalty will be reduced by the amount of the cost of the  
 1227 improvements or repairs. This reduction, however, shall not reduce the  
 1228 penalty for a Type "AA" or Type "A"~~level A~~ violation to an amount less  
 1229 than \$1000.

1230

1231 b) Reductions and waivers for Type "B"~~level B~~ violations.

1232

1233 1) Penalties resulting from Type "B"~~level B~~ violations may be reduced or  
 1234 waived only under one of the following conditions:

1235

1236 A) *The facility submits a true report of correction within ~~10~~ten days*  
 1237 *after the notice of violation is received, and the report is*  
 1238 *subsequently verified by the Department.*

1239

1240 B) *The facility submits a plan of correction within ten days after the*  
 1241 *notice of violation is received, and once the plan is approved by*  
 1242 *the Department, the facility submits a true report of correction*  
 1243 *within 15 days after submission of the plan ~~of~~or correction, and the*  
 1244 *report is subsequently verified by the Department.*

1245

1246 C) *The facility submits a plan of correction within ten days after the*

1247 notice of violation is received, which provides for a correction  
 1248 time that is less than or equal to 30 days and the Department  
 1249 approves the~~the plan provides for correction within not more than~~  
 1250 ~~30 days after submission of the plan of correction, and the plan is~~  
 1251 ~~approved by the Department.~~

1252  
 1253 D) Correction of the violation requires substantial capital  
 1254 improvements or repairs in the physical plan of the facility, ~~the~~  
 1255 ~~facility submits a plan of~~ correction for violations involving  
 1256 substantial capital improvements, which provides for correction  
 1257 within the initial 90-day limit provided under Section 3-303 of the  
 1258 Act~~costs, the plan of correction provides completion of the~~  
 1259 ~~corrective action within 90 days after submission of the plan, and~~  
 1260 the plan is approved by the Department. (Section 3-308 of the  
 1261 Act)

1262  
 1263 2) Under these conditions, the Director ~~will or his designee shall~~ consider the  
 1264 factors outlined in Section ~~330.287~~330.286(a) in determining whether to  
 1265 reduce or waive the penalty and in setting the amount of any reduction.  
 1266

1267 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
 1268

1269 **Section 330.300 Alcoholism Treatment Programs ~~in~~ Long-Term Care Facilities**

1270  
 1271 a) A ~~long-term care~~ facility that desires to provide an alcoholism treatment program  
 1272 ~~shall~~must first receive written approval from the Department. Approval~~Such~~  
 1273 ~~approval~~ will be granted only if the facility can demonstrate the~~it can be shown~~  
 1274 ~~that such~~ program will not interfere in any way with the residents in the other  
 1275 parts of the facility.  
 1276

1277 b) Any alcoholism treatment program in a ~~long-term care~~ facility ~~shall~~must meet the  
 1278 requirements of the Alcoholism and Substance Abuse Treatment and Intervention  
 1279 Licenses and the Substance Use Disorder Act.~~program standards of the rules for~~  
 1280 ~~Alcoholism and Substance Abuse Treatment, Intervention and Research Programs~~  
 1281 ~~(77 Ill. Adm. Code 2058), as promulgated by the Illinois Department of~~  
 1282 ~~Alcoholism and Substance Abuse under the Illinois Alcoholism and Other Drug~~  
 1283 ~~Dependency Act (Ill. Rev. Stat. 1987, ch. 111½, par. 6351-1 et seq.)~~  
 1284

1285 c) The alcoholism treatment program ~~shall~~must be in a ~~completely~~-separate distinct  
 1286 part of the ~~long-term care~~ facility, and ~~shall~~must include all beds in that distinct  
 1287 part. It ~~shall~~must be ~~completely~~-separated from the rest of the facility, and have  
 1288 separate entrances.  
 1289

- 1290 d) Beds designated for alcoholism treatment cannot be used for long-term care  
 1291 residents, nor can beds designated for long-term care residents be used for  
 1292 residents undergoing treatment for alcoholism.  
 1293
- 1294 e) The alcoholism treatment program staff ~~shall~~~~will~~ not be utilized in performing  
 1295 services in the long-term care ~~distinct part~~~~area~~ of the facility, nor ~~shall~~~~will~~ long-  
 1296 term care program staff ~~be utilized to~~ provide any services in the alcoholism  
 1297 treatment designated area.  
 1298
- 1299 f) ~~Joint~~~~There may be joint~~ use of laundry, food service, housekeeping and  
 1300 administrative services ~~is permitted~~, provided written approval is obtained from  
 1301 the Department. ~~Approval~~~~Such approval~~ will be granted only if ~~the facility can~~  
 1302 ~~demonstrate~~~~it can be shown~~ that ~~such~~ joint usage will not interfere in any way  
 1303 with the residents in other ~~distinct~~ parts of the facility.  
 1304

1305 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
 1306

1307 **Section 330.320 Waivers**  
 1308

- 1309 a) *Upon application by a facility, the Director may grant or renew the waiver of the*  
 1310 *facility's compliance with ~~the Act or this Part~~~~a rule or standard~~ for a period not to*  
 1311 *exceed the duration of the current license or, in the case of an application for*  
 1312 *license renewal, the duration of the renewal period. (Section 3-303.1(a) of the*  
 1313 *Act)*  
 1314
- 1315 b) *The waiver may be conditioned upon the facility taking action prescribed by the*  
 1316 *Director as a measure equivalent to compliance. (Section 3-303.1(a) of the Act)*  
 1317
- 1318 c) *In determining whether to grant or renew a waiver, the Director shall consider:*  
 1319
- 1320 1) *the duration and basis for any current waiver with respect to ~~this Part~~~~the~~*  
 1321 *~~same rule or standard~~;*
  - 1322 2) *the ~~continued~~ validity ~~and effect upon patient health and safety of~~*  
 1323 *extending ~~the waiver~~~~the waiver~~ on the same basis;*
  - 1324 3) *the effect upon the health and safety of residents;*
  - 1325 4) *the quality of resident care (whether the waiver would reduce the overall*  
 1326 *quality of the resident care below that required by the Act or this Part);*
  - 1327 5) *the facility's history of compliance with ~~the Act and this Part~~~~the Act and~~*  
 1328 *~~this Part~~ (the existence of a consistent pattern of violation of the Act or*  
 1329  
 1330  
 1331  
 1332

1333 this Part); and

1334

1335 6) *the facility's attempts to comply with this Part~~the particular rule or~~*  
1336 *~~standard in question.~~* (Section 3-303.1(a) of the Act)

1337

1338 d) *The Department will~~shall~~ renew waivers relating to physical plant standards*  
1339 *issued pursuant to the Act~~this Section~~ at the time of the indicated reviews, unless*  
1340 *it can show why these~~such~~ waivers should not be extended for the following*  
1341 *reasons:*

1342

1343 1) *the condition of the physical plant has deteriorated or its use substantially*  
1344 *changed so that the basis upon which the waiver was issued is materially*  
1345 *different; or*

1346

1347 2) *the facility is renovated or substantially remodeled in such a way as to*  
1348 *permit compliance with this Part~~the applicable rules and standards~~*  
1349 *without substantial increase in cost.* (Section 3-303.1(b) of the Act)

1350

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1352

**Section 330.330 Definitions**

1353

The terms defined in this Section are terms that are used in one or more of the sets of licensing  
1356 standards established by the Department to license various levels of long-term care. They are  
1357 defined as follows:

1358

*Abuse – any physical or mental injury or sexual assault inflicted on a resident  
1360 other than by accidental means in a facility.* (Section 1-103 of the Act)

1361

Abuse means:

1363

Physical abuse refers to the infliction of injury on a resident that  
1364 occurs other than by accidental means and that requires (whether  
1365 or not actually given) medical attention.

1366

Mental injury arises from the following types of conduct:

1367

1370

Verbal abuse refers to the use by a licensee, employee or  
1371 agent of oral, written or gestured language that includes  
1372 disparaging and derogatory terms to residents or within  
1373 their hearing or seeing distance, regardless of their age,  
1374 ability to comprehend or disability.

1375



1376 Mental abuse includes, but is not limited to, humiliation,  
1377 harassment, threats of punishment or deprivation, or  
1378 offensive physical contact by a licensee, employee or agent.  
1379

1380 Sexual harassment or sexual coercion perpetrated by a  
1381 licensee, employee or agent.  
1382

1383 Sexual assault.  
1384

1385 *Access – the right to:*  
1386

1387 *Enter any facility;*  
1388

1389 *Communicate privately and without restriction with any resident who*  
1390 *consents to the communication;*  
1391

1392 *Seek consent to communicate privately and without restriction with any*  
1393 *resident;*  
1394

1395 *Inspect the clinical and other records of a resident with the express*  
1396 *written consent of the resident;*  
1397

1398 *Observe all areas of the facility except the living area of any resident who*  
1399 *protests the observation. (Section 1-104 of the Act)*  
1400

1401 Act – as used in this Part, the Nursing Home Care Act ~~[210 ILCS 45]~~.  
1402

1403 Activity Program – a specific planned program of varied group and individual  
1404 activities geared to the individual resident's needs and available for a reasonable  
1405 number of hours each day.  
1406

1407 Adaptive Behavior – the effectiveness or degree with which the individual meets  
1408 the standards of personal independence and social responsibility expected of the  
1409 individual's~~his~~ age and cultural group.  
1410

1411 Adaptive Equipment – a physical or mechanical device, material or equipment  
1412 attached or adjacent to the resident's body that may restrict freedom of movement  
1413 or normal access to one's body, the purpose of which is to permit or encourage  
1414 movement, or to provide opportunities for increased functioning, or to prevent  
1415 contractures or deformities. Adaptive equipment is not a physical restraint. No  
1416 matter the purpose, adaptive equipment does not include any device, material or  
1417 method described in Section 330.1145 as a physical restraint.  
1418

1419 Addition – any construction attached to the original building that increases the  
1420 area or cubic content of the building.

1421  
1422 Adequate or satisfactory or sufficient – enough in either quantity or quality, as  
1423 determined by a reasonable person familiar with the professional standards of the  
1424 subject under review, to meet the needs of the residents of a facility under the  
1425 particular set of circumstances in existence at the time of review.

1426  
1427 Administrative Warning – a notice to a facility issued by the Department under  
1428 Section 330.277 ~~of this Part~~ and Section 3-303.2 of the Act ~~that, which~~ indicates  
1429 that a situation, condition, or practice in the facility violates the Act or the  
1430 Department's rules, but is not a Type AA, Type A, Type B, or Type C violation.

1431  
1432 Administrator – a person who is charged with the general administration and  
1433 supervision of a facility and licensed, if required, under the Nursing Home  
1434 Administrators Licensing and Disciplinary Act. (Section 1-105 of the Act)~~the~~  
1435 ~~person who is directly responsible for the operation and administration of the~~  
1436 ~~facility, irrespective of the assigned title. (See Licensed Nursing Home~~  
1437 ~~Administrator.)~~

1438  
1439 Advocate – a person who represents the rights and interests of an individual as  
1440 though they were the person's own, in order to realize the rights to which the  
1441 individual is entitled, obtain needed services, and remove barriers to meeting the  
1442 individual's needs.

1443  
1444 *Affiliate – means:*

1445  
1446 *With respect to a partnership, each partner thereof.*

1447  
1448 *With respect to a corporation, each officer, director and stockholder*  
1449 *thereof.*

1450  
1451 *With respect to a natural person: any person related in the first degree of*  
1452 *kinship to that person; each partnership and each partner thereof of which*  
1453 *that person or any affiliate of that person is a partner; and each*  
1454 *corporation in which that person or any affiliate of that person is an*  
1455 *officer, director or stockholder. (Section 1-106 of the Act)*

1456  
1457 Aide or Orderly – any person providing direct personal care, training or  
1458 habilitation services to residents.

1459  
1460 Alteration – any construction change or modification of an existing building that  
1461 does not increase the area or cubic content of the building.

1462  
1463 Ambulatory Resident – a person who is physically and mentally capable of  
1464 walking without assistance, or is physically able with guidance to do so, including  
1465 the ascent and descent of stairs.

1466  
1467 *Applicant* – any person making application for a license. (Section 1-107 of the  
1468 Act)

1469  
1470 Appropriate – term used to indicate that a requirement is to be applied according  
1471 to the needs of a particular individual or situation.

1472  
1473 Approved – acceptable to the authority having jurisdiction.

1474  
1475 Assessment – the use of an objective system with which to evaluate the physical,  
1476 social, developmental, behavioral, and psychosocial aspects of an individual.

1477  
1478 ~~Audiologist – a person who is licensed as an audiologist under the Speech-~~  
1479 ~~Language Pathology and Audiology Practice Act [225 ILCS 110].~~

1480  
1481 Autism or autism spectrum disorder – a disorder that is characterized by persistent  
1482 deficits in social communication and social interaction across multiple contexts,  
1483 including deficits in social reciprocity, nonverbal communicative behaviors used  
1484 for social interaction, and skills in developing maintaining, and understanding  
1485 relationships. In addition to the social communication deficits, the diagnosis of  
1486 autism spectrum disorder requires the presence of restricted, repetitive patterns of  
1487 behavior, interests, or activities. ~~a syndrome described as consisting of withdrawal,~~  
1488 ~~very inadequate social relationships, exceptional object relationships, language~~  
1489 ~~disturbances and monotonously repetitive motor behavior.~~

1490  
1491 Autoclave – an apparatus for sterilizing by superheated steam under pressure.

1492  
1493 ~~Auxiliary Personnel – all nursing personnel in intermediate care facilities and~~  
1494 ~~skilled nursing facilities other than licensed personnel.~~

1495  
1496 Basement – when used in this Part, ~~means~~ any story or floor level below the main  
1497 or street floor. ~~When~~ Where due to grade difference, ~~there are~~ two levels each  
1498 qualify ~~qualifying~~ as a street floor, a basement is any floor below the level of the  
1499 two street floors. Basements shall not be counted in determining the height of a  
1500 building in stories.

1501  
1502 Behavior Modification – treatment to be used to establish or change behavior  
1503 patterns.

1504

1505 Cerebral Palsy – a disorder dating from birth or early infancy, nonprogressive,  
1506 characterized by examples of aberrations of motor function (paralysis, weakness,  
1507 incoordination) and often other manifestations of organic brain damage such as  
1508 sensory disorders, seizures, mental retardation, learning difficulty and behavior  
1509 disorders.

1510  
1511 Certification for Title XVIII and XIX – the issuance of a document by the  
1512 Department to the U.S. Department of Health and Human Services or the  
1513 Department of Healthcare and Family Services verifying compliance with  
1514 applicable statutory or regulatory requirements for the purposes of participation as  
1515 a provider of care and service in a specific federal or State health program.

1516  
1517 Certified Nursing Assistant – any person who meets the requirements of 77 Ill.  
1518 Adm. Code 395 and who provides nursing care or personal care to residents of  
1519 facilities, regardless of title, and who is not otherwise licensed, certified or  
1520 registered by the Department of Financial and Professional Regulation to render  
1521 medical care. Nursing assistants shall function under the supervision of a licensed  
1522 nurse.

1523  
1524 Charge Nurse – a registered professional nurse or a licensed practical nurse in  
1525 charge of the nursing activities for a specific unit or floor during a shift~~tour of~~  
1526 ~~duty~~.

1527  
1528 *Chemical Restraint – any drug that is used for discipline or convenience and is*  
1529 *not required to treat medical symptoms or behavior manifestations of mental*  
1530 *illness. (Section 2-106(a) of the Act) For the purposes of this term and its use in*  
1531 *Section 330.1145, "convenience" means the use of any restraint by the facility to*  
1532 *control resident behavior or maintain a resident that is not in the resident's best*  
1533 *interest, and with less use of the facility's effort and resources than would*  
1534 *otherwise be required by the facility.*

1535  
1536 Community Alternatives – service programs in the community provided as an  
1537 alternative to institutionalization.

1538  
1539 Continuing Care Contract – a contract through which a facility agrees to  
1540 supplement all forms of financial support for a resident throughout the remainder  
1541 of the resident's life.

1542  
1543 Contract – a binding agreement between a resident or the resident's guardian (or,  
1544 if the resident is a minor, the resident's parent) and the facility or its agent.

1545  
1546 Convenience – the use of any restraint by the facility to control resident behavior  
1547 or maintain a resident, which is not in the resident's best interest, and with less use

1548 of the facility's effort and resources than would otherwise be required by the  
1549 facility. This definition is limited to the definition of chemical restraint and  
1550 Section 330.1145 of this Part.

1551  
1552 ~~Corporal Punishment – painful stimuli inflicted directly upon the body.~~

1553  
1554 Cruelty and Indifference to Welfare of the Resident – failure to provide a resident  
1555 with the care and supervision he or she requires, or the infliction of mental or  
1556 physical abuse.

1557  
1558 Dentist – any person licensed by the State of Illinois to practice dentistry,  
1559 includes persons holding a Temporary Certificate of Registration, as provided in  
1560 the Illinois Dental Practice Act [225 ILCS 25].

1561  
1562 Department – the Department of Public Health. (Section 1-109 of the  
1563 Act) ~~Department – as used in this Part means the Illinois Department of Public~~  
1564 ~~Health.~~

1565  
1566 *Developmental Disability – means a severe, chronic disability of a person which:*

1567  
1568 *is attributable to a mental or physical impairment or combination of*  
1569 *mental and physical impairments, such as intellectual disability ~~mental~~*  
1570 *~~retardation~~, cerebral palsy, epilepsy, autism;*

1571  
1572 *is manifested before the person attains age 22;*

1573  
1574 *is likely to continue indefinitely;*

1575  
1576 *results in substantial functional limitations in 3 or more of the following*  
1577 *areas of major life activity:*

1578  
1579 *self-care,*

1580  
1581 *receptive and expressive language,*

1582  
1583 *learning,*

1584  
1585 *mobility,*

1586  
1587 *self-direction,*

1588  
1589 *capacity for independent living, and*

1590

1591 *economic self-sufficiency; and*  
1592  
1593 *reflects the person's need for combination and sequence of special,*  
1594 *interdisciplinary or generic care, treatment or other services which are of*  
1595 *lifelong or extended duration and are individually planned and*  
1596 *coordinated. (Section 3-801.1 of the Act)*  
1597

1598 Dietetic Service Supervisor – a person who:

1599  
1600 is a dietitian; or

1601  
1602 is a graduate of a [dietetic and nutrition school or program authorized by](#)  
1603 [the Accreditation Council for Education in Nutrition and Dietetics, the](#)  
1604 [Academy of Nutrition and Dietetics, or the American Clinical Board of](#)  
1605 [Nutrition](#)~~dietetic technician or dietetic assistant training program,~~  
1606 ~~corresponding or classroom, approved by the American Dietetic~~  
1607 ~~Association;~~ or

1608  
1609 is a graduate, prior to July 1, 1990, of a Department-approved course that  
1610 provided 90 or more hours of classroom instruction in food service  
1611 supervision and has had experience as a supervisor in a health care  
1612 institution, which included consultation from a dietitian; or

1613  
1614 has successfully completed [an Association of Nutrition & Foodservice](#)  
1615 [Professionals](#)~~a Dietary Manager's Association~~ approved [Certified Dietary](#)  
1616 [Manager or Certified Food Protection Professional](#)~~dietary managers~~  
1617 course; or

1618  
1619 is certified as a [Certified Dietary Manager or Certified Food Protection](#)  
1620 [Professional by the Association of Nutrition & Foodservice](#)  
1621 [Professionals](#)~~dietary manager by the Dietary Manager's Association;~~ or

1622  
1623 has training and experience in food service supervision and management  
1624 in a military service equivalent in content to the programs in the second,  
1625 third or fourth paragraph of this definition.

1626  
1627 Dietitian – a person who is [licensed as a dietitian or](#) a licensed dietitian  
1628 [nutritionist under](#)~~as provided in~~ the [Dietitian Nutritionist](#)~~Dietetic and Nutrition~~  
1629 ~~Services~~ Practice Act ~~[225 ILCS 30]~~.

1630  
1631 Direct Supervision – ~~work performed~~ under the guidance and direction of a  
1632 supervisor who is responsible for the work, who plans work and methods, who is  
1633 available on short notice to answer questions and deal with problems that are not

1634 strictly routine, who regularly reviews the work performed, and who is  
1635 accountable for the results.

1636  
1637 *Director – the Director of ~~the Department of~~ Public Health or designee.* (Section  
1638 1-110 of the Act)

1639  
1640 Director of Nursing Service – the full-time Professional Registered Nurse who is  
1641 directly responsible for the immediate supervision of the nursing services.

1642  
1643 *Discharge – the full release of any resident from a facility.* (Section 1-111 of the  
1644 Act)

1645  
1646 Discipline – any action taken by the facility for the purpose of punishing or  
1647 penalizing residents.

1648  
1649 Distinct Part – an entire, physically identifiable unit consisting of all of the beds  
1650 within that unit and having facilities meeting the standards applicable to the levels  
1651 of service to be provided. Staff and services for a distinct part are established as  
1652 set forth in the respective regulations governing the levels of services approved  
1653 for the distinct part.

1654  
1655 *Emergency – a situation, physical condition or one or more practices, methods or*  
1656 *operations ~~that~~<sup>which</sup> present imminent danger of death or serious physical or*  
1657 *mental harm to residents of a facility and are clinically documented in the*  
1658 *resident's medical record.* (Section 1-112 of the Act)

1659  
1660 Epilepsy – a chronic symptom of cerebral dysfunction, characterized by recurrent  
1661 attacks, involving changes in the state of consciousness, sudden in onset, and of  
1662 brief duration. Many attacks are accompanied by a seizure in which the person  
1663 falls involuntarily.

1664  
1665 Existing ~~Long-Term Care~~ Facility – any facility initially licensed as a health care  
1666 facility or approved for construction by the Department, or any facility initially  
1667 licensed or operated by any other agency of the State of Illinois, prior to March 1,  
1668 1980. Existing ~~long-term care~~ facilities shall meet the design and construction  
1669 standards for existing facilities for the level of long-term care for which the  
1670 license (new or renewal) is to be granted.

1671  
1672 *Facility or Long-Term Care Facility – a private home, institution, building,*  
1673 *residence, or any other place, whether operated for profit or not, or a county*  
1674 *home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22*  
1675 *of the Counties Code ~~[55 ILCS 5], or any similar institution operated by a~~*  
1676 *political subdivision of the State of Illinois, which provides, through its ownership*

1677 *or management, personal care, sheltered care or nursing for ~~three~~three or more*  
 1678 *persons, not related to the applicant or owner by blood or marriage. It includes*  
 1679 *skilled nursing facilities and intermediate care facilities as those terms are*  
 1680 *defined in Title XVIII and Title XIX of the ~~federal~~Federal Social Security Act (42*  
 1681 *U.S.C.~~USCA~~ 1395 et seq. and ~~1396~~1936 et seq.). It also includes homes,*  
 1682 *institutions, or other places operated by or under the authority of the Illinois*  
 1683 *Department of Veterans' Affairs. A "facility" may consist of more than one*  
 1684 *building as long as the buildings are on the same tract, or adjacent tracts of land.*  
 1685 *However, there shall be no more than one "facility" in any one building.*

1686 *"Facility" does not include the following:*

1687  
 1688 *A home, institution, or other place operated by the federal government or*  
 1689 *agency thereof, or by the State of Illinois other than homes, institutions, or*  
 1690 *other places operated by or under the authority of the Illinois Department*  
 1691 *of Veterans' Affairs;*

1692  
 1693 *A hospital, sanitarium, or other institution whose principal activity or*  
 1694 *business is the diagnosis, care, and treatment of human illness through the*  
 1695 *maintenance and operation as organized facilities therefor, which is*  
 1696 *required to be licensed under the Hospital Licensing Act ~~[210 ILCS 85];~~*

1697  
 1698 *Any "facility for child care" as defined in the Child Care Act of 1969 ~~[225~~*  
 1699 *ILCS 10];*

1700  
 1701 *Any "Community Living Facility"~~"community living facility"~~ as defined in*  
 1702 *the Community Living Facilities Licensing Act ~~[210 ILCS 35];~~*

1703  
 1704 *~~Any "community residential alternative" as defined in the Community~~*  
 1705 *~~Residential Alternatives Licensing Act [210 ILCS 140];~~*

1706  
 1707 *Any nursing home or sanatorium operated solely by and for persons who*  
 1708 *rely exclusively upon treatment by spiritual means through prayer, in*  
 1709 *accordance with the creed or tenets of any well-recognized church or*  
 1710 *religious denomination. However, such nursing home or sanatorium shall*  
 1711 *comply with all local laws and rules relating to sanitation and safety;*

1712  
 1713 *Any facility licensed by the Department of Human Services as a*  
 1714 *community-integrated living arrangement as defined in the Community-*  
 1715 *Integrated Living Arrangements Licensure and Certification Act ~~[210~~*  
 1716 *ILCS 135];*

1717  
 1718 *Any "supportive residence" licensed under the Supportive Residences*  
 1719 *Licensing Act ~~[210 ILCS 65];~~*



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1762

*Any "supportive living facility" in good standing with the program~~demonstration project~~ established under Section 5-5.01a of the Illinois Public Aid Code, except only for purposes of the employment of persons in accordance with Section 3-206.01 of the Act~~[305 ILCS 5/5-5.01a];~~*

*Any assisted living or shared housing establishment licensed under the Assisted Living and Shared Housing Act, except only for purposes of the employment of persons in accordance with Section 3-206.01 of the Act ~~[210 ILCS 9];~~*

*An Alzheimer's disease management center alternative health care model licensed under the Alternative Health Care Delivery Act ~~[210 ILCS 3]; or~~*

*A facility licensed under the ID/DD~~MR/DD~~ Community Care Act; ~~(Section 1-113 of the Act)~~*

*A facility licensed under the Specialized Mental Health Rehabilitation Act of 2013;*

*A facility licensed under the MC/DD Act; or*

*A medical foster home, as defined in 38 CFR 17.73, that is under the oversight of the United States Department of Veterans Affairs. (Section 1-113 of the Act)*

Facility, Sheltered Care – when used in this Part is synonymous with a sheltered care facility, which facility provides maintenance and personal care.

Financial Responsibility – having sufficient assets to provide adequate services such as: staff, heat, laundry, foods, supplies, and utilities for at least a two-month period of time.

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

Goal – an expected result or condition that involves a relatively long period of time to achieve, that is specified in behavioral terms in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment.

~~Governing Body – the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a facility and establishes~~

1763 ~~policies concerning its operation and the welfare of the individuals it serves.~~

1764

1765 *Guardian – a person appointed as a guardian of the person or guardian of the*  
1766 *estate, or both, of a resident under the Probate Act of 1975. (Section 1-114 of the*  
1767 *Act)*

1768

1769 *Habilitation – an effort directed toward the alleviation of a disability or toward*  
1770 *increasing a person's level of physical, mental, social or economic functioning.*

1771 *Habilitation may include, but is not limited to, diagnosis, evaluation, medical*  
1772 *services, residential care, day care, special living arrangements, training,*  
1773 *education, sheltered employment, protective services, counseling and other*  
1774 *services.*

1775

1776 ~~*Health Information Management Consultant – a person who is certified as a*~~  
1777 ~~*Registered Health Information Administrator (RHIA) or a Registered Health*~~  
1778 ~~*Information Technician (RHIT) by the American Health Information*~~  
1779 ~~*Management Association; or is a graduate of a school of health information*~~  
1780 ~~*management that is accredited jointly by the American Medical Association and*~~  
1781 ~~*the American Health Information Management Association.*~~

1782

1783 *"High Risk Designation – a violation, as described in Section 330.282(i), of a*  
1784 *provision that has been identified by the Department in Section 330.282(j) to be*  
1785 *inherently necessary to protect the health, safety, and welfare of a resident.*  
1786 *(Section 1-114.005 of the Act)*

1787

1788 ~~*Home for the Aged – any facility which is operated: by a not-for-profit*~~  
1789 ~~*corporation incorporated under, or qualified as a foreign corporation under, the*~~  
1790 ~~*General Not For Profit Corporation Act of 1986 [805 ILCS 105]; or by a county*~~  
1791 ~~*pursuant to Division 5-22 of the Counties Code [55 ILCS 5]; or pursuant to a trust*~~  
1792 ~~*or endowment established for nonprofit, charitable purposes; and which provides*~~  
1793 ~~*maintenance, personal care, nursing or sheltered care to three or more residents,*~~  
1794 ~~*90 percent of whom are 60 or more years of age.*~~

1795

1796 *Hospitalization – the care and treatment of a person in a hospital as an inpatient.*

1797

1798 *Identified Offender – a person who:*

1799

1800 *Has been convicted of, found guilty of, adjudicated delinquent for, found*  
1801 *not guilty by reason of insanity for, or found unfit to stand trial for, any*  
1802 *felony offense listed in Section 25 of the Health Care Worker Background*  
1803 *Check Act, except for the following: a felony offense described in Section*  
1804 *10-5 of the Nurse Practice Act; a felony offense described in Section 4, 5,*  
1805 *6, 8, or 17.02 of the Illinois Credit Card and Debit Card Act; a felony*

1806 offense described in Section 5, 5.1, 5.2, 7, or 9 of the Cannabis Control  
1807 Act; a felony offense described in Section 401, 401.1, 404, 405.1, 407, or  
1808 407.1 of the Illinois Controlled Substances Act; and a felony offense  
1809 described in the Methamphetamine Control and Community Protection  
1810 Act; or

1811  
1812 Has been convicted of, adjudicated delinquent for, found not guilty by  
1813 reason of insanity for, or found unfit to stand trial for, any sex offense as  
1814 defined in subsection ~~I(e)~~ of Section 10 of the Sex Offender Management  
1815 Board Act; or ~~Any other resident as determined by the Department of~~  
1816 ~~State Police.~~

1817  
1818 Is any other resident as determined by the Department of State Police.  
1819 (Section 1-114.01 of the Act)

1820  
1821 Immediate family – the spouse, an adult child, a parent, an adult brother or sister,  
1822 or an adult grandchild of a person. (Section 1-114.1 of the Act)

1823  
1824 Intellectual Disability or Intellectually Disabled – a disorder with onset during the  
1825 developmental period that includes both intellectual and adaptive functioning  
1826 deficits in conceptual, social, and practical domains. The essential features of  
1827 intellectual disability are deficits in general intellectual abilities and impairment in  
1828 everyday adaptive functioning.

1829  
1830 Interdisciplinary Team – a group of persons that represents those professions,  
1831 disciplines, or service areas that are relevant to identifying an individual's  
1832 strengths and needs, and designs a program to meet those needs. This team shall  
1833 include at least a physician, a nurse with responsibility for the resident, the  
1834 resident, the resident's guardian, the resident's primary service providers,  
1835 including staff most familiar with the resident, and other appropriate professionals  
1836 and caregivers as determined by the resident's needs. ~~a social worker and other~~  
1837 ~~professionals. The Interdisciplinary Team includes the resident, the resident's~~  
1838 ~~guardian, the resident's primary service providers, including staff most familiar~~  
1839 ~~with the resident; and other appropriate professionals and caregivers as~~  
1840 ~~determined by the resident's needs.~~ The resident or ~~their~~his or her guardian may  
1841 also invite other individuals to meet with the Interdisciplinary Team and  
1842 participate in the process of identifying the resident's strengths and needs.

1843  
1844 ~~Licensed Nursing Home Administrator – a person who is charged with the~~  
1845 ~~general administration and supervision of a facility and licensed under the~~  
1846 ~~Nursing Home Administrators Licensing and Disciplinary Act.~~

1847  
1848 Licensed Practical Nurse – a person with a valid Illinois license to practice as a

1849 practical nurse.

1850

1851 *Licensee – the ~~individual person~~ or entity licensed by the Department to operate*  
1852 *the facility ~~as provided under the Act~~.* (Section 1-115 of the Act)

1853

1854 Life Care Contract – a contract through which a facility agrees to provide  
1855 maintenance and care for a resident throughout the remainder of the resident's life.

1856

1857 *Maintenance – food, shelter, and laundry services.* (Section 1-116 of the Act)

1858

1859 Maladaptive Behavior – impairment in adaptive behavior as determined by a  
1860 clinical psychologist or by a physician. Impaired adaptive behavior may be  
1861 reflected in delayed maturation, reduced learning ability or inadequate social  
1862 adjustment.

1863

1864 ~~Mental Retardation – subaverage general intellectual functioning originating~~  
1865 ~~during the developmental period and associated with maladaptive behavior.~~

1866

1867 *Misappropriation of a Resident's Property – the deliberate misplacement,*  
1868 *exploitation, or wrongful temporary or permanent use of a resident's belongings*  
1869 *or money without the resident's consent or the consent of a resident's guardian or*  
1870 *representative. Misappropriation of a resident's property includes ~~Property using a~~  
1871 ~~resident's cash, clothing, or other possessions without authorization by the~~  
1872 ~~resident or the resident's authorized representative;~~ failure to return valuables after  
1873 a resident's discharge; or failure to refund money after death or discharge when  
1874 there is an unused balance in the resident's personal account. (Section 1-116.5 of  
1875 the Act)*

1876

1877 ~~Mobile Nonambulatory – unable to walk independently or without assistance, but~~  
1878 ~~able to move from place to place with the use of a device such as a walker,~~  
1879 ~~crutches, a wheelchair, or a wheeled platform.~~

1880

1881 ~~Mobile Resident – any resident who is able to move about either independently or~~  
1882 ~~with the aid of an assistive device such as a walker, crutches, a wheelchair, or a~~  
1883 ~~wheeled platform.~~

1884

1885 Monitor – a qualified person placed in a facility by the Department to observe  
1886 operations of the facility, assist the facility by advising it on how to comply with  
1887 the State regulations, and ~~who~~ reports periodically to the Department on the  
1888 operations of the facility.

1889

1890 *Neglect – a facility's failure to provide, or willful withholding of, adequate*  
1891 *medical care, mental health treatment, psychiatric rehabilitation, personal care,*

1892 *or assistance with activities of daily living that is necessary to avoid physical*  
1893 *harm, mental anguish, or mental illness of a resident. (Section 1-117 of the Act)*

1894 This shall include any allegation in which:

1895  
1896 the alleged failure causing injury or deterioration is ongoing or repetitious;  
1897 or

1898  
1899 a resident required medical treatment as a result of the alleged failure; or

1900  
1901 the failure is alleged to have caused a noticeable negative impact on a  
1902 resident's health, behavior or activities for more than 24 hours.

1903  
1904 New ~~Long-Term-Care~~ Facility – any facility initially licensed as a health care  
1905 facility by the Department, or any facility initially licensed or operated by any  
1906 other agency of the State of Illinois, on or after March 1, 1980. New ~~long-term~~  
1907 ~~care~~ facilities shall meet the design and construction standards for new facilities  
1908 for the level of long-term care for which the license (new or renewal) is to be  
1909 granted.

1910  
1911 ~~Normalization – the principle of helping individuals to obtain an existence as~~  
1912 ~~close to normal as possible, by making available to them patterns and conditions~~  
1913 ~~of everyday life that are as close as possible to the norms and patterns of the~~  
1914 ~~mainstream of society.~~

1915  
1916 *Nurse – a registered nurse or a licensed practical nurse as defined in the Nurse*  
1917 *Practice Act. (Section 1-118 of the Act)*

1918  
1919 ~~Nursing Assistant – any person who provides nursing care or personal care to~~  
1920 ~~residents of licensed long-term care facilities, regardless of title, and who is not~~  
1921 ~~otherwise licensed, certified or registered by the Department of Financial and~~  
1922 ~~Professional Regulation to render medical care. Other titles often used to refer to~~  
1923 ~~nursing assistants include, but are not limited to, nurse's aide, orderly and nurse~~  
1924 ~~technician. Nursing assistants shall function under the supervision of a licensed~~  
1925 ~~nurse.~~

1926  
1927 Nursing Care – a complex of activities that carries out the diagnostic, therapeutic,  
1928 and rehabilitative plan as prescribed by the physician; care for the resident's  
1929 environment; observing symptoms and reactions and taking necessary measures  
1930 to carry out nursing procedures involving understanding of cause and effect to  
1931 safeguard life and health.

1932  
1933 Nursing Unit – a physically identifiable designated area of a facility consisting of  
1934 all the beds within the designated area, but having no more than 75 beds, none of

- 1935 which are more than 120 feet from the nurse's station.
- 1936
- 1937 Objective – an expected result or condition that involves a relatively short period
- 1938 of time to achieve, that is specified in behavioral terms, and that is related to the
- 1939 achievement of a goal.
- 1940
- 1941 Occupational Therapist, Registered or OTR – a person who is registered as an
- 1942 occupational therapist under the Illinois Occupational Therapy Practice Act.
- 1943
- 1944 Occupational Therapy Assistant – a person who is registered as a certified
- 1945 occupational therapy assistant under the Illinois Occupational Therapy Practice
- 1946 Act.
- 1947
- 1948 Operator – the person responsible for the control, maintenance and governance of
- 1949 the facility, its personnel and physical plant.
- 1950
- 1951 ~~Other Resident Injury – occurs where a resident is alleged to have suffered~~
- 1952 ~~physical or mental harm and the allegation does not fall within the definition of~~
- 1953 ~~abuse or neglect.~~
- 1954
- 1955 Oversight – general watchfulness and appropriate reaction to meet the total needs
- 1956 of the residents, exclusive of nursing or personal care. Oversight shall include,
- 1957 but is not limited to, social, recreational and employment opportunities for
- 1958 residents who, by reason of mental disability, or in the opinion of a licensed
- 1959 physician, are in need of residential care.
- 1960
- 1961 *Owner – the individual, partnership, corporation, association or other person*
- 1962 *who owns a facility. In the event a facility is operated by a person who leases the*
- 1963 *physical plant, which is owned by another person, "owner" means the person who*
- 1964 *operates the facility, except that if the person who owns the physical plant is an*
- 1965 *affiliate of the person who operates the facility and has significant control over*
- 1966 *the day-to-day operations of the facility, the person who owns the physical plant*
- 1967 *shall incur jointly and severally with the owner all liabilities imposed on an*
- 1968 *owner under ~~the~~ Act and this Part.* (Section 1-119 of the Act)
- 1969
- 1970 Person – with regard to the term "owner" above, "person" means any individual,
- 1971 partnership, corporation, association, municipality, political subdivision, trust,
- 1972 estate or other legal entity ~~whatsoever~~.
- 1973
- 1974 *Personal Care – assistance with meals, dressing, movement, bathing or other*
- 1975 *personal needs or maintenance, or general supervision and oversight of the*
- 1976 *physical and mental well-being of an individual who is incapable of maintaining a*
- 1977 *private, independent residence or who is incapable of managing ~~their~~his person,*

1978 whether or not a guardian has been appointed for ~~that~~<sup>such</sup> individual. (Section 1-  
1979 120 of the Act)

1980  
1981 Pharmacist, ~~Licensed~~<sup>Registered</sup> – a person who holds a ~~license~~<sup>certificate of</sup>  
1982 ~~registration~~ as a ~~registered~~ pharmacist, ~~a local registered pharmacist or a~~  
1983 ~~registered assistant pharmacist~~ under the Pharmacy Practice Act.

1984  
1985 *Physical Restraint* – any manual method or physical or mechanical device,  
1986 material, or equipment attached or adjacent to a resident's body that the resident  
1987 cannot remove easily and ~~that~~<sup>which</sup> restricts freedom of movement or normal  
1988 access to one's body. (Section 2-106<sup>(a)</sup> of the Act)

1989  
1990 Physical Therapist – a person who is licensed as a physical therapist under the  
1991 Illinois Physical Therapy Act.

1992  
1993 Physical Therapist Assistant – a person who has graduated from a ~~two-year~~<sup>two</sup>  
1994 ~~year~~ college level program approved by the American Physical Therapy  
1995 Association.

1996  
1997 ~~Physical Therapist~~ – a person who is registered as a physical therapist under the  
1998 ~~Illinois Physical Therapy Act.~~

1999  
2000 Physician – any person licensed by the State of Illinois to practice medicine in all  
2001 its branches as provided in the Medical Practice Act of 1987.

2002  
2003 Probationary License – an initial license issued for a period of 120 days during  
2004 which time the Department will determine the qualifications of the applicant.

2005  
2006 *Provisional Admission Period* – the time between the admission of an identified  
2007 offender as defined in Section 1-114.01 of the Act and this Section, and 3 days  
2008 following the admitting facility's receipt of an Identified Offender Report and  
2009 Recommendation in accordance with Section 2-201.6 of the Act. (Section 1-120.3  
2010 of the Act)

2011  
2012 *Psychiatric Services Rehabilitation Aide* – an individual employed by a long-term  
2013 care facility to provide, for mentally ill residents, at a minimum, crisis  
2014 intervention, rehabilitation, and assistance with activities of daily living. (Section  
2015 1-120.7 of the Act)

2016  
2017 Psychiatrist – a physician who has successfully completed a residency program in  
2018 psychiatry accredited by either the Accreditation Council for Graduate Medical  
2019 Education or the American Osteopathic Association. ~~a physician who has had at~~  
2020 ~~least three years of formal training or primary experience in the diagnosis and~~

2021 ~~treatment of mental illness.~~

2022  
2023 Psychologist – a person who is licensed to practice clinical psychology under the  
2024 Clinical Psychologist Licensing Act.

2025  
2026 ~~Qualified Professional – a person who meets the educational, technical and ethical~~  
2027 ~~criteria of a health care profession, as evidenced by eligibility for membership in~~  
2028 ~~an organization established by the profession for the purpose of recognizing those~~  
2029 ~~persons who meet such criteria; and who is licensed, registered, or certified by the~~  
2030 ~~State of Illinois, if required.~~

2031  
2032 Reasonable Visiting Hour~~Visiting Hours~~ – any time between the hours of 10 a.m.  
2033 and 8 p.m.~~10 A.M. and 8 P.M.~~ daily. (Section 1-121 of the Act)

2034  
2035 Registered Nurse – a person with a valid Illinois license to practice as a registered  
2036 professional nurse under the Nurse Practice Act.

2037  
2038 *Repeat Violation – for purposes of assessing fines under Section 3-305 of the Act*  
2039 *and this Part, a violation ~~that~~ has been cited during one inspection of the*  
2040 *facility for which a subsequent inspection indicates that an accepted plan of*  
2041 *correction was not complied with, within a period of not more than 12 months*  
2042 *from the issuance of the initial violation, or a new citation of the same rule if ~~A~~*  
2043 *~~repeat violation shall not be a new citation of the same rule, unless~~ the licensee is*  
2044 *not substantially addressing the issue routinely throughout the facility. (Section 3-*  
2045 *305(7) of the Act)*

2046  
2047 Reputable Moral Character –

2048  
2049 having no history of a conviction;

2050  
2051 of the applicant; or

2052  
2053 if the applicant is:

2054  
2055 a firm, partnership, or association, of any of its members;

2056 or

2057  
2058 ~~of~~ a corporation, of any of its officers, or directors, or of the  
2059 person designated to manage or supervise the facility;

2060  
2061 of a felony, or of two or more misdemeanors involving moral  
2062 turpitude, as shown by a certified copy of the record of the court of  
2063 conviction, or in the case of the conviction of a misdemeanor by a



2064 court not of record, as shown by other evidence; or

2065  
2066 no other satisfactory evidence indicates that the moral character of the  
2067 applicant, or manager, or supervisor of the facility is not reputable.  
2068

2069 *Resident – a person receiving personal or medical care, including but not limited*  
2070 *to mental health treatment, psychiatric rehabilitation, physical rehabilitation, and*  
2071 *assistance with activities of daily living, from a facility. (Section 1-122 of the Act)*  
2072

2073 *Resident's Representative – a person other than the owner not related to the*  
2074 *resident, or an agent or employee of a facility not related to the resident,*  
2075 *designated in writing by a resident to be their~~his or her~~ representative, or the*  
2076 *resident's guardian,~~or the parent of a minor resident for whom no guardian has~~*  
2077 *~~been appointed~~. (Section 1-123 of the Act)*  
2078

2079 Restorative~~Care~~ – services or measures~~a health care process~~ designed to assist  
2080 residents to attain and maintain the highest degree of function of which they are  
2081 capable (physical, mental, and social).  
2082

2083 Room – a part of the inside of a facility that is partitioned continuously from floor  
2084 to ceiling with openings closed with glass or hinged doors.  
2085

2086 Sanitization – the reduction of pathogenic organisms on a utensil surface to a safe  
2087 level, which is accomplished through the use of steam, hot water, or chemicals.  
2088

2089 ~~Satisfactory – same as adequate.~~  
2090

2091 Seclusion or confinement – the retention of a resident alone in a room with a door  
2092 that the resident cannot open.  
2093

2094 Self-Preservation~~Self Preservation~~ – the ability to follow directions and recognize  
2095 impending danger or emergency situations and react by avoiding or leaving the  
2096 unsafe area.  
2097

2098 *Sheltered Care – maintenance and personal care. (Section 1-124 of the Act)*  
2099

2100 Social Worker – a person who is a licensed social worker or a licensed clinical  
2101 social worker under the Clinical Social Work and Social Work Practice Act ~~[225~~  
2102 ~~ILCS 20]~~.  
2103

2104 State Fire Marshal – ~~the Fire Marshal of the Office of the~~ Illinois State Fire  
2105 Marshal, who serves as the executive director of the Office of the State Fire  
2106 Marshal. (Section 1 of the State Fire Marshal Act)~~State Fire Marshal, Division of~~

2107 ~~Fire Prevention.~~

2108

2109 Sterilization – the act or process of destroying completely all forms of microbial  
2110 life, including viruses.

2111

2112 *Stockholder of a Corporation – any person who, directly or indirectly,*  
2113 *beneficially owns, holds or has the power to vote, at ~~least 5%~~*least five percent* of*  
2114 *any class of securities issued by the corporation. (Section 1-125 of the Act)*

2115

2116 Story – when used in this Part, means that portion of a building between the upper  
2117 surface of any floor and the upper surface of the floor above except that the  
2118 topmost story shall be the portion of a building between the upper surface of the  
2119 topmost floor and the upper surface of the roof above.

2120

2121 ~~*Student Intern – means any person whose total term of employment in any facility*~~  
2122 ~~*during any 12-month period is equal to or less than 90 continuous days, and*~~  
2123 ~~*whose term of employment is either:*~~

2124

2125 ~~*an academic credit requirement in a high school or undergraduate*~~  
2126 ~~*institution; or*~~

2127

2128 ~~*immediately succeeds a full quarter, semester or trimester of academic*~~  
2129 ~~*enrollment in either a high school or undergraduate institution, provided*~~  
2130 ~~*that such person is registered for another full quarter, semester or*~~  
2131 ~~*trimester of academic enrollment in either a high school or undergraduate*~~  
2132 ~~*institution which quarter, semester or trimester will commence*~~  
2133 ~~*immediately following the term of employment. (Section 1-125.1 of the*~~  
2134 ~~*Act)*~~

2135

2136 Substantial Compliance – meeting requirements except for variance from the  
2137 strict and literal performance that results in unimportant omissions or defects  
2138 given the particular circumstances involved. This definition is limited to the  
2139 ~~term~~phrase as used in Sections 330.140(a)(3) and 330.150(a)(3).

2140

2141 Substantial Failure – the failure to meet requirements other than a variance from  
2142 the strict and literal performance that results in unimportant omissions or defects  
2143 given the particular circumstances involved. This definition is limited to the  
2144 ~~term~~phrase as used in Section 330.165(b)(1).

2145

2146 ~~Sufficient – same as adequate.~~

2147

2148 Supervision – authoritative ~~procedural~~ guidance by a qualified person for the  
2149 accomplishment of a function or activity within ~~their~~his sphere of competence;

2150 ~~with initial direction and periodic inspection of the actual act of accomplishing the~~  
2151 ~~function or activity.~~

2152  
2153 Therapeutic Recreation Specialist – a person who is certified by the National  
2154 Council for Therapeutic Recreation Certification and who meets the minimum  
2155 standards it has established for classification as a Therapeutic Recreation  
2156 Specialist.

2157  
2158 ~~Time Out – removing an individual from a situation that results in undesirable~~  
2159 ~~behavior. It is a behavior modification procedure which is developed and~~  
2160 ~~implemented under the supervision of a qualified professional.~~

2161  
2162 *Title XVIII – Title XVIII of the Federal Social Security Act* ~~as now or hereafter~~  
2163 ~~amended.~~ (Section 1-126 of the Act)

2164  
2165 *Title XIX – Title XIX of the Federal Social Security Act* ~~as now or hereafter~~  
2166 ~~amended.~~ (Section 1-127 of the Act)

2167  
2168 *Transfer – a change in status of a resident's living arrangements from one facility*  
2169 *to another facility.* (Section 1-128 of the Act)

2170  
2171 *Type "AA" ~~AA~~ violation – a violation of the Act or this Part which creates a*  
2172 *condition or occurrence relating to the operation and maintenance of a facility*  
2173 *that proximately caused a resident's death.* (Section 1-128.5 of the Act)

2174  
2175 *Type "A" ~~A~~ violation ~~A-Violation~~ – a violation of the Act or this Part that creates a*  
2176 *condition or occurrence relating to the operation and maintenance of a facility*  
2177 *that creates a substantial probability that the risk of death or serious mental or*  
2178 *physical harm to a resident will result therefrom or has resulted in actual*  
2179 *physical or mental harm to a resident.* (Section 1-129 of the Act)

2180  
2181 *Type "B" ~~B~~ violation ~~B-Violation~~ – a violation of the Act or this Part that creates a*  
2182 *condition or occurrence relating to the operation and maintenance of a facility*  
2183 *that is more likely than not to cause more than minimal physical or mental harm*  
2184 *to a resident* (Section 1-130 of the Act)

2185  
2186 *Type "C" ~~C~~ violation ~~C-Violation~~ – a violation of the Act or this Part that creates a*  
2187 *condition or occurrence relating to the operation and maintenance of a facility*  
2188 *that creates a substantial probability that less than minimal physical or mental*  
2189 *harm to a resident will result therefrom.* (Section 1-132 of the Act)

2190  
2191 *Unit – an entire physically identifiable residence area having facilities meeting*  
2192 *the standards applicable to the levels of service to be provided. Staff and services*

2193 for each distinct resident area are established as set forth in the respective rules  
2194 governing the approved levels of service.

2195  
2196 Universal Progress Notes – a common record with periodic narrative  
2197 documentation by all persons involved in resident care.

2198  
2199 Valid License – a license that is unsuspended, unrevoked and unexpired.

2200  
2201 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

2202  
2203 **Section 330.340 Incorporated and Referenced Materials**

2204  
2205 a) The following standards and guidelines are incorporated in this Part:

2206  
2207 1) For existing facilities (see Subpart O), National Fire Protection  
2208 Association (NFPA) 101 (2012): Life Safety Code Chapter 19, applies to  
2209 and is part of this Part, which may be obtained from the National Fire  
2210 Protection Association, 1 Batterymarch Park, Quincy, MA 01269.

2211  
2212 A) All appropriate references under NFPA 101 (2012), Chapter 2,  
2213 Referenced Publications; and

2214  
2215 B) NFPA 101 A (2013), Guide on Alternative Approaches to Life  
2216 Safety

2217  
2218 2) For new facilities (see Subpart M), NFPA 101 (2012): Life Safety Code,  
2219 Chapter 18 and all appropriate references under Chapter 2, Referenced  
2220 Publications, applies to and is part of this Part, which may be obtained  
2221 from the National Fire Protection Association, 1 Batterymarch Park,  
2222 Quincy, MA 01269:

2223  
2224 A) NFPA 20 (2010), Standard for the Installation of Stationary Pumps  
2225 for Fire Protection

2226  
2227 B) NFPA 22 (2008), Standard for Water Tanks for Private Fire  
2228 Protection

2229  
2230 3) The following guidelines and toolkits of the Center for Infectious  
2231 Diseases, Centers for Disease Control and Prevention, United States  
2232 Public Health Service, Department of Health and Human Services may be  
2233 obtained from the National Technical Information Services (NTIS), 5301  
2234 Shawnee Road, Alexandria, VA 22312, info@ntis.gov, or the following  
2235 Internet addresses:

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 2278
- A) Guideline for Hand Hygiene in Health-Care Settings (October 25, 2002), available at:  
<https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html>
  - B) ~~Guidelines~~ **Guideline** for Preventing Healthcare-Associated Pneumonia, 2003 (March 26, 2004), available at:  
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/healthcare-associated-pneumonia-H.pdf>
  - C) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (~~July 2023~~ **May 2022**), available at:  
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
  - D) Infection Control in Healthcare Personnel, available in two parts: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (October 25, 2019) and Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (October 3, 2022), both available at:  
<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>
  - E) [The Core Elements of Antibiotic Stewardship for Nursing Homes](#), available at: <http://www.cdc.gov/antibiotic-use/core-elements/pdfs/core-elements-antibiotic-stewardship-H.pdf>
  - F) [The Core Elements of Antibiotic Stewardship for Nursing Homes, Appendix A: Policy and Practice Actions to Improve Antibiotic Use](#), available at: <https://www.cdc.gov/antibiotic-use/core-elements/pdfs/core-elements-antibiotic-stewardship-appendix-a-508.pdf>
  - G) [Nursing Home Antimicrobial Stewardship Guide](#), available at: <https://www.ahrq.gov/nhguide/index.html> (March 2023)
  - H) [Toolkit 3. Minimum Criteria for Common Infections Toolkit](#), available at: <https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit3-minimum-criteria.html> (September 2017)

- 2279 ~~D/E~~ Toolkit for Controlling Legionella in Common Sources of  
2280 Exposure (January 13, 2021), available at  
2281 <https://www.cdc.gov/legionella/downloads/Control-Toolkit-All->  
2282 [Modules.pdf](https://www.cdc.gov/legionella/downloads/Control-Toolkit-All-)  
2283
- 2284 4) American College of Obstetricians and Gynecologists, Guidelines for  
2285 Women's Health Care, Fourth Edition (2014), which may be obtained  
2286 from the American College of Obstetricians and Gynecologists  
2287 Distribution Center, P.O. Box 933104, Atlanta, GA 31193-3104 (800-  
2288 762-2264). (See Section 330.4220.)  
2289
- 2290 5) American Society of Heating, Refrigerating, and Air Conditioning  
2291 Engineers (ASHRAE): ASHRAE Guideline 12-2020, "Managing the Risk  
2292 of Legionellosis Associated with Building Water Systems" (March 30,  
2293 2021), which may be obtained from the American Society of Heating,  
2294 Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle,  
2295 N.E., Atlanta, GA 30329.  
2296
- 2297 b) All incorporations by reference of federal guidelines and the standards of  
2298 nationally recognized organizations refer to the standards on the date specified  
2299 and do not include any amendments or editions subsequent to the date specified.  
2300
- 2301 c) The following statutes, [federal regulation](#), and State regulations are referenced in  
2302 this Part:  
2303
- 2304 1) Federal statutes:  
2305
- 2306 A) Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.)  
2307
- 2308 B) Social Security Act (42 U.S.C. 301 et seq., 1935 et seq. and 1936  
2309 et seq.)  
2310
- 2311 C) Controlled Substances Act (21 U.S.C. 802)  
2312
- 2313 2) [Federal regulation: 38 CFR 17.73, Medical Foster Homes – General \(July](#)  
2314 [1, 2022\)](#)  
2315
- 2316 ~~32)~~ State of Illinois statutes:  
2317
- 2318 A) Substance Use Disorder Act [20 ILCS 301]  
2319
- 2320 B) Child Care Act of 1969 [225 ILCS 10]  
2321

- 2322 C) Court of Claims Act [705 ILCS 505]
- 2323
- 2324 D) Illinois Dental Practice Act [225 ILCS 25]
- 2325
- 2326 E) Election Code [10 ILCS 5]
- 2327
- 2328 F) Freedom of Information Act [5 ILCS 140]
- 2329
- 2330 G) General Not For Profit Corporation Act of 1986 [805 ILCS 105]
- 2331
- 2332 H) Hospital Licensing Act [210 ILCS 85]
- 2333
- 2334 I) Illinois Health Facilities Planning Act [20 ILCS 3960]
- 2335
- 2336 J) Illinois Municipal Code [65 ILCS 5]
- 2337
- 2338 K) Life Care Facilities Act [210 ILCS 40]
- 2339
- 2340 L) Local Governmental and Governmental Employees Tort Immunity
- 2341 Act [745 ILCS 10]
- 2342
- 2343 M) Medical Practice Act of 1987 [225 ILCS 60]
- 2344
- 2345 N) Mental Health and Developmental Disabilities Code [405 ILCS 5]
- 2346
- 2347 O) Nurse Practice Act [225 ILCS 65]
- 2348
- 2349 P) Nursing Home Administrators Licensing and Disciplinary Act
- 2350 [225 ILCS 70]
- 2351
- 2352 Q) Nursing Home Care Act [210 ILCS 45]
- 2353
- 2354 R) Illinois Occupational Therapy Practice Act [225 ILCS 75]
- 2355
- 2356 S) Pharmacy Practice Act [225 ILCS 85]
- 2357
- 2358 T) Illinois Physical Therapy Act [225 ILCS 90]
- 2359
- 2360 U) Private Sewage Disposal Licensing Act [225 ILCS 225]
- 2361
- 2362 V) Probate Act of 1975 [755 ILCS 5]
- 2363
- 2364 W) Illinois Public Aid Code [305 ILCS 5]

- 2365  
2366 X) Illinois Administrative Procedure Act [5 ILCS 100]  
2367  
2368 Y) Clinical Psychologist Licensing Act [225 ILCS 15]  
2369  
2370 Z) Dietitian Nutritionist Practice Act [225 ILCS 30]  
2371  
2372 AA) Health Care Worker Background Check Act [225 ILCS 46]  
2373  
2374 BB) Clinical Social Work and Social Work Practice Act [225 ILCS 20]  
2375  
2376 CC) Illinois Living Will Act [755 ILCS 35]  
2377  
2378 DD) Illinois Power of Attorney Act [755 ILCS 45/Art. IV]  
2379  
2380 EE) Health Care Surrogate Act [755 ILCS 40]  
2381  
2382 FF) Health Care Right of Conscience Act [745 ILCS 70]  
2383  
2384 GG) Abused and Neglected Long-Term Care Facility Residents  
2385 Reporting Act [210 ILCS 30]  
2386  
2387 HH) Supportive Residences Licensing Act [210 ILCS 65]  
2388  
2389 II) MC/DD Act [210 ILCS 46]  
2390  
2391 JJ) Community Living Facilities Licensing Act [210 ILCS 35]  
2392  
2393 KK) Community-Integrated Living Arrangements Licensure and  
2394 Certification Act [210 ILCS 135]  
2395  
2396 LL) Counties Code [55 ILCS 5]  
2397  
2398 MM) Alzheimer's Disease and Related Dementias Special Care  
2399 Disclosure Act [210 ILCS 4]  
2400  
2401 NN) State Fire Marshal Act [20 ILCS 2905]  
2402  
2403 OO) Illinois Act on the Aging [20 ILCS 105]  
2404  
2405 PP) Illinois Speech-Language Pathology and Audiology Practice Act  
2406 [225 ILCS 110]  
2407



- 2408 QQ) Assisted Living and Shared Housing Act [210 ILCS 9]
- 2409
- 2410 RR) Alternative Health Care Delivery Act [210 ILCS 3]
- 2411
- 2412 SS) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
- 2413
- 2414 TT) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
- 2415
- 2416 UU) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- 2417
- 2418 VV) Language Assistance Services Act [210 ILCS 87]
- 2419
- 2420 WW) ID/DD Community Care Act [210 ILCS 47]
- 2421
- 2422 XX) [Authorized Electronic Monitoring in Long-Term Care Facilities](#)
- 2423 [Act \[210 ILCS 32\]](#)
- 2424
- 2425 43) State of Illinois rules:
- 2426
- 2427 A) Capital Development Board, Illinois Accessibility Code (71 Ill.
- 2428 Adm. Code 400)
- 2429
- 2430 B) Department of Public Health
- 2431
- 2432 i) Control of Notifiable Diseases and
- 2433 Conditions~~Communicable Diseases~~ Code (77 Ill. Adm.
- 2434 Code 690)
- 2435
- 2436 ii) Control of Sexually Transmissible Infections Code (77 Ill.
- 2437 Adm. Code 693)
- 2438
- 2439 iii) Food Code (77 Ill. Adm. Code 750)
- 2440
- 2441 iv) Illinois Plumbing Code (77 Ill. Adm. Code 890)
- 2442
- 2443 v) Private Sewage Disposal Code (77 Ill. Adm. Code 905)
- 2444
- 2445 vi) Drinking Water Systems Code (77 Ill. Adm. Code 900)
- 2446
- 2447 vii) Water Well Construction Code (77 Ill. Adm. Code 920)
- 2448
- 2449 viii) Illinois Water Well Pump Installation Code (77 Ill. Adm.
- 2450 Code 925)

- 2451
- 2452 ix) Access to ~~Public~~ Records of the Department of Public
- 2453 Health (2 Ill. Adm. Code 1127)
- 2454
- 2455 x) Practice and Procedure in Administrative Hearings (77 Ill.
- 2456 Adm. Code 100)
- 2457
- 2458 xi) Skilled Nursing and Intermediate Care Facilities Code (77
- 2459 Ill. Adm. Code 300)
- 2460
- 2461 xii) Intermediate Care for the Developmentally Disabled
- 2462 Facilities Code (77 Ill. Adm. Code 350)
- 2463
- 2464 xiii) Medically Complex for the Developmentally Disabled
- 2465 Facilities Code (77 Ill. Adm. Code 390)
- 2466
- 2467 xiv) Long-Term Care Assistants and Aides Training Programs
- 2468 Code (77 Ill. Adm. Code 395)
- 2469
- 2470 xv) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- 2471
- 2472 xvi) Health Care Worker Background Check Code (77 Ill. Adm.
- 2473 Code 955)
- 2474
- 2475 xvii) Language Assistance Services Code (77 Ill. Adm. Code
- 2476 940)
- 2477
- 2478 xviii) Authorized Electronic Monitoring in Long-Term Care
- 2479 Facilities Code (77 Ill. Adm. Code 389)
- 2480
- 2481 C) Department of Human Services, Alcoholism and Substance Abuse
- 2482 Treatment and Intervention Licenses (77 Ill. Adm. Code 2060)
- 2483
- 2484 D) Office of the State Fire Marshal, Fire Prevention and Safety (41 Ill.
- 2485 Adm. Code 100)
- 2486

2487 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

2488

2489 **SUBPART C: POLICIES**

2490

2491 **Section 330.710 Resident Care Policies**

- 2492
- 2493 a) The facility shall have written policies and procedures governing all services

2494 provided by the facility. The written policies and procedures shall be formulated  
 2495 with the involvement of the administrator. The written policies shall be followed  
 2496 in operating the facility and shall be reviewed at least annually by the  
 2497 Administrator. The policies shall comply with the Act and this Part.  
 2498

2499 b) All of the information contained in the policies shall be available for review by  
 2500 the Department, residents, staff and the public.  
 2501

2502 c) The written policies shall include, but are not limited to, the following provisions:  
 2503

2504 1) Admission, transfer and discharge of residents, including categories of  
 2505 residents accepted and not accepted, residents that will be transferred or  
 2506 discharged, transfers within the facility from one room to another, and  
 2507 other types of transfers.  
 2508

2509 2) Resident care services including physician services, emergency services,  
 2510 personal care services, activity services, dietary services and social  
 2511 services.  
 2512

2513 3) *A policy to identify, assess, and develop strategies to control risk of injury*  
 2514 *to residents and nurses and other health care workers associated with the*  
 2515 *lifting, transferring, repositioning, or movement of a resident. The policy*  
 2516 *shall establish a process that, at a minimum, includes all of the following:*  
 2517

2518 A) *Analysis of the risk of injury to residents and nurses and other*  
 2519 *health care workers, taking into account the resident handling*  
 2520 *needs of the resident populations served by the facility and the*  
 2521 *physical environment in which the resident handling and*  
 2522 *movement occurs.*  
 2523

2524 B) *Education and training of nurses and other direct resident care*  
 2525 *providers in the identification, assessment, and control of risks of*  
 2526 *injury to residents and nurses and other health care workers*  
 2527 *during resident handling and on safe lifting policies and*  
 2528 *techniques and current lifting equipment.*  
 2529

2530 C) *Evaluation of alternative ways to reduce risks associated with*  
 2531 *resident handling, including evaluation of equipment and the*  
 2532 *environment.*  
 2533

2534 D) *Restriction, to the extent feasible with existing equipment and aids,*  
 2535 *of manual resident handling or movement of all or most of a*  
 2536 *resident's weight, except for emergency, life-threatening, or*

2537 otherwise exceptional circumstances.

2538

2539 E) Procedures for a nurse to refuse to perform or be involved in  
2540 resident handling or movement that the nurse, in good faith,  
2541 believes will expose a resident or nurse or other health care  
2542 worker to an unacceptable risk of injury.

2543

2544 F) Development of strategies to control risk of injury to residents and  
2545 nurses and other health care workers associated with the lifting,  
2546 transferring, repositioning, or movement of a resident.

2547

2548 G) Consideration of the feasibility of incorporating resident handling  
2549 equipment or the physical space and construction design needed to  
2550 incorporate that equipment ~~when~~<sup>when</sup> developing architectural  
2551 plans for construction or remodeling of a facility or unit of a  
2552 facility in which resident handling and movement occurs.

2553

2554 H) Fostering and maintaining resident safety, dignity, self-  
2555 determination, and choice. (Section 3-206.05 of the Act)

2556

2557 d) For the purposes of subsection (c)(3):

2558

2559 1) "Health care worker" means an individual providing direct resident care  
2560 services who may be required to lift, transfer, reposition, or move a  
2561 resident. (Section 3-206.05 of the Act)

2562

2563 2) "Nurse" means an advanced practice ~~nurse~~, ~~a~~ registered nurse, a  
2564 registered nurse, or a licensed practical nurse licensed under the Nurse  
2565 Practice Act. (Section 3-206.05 of the Act)

2566

2567 e) The facility shall have a written agreement with one or more hospitals to provide  
2568 diagnostic, emergency and acute care services. The Department will waive this  
2569 requirement if the facility can document that it is unable to meet the requirement  
2570 because of its remote location or refusal of local hospitals to enter an agreement.  
2571 The services shall include:

2572

2573 1) Emergency admissions;

2574

2575 2) Admission of facility residents who are in need of hospital care;

2576

2577 3) Diagnostic services; and

2578

2579 4) Any other hospital-based services needed by the resident.

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f) An identification wristlet may be employed for any resident upon a physician's order, which shall document the need for the identification wristlet in the resident's clinical record. A facility may require a resident residing in an Alzheimer's disease unit, as defined in Subpart U of 77 Ill. Adm. Code 300, with a history of wandering to wear an identification wristlet, unless the resident's guardian or power of attorney directs that the wristlet be removed. All identification wristlets shall include, at a minimum, the resident's name and the name, telephone number, and address of the facility issuing the identification wristlet. (Section 2-106a of the Act)

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 330.760 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) Facilities shall maintain a confidential medical file~~Individual personnel files~~ for each employee that shall also contain health records, including the employee's vaccination and testing records, initial health evaluation, and the results of the tuberculin skin test required under Section 330.765, 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 Financial and Professional Regulation to verify that the individual's license is active. A copy of the license

2623 shall be placed in the individual's personnel file.

2624

2625 d) The facility shall check the status of all applicants with the Health Care  
2626 Worker~~Nurse Aide~~ Registry prior to hiring.

2627

2628 e) All personnel shall have either training or experience, or both, in the job assigned  
2629 to them.

2630

2631 f) Orientation and In-Service Training

2632

2633 1) All new employees shall complete an orientation program covering, at a  
2634 minimum, the following: general facility and resident orientation; job  
2635 orientation, emphasizing allowable duties of the new employee; resident  
2636 safety, including fire and disaster, emergency care and basic resident  
2637 safety; infection prevention and control; and understanding and  
2638 communicating with the type of residents being cared for in the facility.  
2639 In addition, all new direct care staff shall complete an orientation program  
2640 covering the facility's policies and procedures for resident care services  
2641 before being assigned to provide direct care to residents. This orientation  
2642 program shall include information on the prevention and treatment of  
2643 pressure injuries and the importance of nutrition in general health care.

2644

2645 2) All employees shall attend in-service training programs pertaining to their  
2646 assigned duties at least annually. These in-service training programs shall  
2647 include the facility's policies, including infection prevention and control  
2648 policies required in Section 330.790, skill training and ongoing education  
2649 to enable all personnel to perform their duties effectively. The in-service  
2650 training sessions regarding personal care, nursing and restorative services  
2651 shall include information on the prevention and treatment of pressure  
2652 injuries. In-service training concerning dietary services shall include  
2653 information on the effects of diet in treatment of various diseases or  
2654 medical conditions and the importance of laboratory test results in  
2655 determining therapeutic diets. Written or electronic records of program  
2656 content for each session and of personnel attending each session shall be  
2657 kept.

2658

2659 3) All facilities shall provide training and education on the requirements of  
2660 Section 2-106.1 of the Act and Section 330.1155 of this Part to all  
2661 personnel involved in providing care to residents, and train and educate  
2662 those personnel on the methods and procedures to effectively implement  
2663 the facility's policies. Training and education provided under Section 2-  
2664 106.1 of the Act and Section 330.1155 shall be documented in each  
2665 personnel file. (Section 2-106.1(b-15) of the Act)~~There shall be an~~

2666 ~~ongoing planned inservice program embracing orientation to the facility~~  
2667 ~~and its policies, skill training and ongoing education to enable all~~  
2668 ~~personnel to perform their duties effectively. Written records of program~~  
2669 ~~content and personnel attending shall be kept.~~

- 2670
- 2671 g) Employees shall ~~only~~ be assigned duties that are directly related to their job  
2672 functions only, as identified in their job descriptions. Exceptions may be made in  
2673 emergencies.
- 2674
- 2675 h) Personnel policies shall include a plan to provide personnel coverage for regular  
2676 staff when they are absent.
- 2677
- 2678 i) Every facility shall have a current, dated weekly employee time schedule posted  
2679 where employees may refer to it. This schedule shall contain employee's name,  
2680 job title, shift assignment, hours of work, and days off. The schedule shall be kept  
2681 on file in the facility for one year after the week for which the schedule was used.

2682

2683 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

2684

2685 **Section 330.790 Infection Control**

2686

- 2687 a) Policies and procedures for investigating, controlling, and preventing infections in  
2688 the facility shall be established and followed. The policies and procedures shall  
2689 be consistent with and include the requirements of the Control of Communicable  
2690 Diseases Code (~~77 Ill. Adm. Code 690~~) and Control of Sexually Transmissible  
2691 Infections Code~~Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)~~.  
2692 Activities shall be monitored to ensure that these policies and procedures are  
2693 followed.
- 2694
- 2695 b) A group, e.g.i.e., an infection control committee, quality assurance committee, or  
2696 other facility entity, shall periodically review the results of investigations and  
2697 activities to control infections.
- 2698
- 2699 c) Depending on the services provided by the facility, each facility shall adhere to  
2700 the following guidelines of the Center for Infectious Diseases, Centers for Disease  
2701 Control and Prevention, United States Public Health Service, Department of  
2702 Health and Human Services, as applicable (see Section 330.340):
- 2703
- 2704 1) Guideline for Hand Hygiene in Health-Care Settings
- 2705
- 2706 2) Guidelines for Preventing Healthcare-Associated Pneumonia~~Guideline for~~  
2707 ~~Prevention of Nosocomial Pneumonia~~
- 2708

- 2709 3) 2007 Guideline for Isolation Precautions: Preventing Transmission of
- 2710 Infectious Agents in Healthcare Settings ~~in Hospitals~~
- 2711
- 2712 4) Infection Control in Healthcare Personnel ~~Guidelines for Infection Control~~
- 2713 in Health Care Personnel
- 2714
- 2715 5) The Core Elements of Antibiotic Stewardship for Nursing Homes
- 2716
- 2717 6) The Core Elements of Antibiotic Stewardship for Nursing Homes,
- 2718 Appendix A: Policy and Practice Actions to Improve Antibiotic Use
- 2719
- 2720 7) Nursing Home Antimicrobial Stewardship Guide
- 2721
- 2722 8) Toolkit 3. Minimum Criteria for Common Infections Toolkit
- 2723
- 2724 9) Toolkit for Controlling Legionella in Common Sources of Exposure
- 2725
- 2726 d) The facility shall establish an infection prevention and control program (IPCP)
- 2727 that shall include, at a minimum, an antibiotic stewardship program that includes
- 2728 antibiotic use protocols and a system to monitor antibiotic use.
- 2729

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 330.796 Electronic Monitoring**

A facility shall comply with Section 2-115 and subsections 3-318(a)(8) and (9) of the Act, with the Authorized Electronic Monitoring in Long-Term Care Facilities Act, and with the Authorized Electronic Monitoring in Long-Term Care Facilities Code.

(Source: Added at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**SUBPART D: PERSONNEL**

**Section 330.910 Personnel**

- 2744 a) A facility shall not employ an individual as a nursing assistant, habilitation aide, home
- 2745 health aide, psychiatric services rehabilitation aide, or child care aide, or newly hired as
- 2746 an individual who may have access to a resident, a resident's living quarters, or a
- 2747 resident's personal, financial, or medical records, unless the facility has inquired of the
- 2748 Department's Health Care Worker Registry and the individual is listed on the Health
- 2749 Care Worker Registry as eligible to work for a health care employer. ~~nurse aide or a~~
- 2750 ~~person who performs these types of duties unless the facility has inquired of the~~
- 2751 ~~Department as to information in the Registry concerning the individual~~ (Section 3-



2752 206.01 of the Act) ~~The Department shall advise the inquirer if the individual is on the~~  
 2753 ~~Registry, if the individual has findings of abuse, neglect or misappropriation of property~~  
 2754 ~~in accordance with Sections 3-206.01 and 3-206.2 of the Act, and if the individual has~~  
 2755 ~~current background check. (See Section 330.911 of this Part.)~~

- 2756
- 2757 b) Sufficient staff in numbers and qualifications shall be on duty all hours of each
- 2758 day to provide services that meet the total needs of the residents. ~~At~~As a
- 2759 minimum, ~~there shall be~~ at least one staff member shall be awake, dressed, and on
- 2760 duty at all times. ~~(A, B)~~
- 2761
- 2762 c) The facility shall provide an administrator as set forth in Subpart B. ~~(B)~~
- 2763
- 2764 d) The facility shall provide activity personnel as set forth in Section
- 2765 330.1310(b).~~(B)~~
- 2766
- 2767 e) The facility shall provide dietary personnel as set forth in Sections 330.1910
- 2768 and~~through~~ 330.1920. ~~(B)~~
- 2769
- 2770 f) Facilities that care for intellectually disabled~~mentally retarded~~ or discharged
- 2771 psychiatric residents shall be required to employ~~have~~ a social worker. The social
- 2772 worker~~who~~ shall devote at least 40 hours per week in ~~providing that the~~ facility
- 2773 that cares for 75 or more residents. Facilities that care~~caring~~ for fewer~~less~~ than 75
- 2774 residents shall have a social worker who may be assigned other duties or shared
- 2775 with other facilities. ~~(B)~~
- 2776

2777 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

2778

2779 **Section 330.940 Employee Assistance Program**

- 2780
- 2781 a) For the purposes of this Section, an "employee assistance program" is a program
- 2782 that supports individual physical and mental well-being and that is provided by
- 2783 the facility or through an insurance or employee benefits program offered by the
- 2784 facility. Employee assistance programs may include, but are not limited to,
- 2785 programs that offer professional counseling, stress management, mental wellness
- 2786 support, smoking cessation, and other support services.
- 2787
- 2788 b) A facility shall ensure that nurses employed by the facility are aware of employee
- 2789 assistance programs or other like programs available for the physical and mental
- 2790 well-being of the employee.
- 2791
- 2792 c) The facility shall provide information on these programs, no less than at the time
- 2793 of employment, during any benefit open enrollment period, by an information
- 2794 form about the respective programs that a nurse shall sign during onboarding at

2795 the facility, and upon request of the employee.

2796

2797 d) The signed information form shall be added to the nurse's personnel file. The  
2798 facility may provide this information to nurses electronically. (Section 3-613 of  
2799 the Act from PA 102-1007)

2800

2801 (Source: Added at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

2802

2803 SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

2804

2805 **Section 330.1110 Medical Care Policies**

2806

2807 a) The facility shall have a written program of medical services approved in writing  
2808 by the advisory physician that reflects the philosophy of care provided, the  
2809 policies relating to this and the procedures for implementation of the services.  
2810 The program shall include the entire complex of services provided by the facility  
2811 and the arrangements to effect transfer to other facilities as promptly as needed.  
2812 The written program of medical services shall be followed in the operation of the  
2813 facility. ~~(B)~~

2814

2815 b) The services of a physician licensed to practice medicine in Illinois shall be  
2816 available to every resident of the facility. ~~(A, B)~~

2817

2818 c) All residents, or their guardians, shall be permitted their choice of a physician.

2819

2820 d) All residents shall be seen by their physician as often as necessary to assure  
2821 adequate health care. ~~(A, B)~~

2822

2823 e) Each resident admitted shall have a complete physical examination, within five  
2824 days prior to admission, or within 72 hours after admission to the facility. This  
2825 examination shall include documentation of the presence or the absence of  
2826 tuberculosis infection by tuberculin skin test in accordance with Section 330.1135  
2827 and an evaluation of the resident's condition and recommendations for ~~their~~his  
2828 care including personal care needs and permission for participation in the activity  
2829 program. (See Section 330.1310(c).) ~~(B)~~

2830

2831 f) The facility shall notify the physician of any accident, injury, or unusual change  
2832 in a resident's condition. ~~(A, B)~~

2833

2834 g) At the time of an accident, immediate treatment shall be provided by personnel  
2835 trained in medically approved first aid procedures. ~~(A, B)~~

2836

2837 h) A facility shall not refer a resident or the family of a resident to a home health

2838 agency, home nursing agency, or home services agency unless the agency is  
2839 licensed under the Home Health, Home Services, and Home Nursing Agency  
2840 Licensing Act. A facility shall request a copy of an agency's license prior to  
2841 making a referral to that agency. (Section 3.8 of the Home Health, Home  
2842 Services, and Home Nursing Agency Licensing Act)

2843 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
2844

2845  
2846 **Section 330.1145 Restraints**

- 2847
- 2848 a) The facility shall have written policies controlling the use of physical restraints  
2849 including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or  
2850 vests, wheelchair safety bars and lap trays, and all facility practices that meet the  
2851 definition of a restraint, such as tucking in a sheet so tightly that a bed-bound  
2852 resident cannot move; bed rails used to keep a resident from getting out of bed;  
2853 chairs that prevent rising; or placing a resident who uses a wheelchair so close to  
2854 a wall that the wall prevents the resident from rising. Adaptive equipment is not  
2855 considered a physical restraint. Wrist bands or devices on clothing that trigger  
2856 electronic alarms to warn staff that a resident is leaving a room do not, in and of  
2857 themselves, restrict freedom of movement and should not be considered as  
2858 physical restraints. The policies shall be followed in the operation of the facility  
2859 and shall comply with the Act and this Part.
- 2860
- 2861 b) No physical restraints with locks shall be used.
- 2862
- 2863 c) Physical restraints shall only be used in an emergency as specified in Section  
2864 330.1150.
- 2865
- 2866 d) Neither restraints nor confinements shall be employed for the purpose of  
2867 punishment or for the convenience of any facility personnel. No restraints or  
2868 confinements shall be employed except as ordered by a physician who documents  
2869 the need for such restraints or confinements in the resident's clinical record.  
2870 ~~(Section 2-106(b) of the Act) Physical restraints shall not be used on a resident for~~  
2871 ~~the purposes of discipline or convenience.~~
- 2872
- 2873 e) Criteria for determining whether physical restraints are needed for a resident shall  
2874 include, but not be limited to whether:
- 2875
- 2876 1) The assessment of the resident's capabilities and an evaluation and trial of  
2877 less restrictive measures has led to the determination that the use of less  
2878 restrictive measures would not attain or maintain the resident's highest  
2879 practicable physical, mental or psychosocial well-being;  
2880

- 2881           2)    The assessment of a specific physical condition or medical treatment  
2882           indicates the condition or medical treatment requires the use of physical  
2883           restraints;  
2884
- 2885           3)    Consultation with appropriate health professionals, such as registered  
2886           professional nurses, occupational or physical therapists, indicates that the  
2887           use of less restrictive measures or therapeutic interventions has proven  
2888           ineffective; and  
2889
- 2890           4)    Demonstration by the care planning process that using a physical restraint  
2891           as a therapeutic intervention will promote the care and services necessary  
2892           for the resident to attain or maintain the highest practicable physical,  
2893           mental, or psychosocial well-being. (Section 2-106(c) of the Act)  
2894
- 2895    f)    The use of chemical restraints is prohibited.  
2896
- 2897           g)    A physical restraint may be used only with the informed consent of the resident,  
2898           the resident's guardian, or other authorized representative. A restraint may be  
2899           used only for specific periods, if it is the least restrictive means necessary to  
2900           attain and maintain the resident's highest practicable physical, mental or  
2901           psychosocial well-being, including brief periods of time to provide necessary life-  
2902           saving treatment. (Section 2-106(c) of the Act)  
2903
- 2904           h)    Informed consent includes information about potential negative outcomes of  
2905           physical restraint use, including incontinence, decreased range of motion,  
2906           decreased ability to ambulate, symptoms of withdrawal or depression, or reduced  
2907           social contact.  
2908
- 2909           1)    The informed consent may authorize the use of a physical restraint only  
2910           for a specified period of time. The effectiveness of the physical restraint  
2911           in treating medical symptoms or as a therapeutic intervention and any  
2912           negative impact on the resident shall be assessed by the facility throughout  
2913           the period of time the physical restraint is used.  
2914
- 2915           2)    After 50 percent of the period of physical restraint use authorized by the  
2916           informed consent has expired, but not less than five days before it has  
2917           expired, information about the actual effectiveness of the physical restraint  
2918           in treating the resident's medical symptoms or as a therapeutic intervention  
2919           and about any actual negative impact on the resident shall be given to the  
2920           resident, resident's guardian, or other authorized representative before the  
2921           facility secures an informed consent for an additional period of time.  
2922           Information about the effectiveness of the physical restraint program and  
2923           about any negative impact on the resident shall be provided in writing.

- 2924
- 2925 i) Whenever a period of use of a restraint is initiated, the resident shall be advised
- 2926 of their right to have a person or organization of their choosing, including the
- 2927 Guardianship and Advocacy Commission, notified of the use of the restraint. A
- 2928 recipient who is under guardianship may request that a person or organization of
- 2929 their choosing be notified of the restraint, whether or not the guardian approves
- 2930 the notice. If the resident so chooses, the facility shall make the notification within
- 2931 24 hours, including any information about the period of time that the restraint is
- 2932 to be used. Whenever the Guardianship and Advocacy Commission is notified that
- 2933 a resident has been restrained, it shall contact the resident to determine the
- 2934 circumstances of the restraint and whether further action is warranted. (Section
- 2935 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy
- 2936 Commission be contacted, the facility shall provide the following information, in
- 2937 writing, to the Guardianship and Advocacy Commission:
- 2938
- 2939 1) The reason the physical restraint was needed;
- 2940
- 2941 2) The type of physical restraint that was used;
- 2942
- 2943 3) The interventions utilized or considered prior to physical restraint and the
- 2944 impact of these interventions;
- 2945
- 2946 4) The length of time the physical restraint was to be applied; and
- 2947
- 2948 5) The name and title of the facility person who should be contacted for
- 2949 further information.
- 2950
- 2951 j) Whenever a physical restraint is used on a resident whose primary mode of
- 2952 communication is sign language, the resident shall be permitted to have their
- 2953 hands free from restraint for brief periods each hour, except when this freedom
- 2954 may result in physical harm to the resident or others. (Section 2-106(f) of the
- 2955 Act)
- 2956
- 2957 k) A facility may not issue orders for the use of physical restraints on a standing or
- 2958 as needed basis.
- 2959
- 2960 l) The plan of care shall contain a schedule or plan of rehabilitative/habilitative
- 2961 training to enable the most feasible progressive removal of physical restraints or
- 2962 the most practicable progressive use of less restrictive means to enable the
- 2963 resident to attain or maintain the highest practicable physical, mental or
- 2964 psychosocial well-being.
- 2965
- 2966 m) A resident placed in a restraint must be checked at least every 30 minutes by staff

2967 trained in the use of restraints and a record of these checks and usage of restraints  
 2968 must be kept. A resident wearing a physical restraint shall have it released for a  
 2969 period of not less than 10 minutes during each two-hour period in which the  
 2970 restraint is employed, or more often if necessary. During these times, residents  
 2971 shall be given the opportunity for motion and exercise or shall be assisted with  
 2972 ambulation, as their condition permits, and provided a change in position, skin  
 2973 care and nursing care, as appropriate. A record of this activity during a period of  
 2974 restraint shall be kept in the resident's medical record.

- 2975
- 2976 n) Restraints shall be designed and used in a way that does not cause physical injury  
 2977 to the resident and that results in the least possible discomfort.
- 2978
- 2979 o) Barred enclosures shall not be more than three feet in height and must not have  
 2980 tops.
- 2981
- 2982 p) No form of seclusion shall be permitted.
- 2983

2984 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

2985

2986 **Section 330.1150 Emergency Use of Physical Restraints**

- 2987
- 2988 a) *If a resident needs emergency care, physical restraints may be used for brief*  
 2989 *periods to permit treatment to proceed unless the facility has notice that the*  
 2990 *resident has previously made a valid refusal of treatment in question. (Section 2-*  
 2991 *106(c) of the Act)*
- 2992
- 2993 b) For this Section only "emergency care" means the unforeseen need for immediate  
 2994 treatment inside or outside the facility that is necessary to:  
 2995
  - 2996 1) Save~~save~~ the resident's life;
  - 2997
  - 2998 2) Prevent~~prevent~~ the resident from doing serious mental or physical harm to  
 2999 himself/herself; or
  - 3000
  - 3001 3) Prevent~~prevent~~ the resident from injuring another individual.
  - 3002
- 3003 c) If a resident needs emergency care and other less restrictive interventions have  
 3004 proved ineffective, a physical restraint may be used briefly to permit treatment to  
 3005 proceed. The attending physician shall be contacted immediately for orders. If  
 3006 the attending physician is not available, the facility's advisory physician or  
 3007 medical director shall be contacted. If a physician is not immediately available, a  
 3008 registered professional nurse with supervisory responsibility may approve, in  
 3009 writing, the use of physical restraints. A confirming order, which may be

3010 obtained by telephone, shall be obtained from the physician as soon as possible,  
 3011 but no later than within eight hours. The effectiveness of the physical restraint in  
 3012 treating medical symptoms or as a therapeutic intervention and any negative  
 3013 impact on the resident shall be assessed by the facility throughout the period of  
 3014 time the physical restraint is used. The resident must be in view of a staff person  
 3015 at all times until either the resident has been examined by a physician or the  
 3016 physical restraint is removed. The resident's needs for toileting, ambulation,  
 3017 hydration, nutrition, repositioning, and skin care must be met while the temporary  
 3018 restraint is being used.

3019  
 3020 d) Authorizations to use or extend the use of restraints as an emergency shall be in  
 3021 effect no longer than 12 consecutive hours and shall be obtained as soon as the  
 3022 client is restrained or stable.

3023  
 3024 ed) The emergency use of a physical restraint ~~shall~~must be documented in the  
 3025 resident's record, including:

- 3026  
 3027 1) ~~The~~The behavior incident that prompted the use of the physical restraint;  
 3028  
 3029 2) ~~The~~The date and times the physical restraint was applied and released;  
 3030  
 3031 3) ~~The~~The name and title of the person responsible for the application and  
 3032 supervision of the physical restraint;  
 3033  
 3034 4) ~~The~~The action by the resident's physician upon notification of the physical  
 3035 restraint use;  
 3036  
 3037 5) ~~The~~The new or revised orders issued by the physician;  
 3038  
 3039 6) ~~The~~The effectiveness of the physical restraint in treating medical  
 3040 symptoms or as a therapeutic intervention and any negative impact on the  
 3041 resident; and  
 3042  
 3043 7) ~~The~~The date of the scheduled care planning conference or the reason a care  
 3044 planning conference is not needed, in light of the resident's emergency  
 3045 need for physical restraints.

3046  
 3047 ~~e) A physical restraint may be applied only by staff trained in the application of the~~  
 3048 ~~particular type of restraint. (Section 2-106(d) of the Act)~~

3049  
 3050 ~~f) Whenever a period of use of a physical restraint is initiated, the resident shall be~~  
 3051 ~~advised of his or her right to have a person or organization of his or her~~  
 3052 ~~choosing, including the Guardianship and Advocacy Commission, notified of the~~

3053 ~~use of the physical restraint. A period of use of a physical restraint is initiated~~  
3054 ~~when a physical restraint is applied to a resident for the first time. A recipient who~~  
3055 ~~is under guardianship may request that a person or organization of his or her~~  
3056 ~~choosing be notified of the physical restraint, whether or not the guardian~~  
3057 ~~approved the notice. If the resident so chooses, the facility shall make the~~  
3058 ~~notification within 24 hours, including any information about the period of time~~  
3059 ~~that the physical restraint is to be used. Whenever the Guardianship and~~  
3060 ~~Advocacy Commission is notified that a resident has been restrained, it shall~~  
3061 ~~contact the resident to determine the circumstances of the restraint and whether~~  
3062 ~~further action is warranted. (Section 2-106(e) of the Act) If the resident requests~~  
3063 ~~that the Guardianship and Advocacy Commission be contacted, the facility shall~~  
3064 ~~provide the following information in writing to the Guardianship and Advocacy~~  
3065 ~~Commission:~~

- 3066
- 3067 1) ~~the reason the physical restraint was needed;~~
  - 3068
  - 3069 2) ~~the type of physical restraint that was used;~~
  - 3070
  - 3071 3) ~~the interventions utilized or considered prior to physical restraint and the~~  
3072 ~~impact of these interventions;~~
  - 3073
  - 3074 4) ~~the length of time the physical restraint was to be applied; and~~
  - 3075
  - 3076 5) ~~the name and title of the facility person who should be contacted for~~  
3077 ~~further information.~~

3078

3079 g) ~~Whenever a physical restraint is used on a resident whose primary mode of~~  
3080 ~~communication is sign language, the resident shall be permitted to have his or her~~  
3081 ~~hands free from restraint for brief periods each hour, except when this freedom~~  
3082 ~~may result in physical harm to the resident or others. (Section 2-106(f) of the~~  
3083 ~~Act)~~

3084

3085 h) ~~No form of seclusion shall be permitted.~~

3086

3087 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

3088

3089 **Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs**

3090

3091 a) For the purposes of this Section the following definitions shall apply:

- 3092
- 3093 1) "Adverse consequence" – unwanted, uncomfortable, or dangerous effects  
3094 that a medication may have, such as impairment or decline in an  
3095 individual's mental or physical condition or functional or psychosocial



- 3096 status. It may include, but is not limited to, various types of adverse  
 3097 medication reactions and interactions (e.g., medication-medication,  
 3098 medication-food, and medication-disease).  
 3099
- 3100 2) "Antipsychotic medication" – a medication that is used to treat symptoms  
 3101 of psychosis such as delusions, hearing voices, hallucinations, paranoia, or  
 3102 confused thoughts. Antipsychotic medications are used in the treatment of  
 3103 schizophrenia, severe depression, and severe anxiety. Older antipsychotic  
 3104 medications tend to be called typical antipsychotics. Those developed  
 3105 more recently are called atypical antipsychotics.  
 3106
- 3107 3) "Dose" – the total amount/strength/concentration of a medication given at  
 3108 one time or over a period of time. The individual dose is the  
 3109 amount/strength/concentration received at each administration. The  
 3110 amount received over a 24-hour period may be referred to as the daily  
 3111 dose.  
 3112
- 3113 4) "Duplicative therapy" – multiple medications of the same pharmacological  
 3114 class or category or any medication therapy that substantially duplicates a  
 3115 particular effect of another medication that the individual is taking.  
 3116
- 3117 5) "Emergency" – has the same meaning as in Section 1-112 of the Act and  
 3118 Section 330.330. (Section 2-106.1(b-3) of the Act)  
 3119
- 3120 6) "Excessive dose" – the total amount of any medication (including  
 3121 duplicative therapy) given at one time or over a period of time that is  
 3122 greater than the amount recommended by the manufacturer's label,  
 3123 package or insert, and the accepted standards of practice for a resident's  
 3124 age and condition.  
 3125
- 3126 7) "Gradual dose reduction" – the stepwise tapering of a dose to determine if  
 3127 symptoms, conditions, or risks can be managed by a lower dose or if the  
 3128 dose or medication can be discontinued.  
 3129
- 3130 8) "Informed consent" – documented, written permission for specific  
 3131 medications, given freely, without coercion or deceit, by a capable  
 3132 resident, or by a resident's surrogate decision maker, after the resident, or  
 3133 the resident's surrogate decision maker, has been fully informed of, and  
 3134 had an opportunity to consider, the nature of the medications, the likely  
 3135 benefits and most common risks to the resident of receiving the  
 3136 medications, any other likely and most common consequences of  
 3137 receiving or not receiving the medications, and possible alternatives to the  
 3138 proposed medications.

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- 9) "Licensed nurse" – an advanced practice registered nurse, a registered nurse, or a licensed nurse, as defined in the Nurse Practice Act. (Section 2-106.1(d) of the Act)
- 10) "Psychotropic medication" – medication that is used for or listed as used for psychotropic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the Prescribers Digital Reference database, the Lexicomp-online database, or the American Society of Health-System Pharmacists database. (Section 2-106.1(b-3) of the Act)
- 11) "Surrogate decision maker" – an individual representing the resident's interests in regard to consent to receive psychotropic medications, as permitted by Section 2-106.1(b-3) of the Act and this Section. (Section 2-106.1(b-3)
- b) State laws, regulations, and policies related to psychotropic medication are intended to ensure psychotropic medications are used only when the medication is appropriated to treat a resident's specific, diagnosed, and documented condition and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. (Section 2-106.1(b) of the Act)
- c) Psychotropic medication shall only be given in both emergency and nonemergency situations if the diagnosis of the resident supports the benefit of the medication and clinical documentation in the resident's medical record supports the benefit of the medication over the contraindications related to other prescribed medications. (Section 2-106.1(b-3) of the Act)
- da) ~~A resident shall not be given unnecessary drugs in accordance with Section 330.~~ Appendix E. An ~~In addition, an~~ unnecessary drug is any drug used:
- 1) ~~In~~ an excessive dose, including in duplicative therapy;
- 2) ~~For~~ for excessive duration;
- 3) ~~Without~~ without adequate monitoring;
- 4) ~~Without~~ without adequate indications for its use; or
- 5) ~~In~~ in the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act); or

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6) Any combination of the circumstances listed in subsections (d)(1) through (5).

eb) Except in the case of an emergency, psychotropic~~Psychotropic~~ medication shall not be administered~~prescribed~~ without the informed consent of the resident or the resident's surrogate decision maker,~~the resident's guardian, or other authorized representative.~~ (Section 2-106.1(b) of the Act) Additional informed consent is not required for changes in the prescription so long as those changes are described in the original written informed consent form, as required by subsection (h)(12)(A)~~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, pursuant to subsection (h)(12)(A). The most common side~~Side~~ effects of the medications shall be described. In an emergency, a facility shall:

1) Document the alleged emergency in detail, including the facts surrounding the medication's need, pursuant to the requirements of Section 330.1720; and

2) Present this documentation to the resident and the resident's representative or other surrogate decision maker no later than 24 hours after the administration of emergency psychotropic medication. (Section 2-106.1(b-3) of the Act

fe) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is ordered by a physician or an authorized prescribing professional,~~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 330.~~Appendix E.

gd) 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 330.~~Appendix E ~~unless clinically contraindicated.~~ In compliance with subsection 2-106.1(b-3) of the Act and this Section, the facility shall obtain informed consent for each dose reduction.

h) Protocol for Securing Informed Consent for Psychotropic Medication

1) Except in the case of an emergency as described in subsection (e), a

3225 facility shall obtain voluntary informed consent, in writing, from a resident  
3226 or the resident's surrogate decision maker before administering or  
3227 dispensing a psychotropic medication to that resident. When informed  
3228 consent is not required for a change in dosage as described in subsection  
3229 (h)(12)(A), the facility shall note in the resident's file that the resident was  
3230 informed of the dosage change prior to the administration of the  
3231 medication or that verbal, written, or electronic notice has been  
3232 communicated to the resident's surrogate decision maker that a change in  
3233 dosage has occurred. (Section 2-106.1(b-5) of the Act)  
3234

3235 2) No resident shall be administered psychotropic medication prior to a  
3236 discussion between the resident or the resident's surrogate decision  
3237 maker, or both, and the resident's physician or a physician the resident  
3238 was referred to, a registered pharmacist, or a licensed nurse about the  
3239 possible risks and benefits of a recommended medication, and the use of  
3240 standardized consent forms designated by the Department. (Section 2-  
3241 106.1(b-3) of the Act)  
3242

3243 3) Prior to initiating any detailed discussion designed to secure informed  
3244 consent, a licensed health care professional shall inform the resident or the  
3245 resident's surrogate decision maker that the resident's physician has  
3246 prescribed a psychotropic medication for the resident, and that informed  
3247 consent is required from the resident or the resident's surrogate decision  
3248 maker before the resident may be given the medication.  
3249

3250 4) The discussion shall include information about:  
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3252 A) The name of the medication;  
3253

3254 B) The condition or symptoms that the medication is intended to treat,  
3255 and how the medication is expected to treat those symptoms;  
3256

3257 C) How the medication is intended to affect those symptoms;  
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3259 D) Other common effects or side effects of the medication, and any  
3260 reasons (e.g., age, health status, other medications) that the resident  
3261 is more or less likely to experience side effects;  
3262

3263 E) Dosage information, including how much medication would be  
3264 administered, how often, and the method of administration (e.g.,  
3265 orally or by injection; with, before, or after food);  
3266

3267 F) Any tests and related procedures that are required for the safe and

- 3268 effective administration of the medication;  
3269  
3270 G) Any food or activities the resident should avoid while taking the  
3271 medication;  
3272  
3273 H) Any possible alternatives to taking the medication that could  
3274 accomplish the same purpose; and  
3275  
3276 I) Any possible consequences to the resident of not taking the  
3277 medication.  
3278  
3279 5) Pursuant to Section 2-105 of the Act, the discussion designed to secure  
3280 informed consent shall be private, between the resident or the resident's  
3281 surrogate decision maker, or both, and the resident's physician, or a  
3282 physician the resident was referred to, or a registered pharmacist, or an  
3283 advanced practice or registered professional nurse.  
3284  
3285 6) In addition to the oral discussion, the resident or the resident's surrogate  
3286 decision maker shall be given the information in subsection (h)(4) in  
3287 writing, in a form designated or developed by the Department. Each form  
3288 shall be written in plain language understandable to the resident or the  
3289 resident's surrogate decision maker, be able to be downloaded from the  
3290 Department's official website or another website designated by the  
3291 Department, shall include information specific to the psychotropic  
3292 medication for which consent is being sought, and shall be used for every  
3293 resident for whom psychotropic drugs are prescribed. (Section 2-106.1(b-  
3294 3) of the Act)  
3295  
3296 7) If the written information is in a language not understood by the resident  
3297 or the resident's surrogate decision maker, the facility, in compliance with  
3298 the Language Assistance Services Act and the Language Assistance  
3299 Services Code, shall provide, at no cost to the resident or the resident's  
3300 surrogate decision maker, an interpreter capable of communicating with  
3301 the resident or the resident's surrogate decision maker and the authorized  
3302 prescribing professional conducting the discussion.  
3303  
3304 8) The authorized prescribing professional shall guide the resident through  
3305 the written information. The written information shall include a place for  
3306 the resident or the resident's surrogate decision maker to give, or to refuse  
3307 to give, informed consent. The written information shall be placed in the  
3308 resident's record. Informed consent is not secured until the resident or the  
3309 resident's representative has given written informed consent. If the  
3310 resident has dementia and the facility is unable to contact the resident's

3311 surrogate decision maker, the facility shall not administer psychotropic  
3312 medication to the resident except in an emergency as provided by  
3313 subsection (e).

3314  
3315 9) *Informed consent shall be sought first from a resident, then from a*  
3316 *surrogate decision maker, in the following order of priority:*

3317  
3318 A) *The resident's guardian of the person if one has been named by a*  
3319 *court of competent jurisdiction.*

3320  
3321 B) *In the absence of a court-ordered guardian, informed consent shall*  
3322 *be sought from a health care agent under the Illinois Power of*  
3323 *Attorney Act who has authority to give consent.*

3324  
3325 C) *If neither a court-ordered guardian of the person, nor a health*  
3326 *care agent under the Power of Attorney Act, is available, and the*  
3327 *attending physician determines that the resident lacks capacity to*  
3328 *make decisions, informed consent shall be sought from the*  
3329 *resident's attorney-in-fact designated under the Mental Health*  
3330 *Treatment Preference Declaration Act, if applicable, or the*  
3331 *resident's representative. (Section 2-106.1(b-3) of the Act)*  
3332

3333 10) *Regardless of the availability of a surrogate decision maker, the resident*  
3334 *may be notified and present at any discussion required by this Section.*  
3335 *Upon request, the resident, or the resident's surrogate decision maker, shall*  
3336 *be given, at a minimum, written information about the medication and an*  
3337 *oral explanation of common side effects of the medication to facilitate the*  
3338 *resident in identifying the medication and in communicating the existence*  
3339 *of side effects to the direct care staff.*

3340  
3341 11) *The facility shall inform the resident, surrogate decision maker, or both of*  
3342 *the existence of a copy of:*

3343  
3344 A) *The resident's care plan;*

3345  
3346 B) *The facility policies and procedures adopted in compliance with*  
3347 *Section 2-106.1(b-15) of the Act, and this Section; and*

3348  
3349 C) *A notification that the most recent of the resident's care plans and*  
3350 *the facility's policies are available to the resident or surrogate*  
3351 *decision maker upon request.*

3352  
3353 12) *The maximum possible period for informed consent shall be until:*

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- A) A change in the prescription occurs, either as to type of psychotropic medication or an increase or decrease in dosage, dosage range, or titration schedule of the prescribed medication that was not included in the original informed consent; or
  - B) A resident's care plan changes in a way that affects the prescription or dosage of the psychotropic medication. (Section 2-106.1(b-3) of the Act)
- 13) A resident or their surrogate decision maker shall not be asked to consent to the administration of a new psychotropic medication in a dosage or frequency that exceeds the maximum recommended daily dosage as found in the Prescribers Digital Reference database, the Lexicomp-online database, or the American Society of Health-System Pharmacists database unless the reason for exceeding the recommended daily dosage is explained to the resident or their surrogate decision maker by a licensed medical professional, and the reason for exceeding the recommended daily dosage is justified by the prescribing professional in the clinical record. The dosage and frequency shall be reviewed and re-justified by the licensed prescriber on a weekly basis and reviewed by a consulting pharmacist. The justification for exceeding the recommended daily dosage shall be recorded in the resident's record and shall be approved within seven calendar days after obtaining informed consent, in writing, by the medical director of the facility.
- 14) Pursuant to Section 2-104(c) of the Act, the resident or the resident's surrogate decision maker shall be informed, at the time of the discussion required by subsection (h)(1), that their informed consent may be withdrawn at any time, and that, even with informed consent, the resident may refuse to take the medication.
- 15) The facility shall obtain informed consent using forms provided by the Department on its official website, or on forms approved by the Department, pursuant to Section 2-106.1(b-3) of the Act. The facility shall document on the consent form whether the resident is capable of giving informed consent for medication therapy, including for receiving psychotropic medications. If the resident is not capable of giving informed consent, the identity of the resident's surrogate decision maker shall be placed in the resident's record.
- 16) No facility shall deny continued residency to a person on the basis of the person's or resident's, or the person's or resident's surrogate decision

3397 maker's, refusal of the administration of psychotropic medication, unless  
3398 the facility can demonstrate that the resident's refusal would place the  
3399 health and safety of the resident, the facility staff, other residents, or  
3400 visitors at risk. A facility that alleges that the resident's refusal to consent  
3401 to the administration of psychotropic medication will place the health and  
3402 safety of the resident, the facility staff, other residents, or visitors at risk  
3403 shall:

3404  
3405 A) Document the alleged risk in detail, along with a description of all  
3406 nonpharmacological or alternative care options attempted and  
3407 why they were unsuccessful;

3408  
3409 B) Present this documentation to the resident or the resident's  
3410 surrogate decision maker, to the Department, and to the Office of  
3411 the State Long Term Care Ombudsman; and

3412  
3413 C) Inform the resident or their surrogate decision maker of their right  
3414 to appeal an involuntary transfer or discharge to the Department as  
3415 provided in the Act and this Part. (Section 2-106.1(b-10) of the  
3416 Act)

3417  
3418 i) All facilities shall implement written policies and procedures for compliance with  
3419 Section 2-106.1 of the Act and this Section. A facility's failure to make available  
3420 to the Department the documentation required under this subsection is sufficient  
3421 to demonstrate its intent to not comply with Section 2-106.1 of the Act and this  
3422 Section and shall be grounds for review by the Department. (Section 2-106.1(b-  
3423 15) of the Act)

3424  
3425 j) Upon the receipt of a report of any violation of Section 2-106.1 of the Act and this  
3426 Section, the Department will investigate and, upon finding sufficient evidence of a  
3427 violation of Section 2-106.1 of the Act and this Section, may proceed with  
3428 disciplinary action against the licensee of the facility. In any administrative  
3429 disciplinary action under this subsection, the Department will have the discretion  
3430 to determine the gravity of the violation and, taking into account mitigating and  
3431 aggravating circumstances and facts, may adjust the disciplinary action  
3432 accordingly. (Section 2-106.1(b-20) of the Act)

3433  
3434 k) A violation of informed consent that, for an individual resident, lasts for 7 days or  
3435 more under this Section is, at a minimum, a Type "B" violation. A second  
3436 violation of informed consent within a year from a previous violation in the same  
3437 facility regardless of the duration of the second violation is, at a minimum, a Type  
3438 "B" violation. (Section 2-106.1(b-25) of the Act)

3439



- 3440 l) Any violation of Section 2-106.1 of the Act and this Section by a facility may be  
3441 enforced by an action brought by the Department in the name of the People of  
3442 Illinois for injunctive relief, civil penalties, or both injunctive relief and civil  
3443 penalties. The Department may initiate the action upon its own complaint or the  
3444 complaint of any other interested party. (Section 2-106.1(b-30) of the Act)  
3445
- 3446 m) Any resident who has been administered a psychotropic medication in violation of  
3447 Section 2-106.1 of the Act and this Section may bring an action for injunctive  
3448 relief, civil damages, and costs and attorney's fees against any facility responsible  
3449 for the violation. (Section 2-106.1(b-35) of the Act)  
3450
- 3451 n) An action under this Section shall be filed within two years after either the date of  
3452 discovery of the violation that gave rise to the claim or the last date of an instance  
3453 of a noncompliant administration of psychotropic medication to the resident,  
3454 whichever is later. (Section 2-106.1(b-40) of the Act)  
3455
- 3456 o) A facility subject to action under Section 2-106.1 of the Act and this Section shall  
3457 be liable for damages of up to \$500 for each day, after discovery of a violation,  
3458 that the facility violates the requirements of Section 2-106.1 of the Act and this  
3459 Section. (Section 2-106.1(b-45) of the Act)  
3460
- 3461 p) The rights provided for in Section 2-106.1 of the Act and this Section are  
3462 cumulative to existing resident rights. No part of this Section shall be interpreted  
3463 as abridging, abrogating, or otherwise diminishing existing resident rights or  
3464 causes of action at law or equity. (Section 2-106.1(b-55) of the Act)  
3465
- 3466 q) In addition to the penalties described in this Section and any other penalty  
3467 prescribed by law, a facility that is found to have violated Section 2-106.1 of the  
3468 Act and this Section shall thereafter be required to obtain the signatures of two  
3469 licensed health care professionals on every form purporting to give informed  
3470 consent for the administration of a psychotropic medication, certifying the  
3471 personal knowledge of each health care professional that the consent was  
3472 obtained in compliance with the requirements of Section 2-106.1 of the Act and  
3473 this Section. (Section 2-106.1(b-3) of the Act)  
3474
- 3475 e) ~~For the purposes of this Section:~~  
3476
- 3477 1) ~~"Duplicative drug therapy" means any drug therapy that duplicates a~~  
3478 ~~particular drug effect on the resident without any demonstrative~~  
3479 ~~therapeutic benefit. For example, any two or more drugs, whether from~~  
3480 ~~the same drug category or not, that have a sedative effect.~~
- 3481
- 3482 2) ~~"Psychotropic medication" means medication that is used for or listed as~~

3483 ~~used for antipsychotic, antidepressant, antimanic or antianxiety behavior~~  
3484 ~~modification or behavior management purposes in the latest editions of~~  
3485 ~~the AMA Drug Evaluations (Drug Evaluation Subscription, American~~  
3486 ~~Medical Association, Vols. I-III, Summer 1993), United States~~  
3487 ~~Pharmacopoeia Dispensing Information Volume I (USP-DI) (United States~~  
3488 ~~Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Society~~  
3489 ~~of Health Systems Pharmacists, 1995), or the Physicians Desk Reference~~  
3490 ~~(Medical Economics Data Production Company, 49th Edition, 1995) or~~  
3491 ~~the United States Food and Drug Administration approved package insert~~  
3492 ~~for the psychotropic medication. (Section 2-106.1(b) of the Act)~~

3493  
3494 3) ~~"Antipsychotic drug" means a neuroleptic drug that is helpful in the~~  
3495 ~~treatment of psychosis and has a capacity to ameliorate thought disorders.~~

3496  
3497 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

3498  
3499 **Section 330.1160 Vaccinations**

3500  
3501 a) *A facility shall annually administer or arrange for administration of a vaccination*  
3502 *against influenza to each resident, in accordance with the recommendations of the*  
3503 *Advisory Committee on Immunization Practices of the Centers for Disease*  
3504 *Control and Prevention that are most recent to the time of vaccination, unless the*  
3505 *vaccination is medically contraindicated or the resident has refused the vaccine.*  
3506 *Influenza vaccinations for all residents age 65 and over shall be completed by*  
3507 *November 30 of each year or as soon as practicable if vaccine supplies are not*  
3508 *available before November 1. Residents admitted after November 30, during the*  
3509 *flu season, and until February 1 shall, as medically appropriate, receive an*  
3510 *influenza vaccination prior to or upon admission or as soon as practicable if*  
3511 *vaccine supplies are not available at the time of the admission, unless the vaccine*  
3512 *is medically contraindicated or the resident has refused the vaccine. (Section 2-*  
3513 *213(a) of the Act)*

3514  
3515 b) *A facility shall document in the resident's medical record that an annual*  
3516 *vaccination against influenza was administered, arranged, refused or medically*  
3517 *contraindicated. (Section 2-213(a) of the Act)*

3518  
3519 c) *A facility shall administer~~provide~~ or arrange for administration of a*  
3520 *pneumococcal vaccination to each resident in accordance with the*  
3521 *recommendations of the Advisory Committee on Immunization Practices of the*  
3522 *Centers for Disease Control and Prevention, who has not received this*  
3523 *immunization prior to or upon admission to the facility unless the resident refuses*  
3524 *the offer for vaccination or the vaccination is medically contraindicated. (Section*  
3525 *2-213(b) of the Act)*

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- d) *A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, arranged, refused, or medically contraindicated. (Section 2-213**(b)** of the Act)*
  
- e) *A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, including, but not limited to the risks associated with shingles and how to protect oneself against the varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act)*
  
- f) *A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act)*

(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

## SUBPART I: FOOD SERVICE

### Section 330.1940 Diet Orders

- a) ~~*A Two or more copies of a*~~ *A current diet manual (printed or electronic) shall be available and in use (printed or electronic). A manual shall be available to the food and nutrition services department in addition to the nursing department. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians or dietitians when writing diet orders when prescribing diets.*
  
- b) ~~*Physicians shall write a diet order, in the medical record,*~~ *Physicians shall write a diet order, for each resident indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian. ~~The diet shall be served as ordered.~~*
  - 1) The resident's diet order shall be included in the medical record.
  - 2) The diet shall be served as ordered.
  
- c) *A written diet order shall be sent to the food service department when each resident is admitted and each time that the resident's diet is changed. Each change*

3569 shall be ordered by the physician or dietitian. The diet order shall include, at a  
 3570 minimum, the following information: name of resident, room and bed number,  
 3571 type of diet, consistency if other than regular consistency, date diet order is sent to  
 3572 the food service department~~dietary~~, name of physician or dietitian ordering the  
 3573 diet, and the signature of the person transmitting the order to the food service  
 3574 department.  
 3575

- 3576 d) The resident shall be observed to determine acceptance of the diet, and these  
 3577 observations shall be recorded in the medical record.  
 3578
- 3579 e) ~~Therapeutic diets shall be medically prescribed. Menus for such diets shall be~~  
 3580 ~~planned by a dietitian.~~ The facility shall provide supervision for preparing and  
 3581 serving the therapeutic diets, obtaining consultation as needed from a dietitian.  
 3582
- 3583 f) A therapeutic diet means a diet ordered by the physician or dietitian as part of a  
 3584 treatment for a disease or clinical condition, to eliminate or decrease certain  
 3585 substances in the diet (e.g., sodium) or to increase certain substances in the diet  
 3586 (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g.,  
 3587 mechanically altered diet).  
 3588
- 3589 g) The kinds and variation of prescribed therapeutic diets shall be available in the  
 3590 kitchen. If separate menus are not planned for each specific diet, diet information  
 3591 for each specific type, in a form easily understood by staff, shall be available in a  
 3592 convenient location in the kitchen.  
 3593
- 3594 h) All oral liquid diets shall be reviewed by a physician or dietitian every 48 hours.  
 3595 Medical soft diets, sometimes known as transitional diets, shall be reviewed by a  
 3596 physician or dietitian every three weeks. All other therapeutic and mechanically  
 3597 altered diets, including commercially prepared formulas that are in liquid form  
 3598 and blenderized liquid diets, shall be reviewed by a physician or dietitian as  
 3599 needed, or at least every three months.  
 3600

3601 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
 3602

3603 SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES  
 3604

3605 **Section 330.2410 Furnishings**  
 3606

- 3607 a) Bed Requirements  
 3608
- 3609 1) Each resident shall be provided with a bed ~~that~~~~which~~ is at least 36 inches  
 3610 wide, ~~has~~~~have~~ a headboard, ~~is~~~~be~~ of sturdy construction, and ~~is~~ in good  
 3611 repair. Cots, ~~rollaway~~~~rollaways~~, double, or folding beds shall not be used.

- 3612
- 3613 2) Double beds may be used for married couples, if they desire this
- 3614 arrangement, if approved in writing by the Department.
- 3615
- 3616 3) Each bed shall be provided with a clean, firm, comfortable mattress and
- 3617 box springs of appropriate size for the bed.
- 3618
- 3619 4) Each bed shall be provided with a minimum of one clean, comfortable
- 3620 pillow.
- 3621
- 3622 ~~b) Each bed shall be provided with satisfactory type springs in good repair and a~~
- 3623 ~~clean, firm, comfortable mattress of appropriate size for the bed.~~
- 3624
- 3625 be) Each bedroom shall have window shades, or equivalent, that are in good repair.
- 3626
- 3627 cd) A satisfactory reading lamp, or equivalent, shall be provided for each bed.
- 3628
- 3629 ~~e) Each bed shall be provided with a minimum of one clean, comfortable pillow.~~
- 3630
- 3631 df) Each bedroom shall be provided with a mirror, unless there is a mirror in an
- 3632 adjoining bathroom~~in a bathroom opening into this bedroom~~. Each lavatory shall
- 3633 be provided with a mirror.
- 3634
- 3635 eg) Each living room provided for ~~residents'~~ ~~residents~~ use shall ~~have~~be provided with
- 3636 an adequate number of reading lamps, tables, and chairs or settees. These
- 3637 furnishings shall be well constructed and of satisfactory design for the residents.
- 3638
- 3639 fh) Dining room furnishings shall be provided for each resident ~~that~~which are well
- 3640 constructed, comfortable, in good repair, and of satisfactory design for the
- 3641 residents. The facility shall provide a~~There shall be a~~ sufficient number of tables;
- 3642 of a type that can accommodate residents who require the use of a wheelchair~~be~~
- 3643 ~~used by wheelchair residents, to accommodate all such residents in the facility.~~
- 3644
- 3645 gi) Office spaces; and other areas shall be satisfactorily furnished with desks, chairs,
- 3646 lamps, cabinets, benches, work tables, and other furnishings essential to the
- 3647 proper use of the area.
- 3648
- 3649 hj) For each bed the facility shall provide~~there shall be furnished:~~
- 3650
- 3651 1) A minimum of two adequately sized dresser drawers.
- 3652
- 3653 2) A comfortable chair.
- 3654

- 3655 3) An individual towel rack.  
3656  
3657 4) A satisfactory reading light over, or at the side of, the bed.  
3658  
3659 5) Adequate closet, locker, or wardrobe space for hanging clothing within the  
3660 room.  
3661  
3662 6) A satisfactory bedside cabinet.  
3663  
3664 i) A facility shall permit a resident to bring their own furnishings so long as those  
3665 furnishings do not impede access into or out of the resident's room.  
3666  
3667 j) A facility shall make reasonable efforts to have activated at all times the closed  
3668 captioning feature on a television in a common area provided for use by the  
3669 general public or in a resident's room, or enable the closed captioning feature  
3670 when requested to do so by a member of the general public or a resident, if the  
3671 television includes a closed captioning feature. As used in this subsection (i),  
3672 "closed captioning" means a text display of spoken words presented on a  
3673 television that allows a deaf or hard of hearing viewer to follow the dialogue and  
3674 the action of a program simultaneously.  
3675  
3676 1) It is not a violation of this subsection if the closed captioning feature is  
3677 deactivated by a member of the facility's staff after the feature is enabled  
3678 in a common area or in a resident's room unless the deactivation of the  
3679 closed captioning feature is knowing or intentional. It is not a violation of  
3680 this subsection if the closed captioning feature is deactivated by a member  
3681 of the general public, a resident, or a member of the facility's staff at the  
3682 request of a resident of the facility. Facilities shall ensure that staff are  
3683 trained on the requirements of this subsection (i) and that staff, prior to  
3684 deactivating a television's closed captioning feature, confirm with others  
3685 within the television viewing area of the intention to deactivate the closed  
3686 captioning feature. If residents are not in agreement on deactivating the  
3687 closed captioning feature, then the closed captioning feature shall not be  
3688 deactivated.  
3689  
3690 2) If a facility does not have a television in a common area that includes a  
3691 closed captioning feature, then the facility shall ensure that all televisions  
3692 subsequently obtained for common areas include a closed captioning  
3693 feature. This subsection does not affect any other provision of law  
3694 relating to disability discrimination or providing reasonable  
3695 accommodations or diminish the rights of a person with a disability under  
3696 any other law. Nothing in this subsection shall apply to televisions that  
3697 are privately owned by a resident or third party and not owned by the

3698 facility. (Section 3-801.2 of the Act)

3699  
3700 3) A facility shall post information regarding the availability of closed  
3701 captioning on televisions in the facility and shall provide residents with  
3702 information on how to activate the closed caption feature.  
3703

3704 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

3705  
3706 SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR NEW  
3707 SHELTERED CARE FACILITIES  
3708

3709 **Section 330.3040 Building Codes (Repealed)**

3710  
3711 a) ~~The design and construction of the facility shall meet the minimum requirements~~  
3712 ~~of the following codes and regulations except as modified within this Part:~~

3713  
3714 1) ~~National Fire Protection Association (NFPA) Standard No. 101: Life~~  
3715 ~~Safety Code, 2000 Edition (New Health Care Occupancies), including all~~  
3716 ~~appropriate references under Chapter 33, and excluding Chapter 5,~~  
3717 ~~Performance Based Options, and all other references to performance based~~  
3718 ~~options. NFPA 101A: Alternative Approaches to Life Safety shall not be~~  
3719 ~~allowed to establish equivalencies for new construction. In addition to the~~  
3720 ~~publications referenced in Chapter 33, the following documents shall be~~  
3721 ~~applicable for all long-term care facilities:~~

3722  
3723 i) ~~NFPA 17A, Standard for Wet Chemical Extinguishing Systems—~~  
3724 ~~2002 Edition~~

3725  
3726 ii) ~~NFPA 20, Standard for the Installation of Stationary Pumps for~~  
3727 ~~Fire Protection—1999 Edition~~

3728  
3729 iii) ~~NFPA 22, Standard for Water Tanks for Private Fire Protection—~~  
3730 ~~1998 Edition~~

3731  
3732 iv) ~~NFPA 24, Standard for the Installation of Private Fire Service~~  
3733 ~~Mains and Their Appurtenances—2002 Edition~~

3734  
3735 v) ~~NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites—~~  
3736 ~~2001 Edition~~

3737  
3738 vi) ~~NFPA 70B, Recommended Practice for Electrical Equipment~~  
3739 ~~Maintenance—2002 Edition~~  
3740

- 3741                   vii)    ~~NFPA 70E, Standard for Electrical Safety Requirements for~~  
3742                   ~~Employee Workplaces—2000 Edition~~
- 3743
- 3744                   viii)   ~~NFPA 80A, Recommended Practice for Protection of Buildings~~  
3745                   ~~from Exterior Fire Exposures—2001 Edition~~
- 3746
- 3747                   ix)     ~~NFPA 105, Recommended Practice for the Installation of Smoke-~~  
3748                   ~~Control Door Assemblies—1999 Edition~~
- 3749
- 3750                   2)     ~~Illinois Plumbing Code (77 Ill. Adm. Code 890), Department of Public~~  
3751                   ~~Health~~
- 3752
- 3753                   3)     ~~Illinois Accessibility Code (71 Ill. Adm. Code 400), Capital Development~~  
3754                   ~~Board~~
- 3755
- 3756                   4)     ~~Food Service Sanitation Code (77 Ill. Adm. Code 750), Department of~~  
3757                   ~~Public Health~~
- 3758
- 3759                   b)     ~~In addition to the codes and regulations listed in this Section, the design and~~  
3760                   ~~construction of the facility shall meet the minimum requirements of all applicable~~  
3761                   ~~local building codes and ordinances.~~
- 3762
- 3763                   e)     ~~Amendments to this Section effective November 15, 2003 supersede all other~~  
3764                   ~~codes and standards incorporated in this Subpart M.~~
- 3765

3766                   (Source: Repealed at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

3767

3768                   SUBPART O: DESIGN AND CONSTRUCTION STANDARDS FOR  
3769                   EXISTING SHELTERED CARE FACILITIES

3770

3771                   **Section 330.3730 Electrical**

3772

3773                   Every existing facility shall meet the following electrical requirements:

- 3774
- 3775                   a)     All electrical wiring and equipment shall comply with NFPA 70~~the latest~~  
3776                   ~~revisions of the "National Electric Code"~~ effective at the time of approval by this  
3777                   Department of either the architectural plans or the building. ~~(A, B)~~
- 3778
- 3779                   b)     All facilities shall provide sufficient and satisfactory artificial lighting and power  
3780                   to meet all the requirements and demands of the building.
- 3781
- 3782                   c)     See Section 330.3960(a) for exit lights and subsections~~Section~~ 330.3990 (g), (h)  
3783                   and (i) for emergency lighting. ~~(B)~~



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(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART P: FIRE PROTECTION STANDARDS FOR EXISTING  
SHELTERED CARE FACILITIES

**Section 330.3970 Hazardous Areas and Combustible Storage**

Every existing facility shall meet the following requirements:

- a) A central heating plant (including any coal storage) shall be located in a separate room. The room, including the ceiling and any doors, shall be constructed of, or satisfactorily protected by, approved fire resistive material providing a fire resistance rating of at least one hour. All doors to the room ~~shall~~**must** be protected with asbestos and metal on the furnace room side (or equivalent protection), swing into the room, and be self-closing. The rooms shall be adequately vented to the outside atmosphere to properly support combustion in the furnace. (Alternate modern types of heating systems are prohibited unless~~may be~~ approved by the Department.) ~~(A, B)~~
- b) The entire basement ceiling in ~~non-fire~~**nonfire** resistive buildings shall be protected with one-hour~~one hour~~ rated materials if it is not practical to provide a separate room for the heating plant. ~~(A, B)~~
- c) All exposed heating ducts in the basement and the smoke pipe or breeching shall be located a safe distance from all combustible material. If they are not a safe distance, the combustible material ~~shall~~**must** be properly covered with a satisfactory resistive material. ~~(A, B)~~
- d) All installations of fuel oil, gas, or ~~liquefied~~**liquified** petroleum gas heating equipment and appliances shall conform to ~~the American Gas Association Standards and~~ the following NFPA standards:~~National Fire Protection Association pamphlets~~: ~~(A, B)~~
  - 1) NFPA 31~~Fuel Oil, NFPA—31~~.
  - 2) NFPA 54~~Gas, NFPA—54~~.
  - 3) NFPA 58~~Liquified Petroleum, NFPA—58~~.
- e) Auxiliary gas or electric space heaters of an approved closed type may be installed in areas requiring more heat than is produced by the central heating system. Heaters in corridors ~~shall~~**must** be ceiling hung or wall recessed units. ~~(B)~~

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- f) Floor type heaters or furnaces are not permitted. ~~(B)~~
  
  - g) All paints, oils, and flammable materials shall be stored in a fire resistive room in approved metal containers and metal cabinets, or stored outside the building. ~~(A, B)~~
- (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART Q: RESIDENT'S RIGHTS

**Section 330.4210 General**

- a) *No resident shall be deprived of any rights, benefits, or privileges guaranteed by State or federal law based on their status as a resident of a facility.*
  - 1) *Residents shall have the right to be treated with courtesy and respect by employees or persons providing medical services or care and shall have their human and civil rights maintained in all aspects of medical care as defined in the State Operations Manual for Long-Term Care Facilities.*
  
  - 2) *Residents shall have their basic human needs, including but not limited to water, food, medication, toileting, and personal hygiene, accommodated in a timely manner, as defined by the person and agreed upon by the interdisciplinary team.*
    - A) *A facility shall treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of the resident's quality of life, recognizing each resident's individuality.*
  
    - B) *A facility shall protect and promote the rights of the resident.*
  
    - C) *Residents have the right to reside in and receive services in the facility with reasonable accommodation of their needs and preferences except when to do so would endanger the health or safety of the resident or other residents.*
  
  - 3) *Residents have the right to maintain their autonomy as much as possible.*  
(Section 2-101 of the Act) ~~(A, B)~~
  
- b) *A resident shall be permitted to retain and use or wear their~~his~~ personal property in their~~his~~ immediate living quarters, unless deemed medically inappropriate by a*

- 3870 *physician and so documented in the resident's clinical record.* (Section 2-103 of  
 3871 the Act)  
 3872  
 3873 c) *If clothing is provided to the resident by the facility it shall be of a proper fit.*  
 3874 (Section 2-103 of the Act)  
 3875  
 3876 d) *The facility shall provide adequate ~~and convenient~~ storage space for the personal*  
 3877 *property of the resident.* (Section 2-103 of the Act)  
 3878  
 3879 e) *The facility shall provide a means of safeguarding small items of value for its*  
 3880 *residents in their rooms or in any other part of the facility so long as the residents*  
 3881 *have daily access to such valuables.* (Section 2-103 of the Act)  
 3882  
 3883 f) *The facility shall make reasonable efforts to prevent loss and theft of residents'*  
 3884 *property. Those efforts shall be appropriate to the particular facility and may, for*  
 3885 *example, include, but are not limited to, staff training and monitoring, labeling*  
 3886 *property, and frequent property inventories.* (Section 2-103 of the Act)  
 3887  
 3888 g) *The facility shall develop procedures for investigating complaints concerning*  
 3889 *theft of residents' property and shall promptly investigate all such complaints.*  
 3890 (Section 2-103 of the Act)  
 3891  
 3892 h) *The ~~facility~~ administrator shall ensure that married residents residing in the same*  
 3893 *facility be allowed to reside in the same room within the facility unless there is no*  
 3894 *room available in the facility or it is deemed medically inadvisable by the*  
 3895 *residents' attending physician and so documented in the residents' medical*  
 3896 *records.* (Section 2-108(e) of the Act)  
 3897  
 3898 i) There shall be no traffic through a resident's room to reach any other area of the  
 3899 building. ~~(B)~~  
 3900  
 3901 j) Children under 16 years of age who are related to employees or owners of a  
 3902 facility, and who are not themselves employees of the facility, shall be restricted  
 3903 to quarters reserved for family or employee use except during times when such  
 3904 children are part of a group visiting the facility as part of a planned program, or  
 3905 similar activity.  
 3906  
 3907 k) *A resident may refuse to perform labor for a facility. If a resident chooses to*  
 3908 *perform labor or services, the resident must be compensated at or above the*  
 3909 *prevailing wage rate.* (Section 2-113 of the Act)  
 3910  
 3911 1) The resident has a right to choose or refuse to perform services for the  
 3912 facility and the facility shall not require a resident to perform services for

- 3913 the facility.
- 3914
- 3915 2) The resident may perform services for the facility if he or she chooses
- 3916 when:
- 3917
- 3918 A) The facility has documented the resident's need or desire for work
- 3919 in the plan of care;
- 3920
- 3921 B) The plan specifies the nature of the services performed and
- 3922 whether the services are voluntary or paid;
- 3923
- 3924 C) Compensation for paid services is at or above prevailing rates; and
- 3925
- 3926 D) The resident agrees to the work arrangement described in the plan
- 3927 of care.
- 3928
- 3929 l) *A resident shall be permitted the free exercise of religion. Upon a resident's*
- 3930 *request, and if necessary at ~~their~~<sup>his</sup> expense, the ~~facility~~ administrator shall make*
- 3931 *arrangements for a resident's attendance at religious services of the resident's*
- 3932 *choice. However, no religious beliefs or practices, or attendance at religious*
- 3933 *services, may be imposed upon any resident. (Section 2-109 of the Act)*
- 3934
- 3935 m) All facilities shall comply with the Election Code (~~Ill. Rev. Stat. 1991, ch. 46, par.~~
- 3936 ~~1-1 et seq.)~~ [10-ILCS 5] as it pertains to absentee voting for residents of licensed
- 3937 long-term care facilities.
- 3938
- 3939 n) ~~A~~The facility shall immediately notify the resident's next of kin, representative and
- 3940 physician of the resident's death or when the resident's death appears to be
- 3941 imminent. (Section 2-208 of the Act)
- 3942
- 3943 o) The facility shall also immediately notify the resident's family, guardian,
- 3944 representative, conservator and any private or public agency financially
- 3945 responsible for the resident's care whenever unusual circumstances such as
- 3946 accidents, sudden illness, disease, unexplained absences, extraordinary resident
- 3947 charges, billings, or related administrative matters arise. ~~(B)~~
- 3948
- 3949 p) *Where a resident, a resident's representative or a resident's next of kin believes*
- 3950 *that an emergency exists each of them, collectively or separately, may file a*
- 3951 *verified petition to the circuit court for the county in which the facility is located*
- 3952 *for an order placing the facility under the control of a receiver. (Section 3-503 of*
- 3953 *the Act) As used in Section 3-503 of the Act, "emergency" means a threat to the*
- 3954 *health, safety or welfare of a resident that the facility is unwilling or unable to*
- 3955 *correct. (Section 3-501 of the Act)*

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(Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 330.4310 Complaint Procedures**

- a) *A resident shall be permitted to present grievances on behalf of himself ~~or herself~~ ~~or~~ others to the administrator, the Long-Term Care Facility Advisory Board, the residents' advisory council, State governmental agencies or other persons of the resident's choice, free from restraint, interference, coercion, or discrimination and without threat of discharge or reprisal in any form or manner whatsoever. Every facility licensed under the Act shall have a written internal grievance procedure that, at a minimum:*
  - 1) sets forth the process to be followed;
  - 2) specifies time limits, including time limits for facility response;
  - 3) informs residents of their right to have the assistance of an advocate;
  - 4) provides for a timely response within 25 days by an impartial and nonaffiliated third party, including, but not limited to, the Long-Term Care Ombudsman, if the grievance is not otherwise resolved by the facility;
  - 5) requires the facility to follow applicable State and federal requirements for responding to and reporting any grievance alleging potential abuse, neglect, misappropriation of resident property, or exploitation; and
  - 6) requires the facility to keep a copy of all grievances, responses, and outcomes for 3 years and provide the information to the Department upon request. (Section 2-112 of the Act)
  
- b) *The administrator shall provide all residents or their representatives upon admission and at request with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged in language the resident can understand, which must include notice of the grievance procedure of the facility or program and addresses and phone numbers for the Office of Health Care Regulation and the Long-Term Care Ombudsman Program. ~~The facility administrator shall provide all residents or their representatives with the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged.~~ (Section 2-112 of the Act) Facilities shall:*

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- 1) Provide all residents with a list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups including, but not limited to the State Long-Term Care Ombudsman Program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community, and the Medicaid Fraud Control Unit; and
  - 2) Post a statement that the resident may file a complaint with the Department of Public Health concerning any suspected violation of State or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.
  - 3) Information provided to residents shall be in a format and a language (including Braille) that is clear and understandable to the resident or their representative.
- 4018 c) *A person who believes that the Act or a rule promulgated under the Act may have*  
4019 *been violated may request an investigation. The request may be submitted to the*  
4020 *Department in writing, by telephone, or by personal visit. An oral complaint shall*  
4021 *be reduced to writing by the Department. (Section 3-702(a) of the Act)*  
4022
- 4023 d) *The substance of the complaint shall be provided to the licensee, owner or*  
4024 *administrator no earlier than at the commencement of the on-site inspection of the*  
4025 *facility which takes place pursuant to the complaint. (Section 3-702(b) of the Act)*  
4026
- 4027 e) *The Department shall not disclose the name of the complainant unless the*  
4028 *complainant consents in writing to the disclosure or the investigation results in a*  
4029 *judicial proceeding, or unless disclosure is essential to the investigation. The*  
4030 *complainant shall be given the opportunity to withdraw the complaint before*  
4031 *disclosure. Upon the request of the complainant, the Department may permit the*  
4032 *complainant or a representative of the complainant to accompany the person*  
4033 *making the on-site inspection of the facility. (Section 3-702(c) of the Act)*  
4034
- 4035 f) *Upon receipt of a complaint, the Department shall determine whether the Act or a*  
4036 *rule promulgated under the Act has been or is being violated. The Department*  
4037 *shall investigate all complaints alleging abuse or neglect within ~~seven~~ days after*  
4038 *the receipt of the complaint except that complaints of abuse or neglect which*  
4039 *indicate that a resident's life or safety is in imminent danger shall be investigated*  
4040 *with 24 hours after receipt of the complaint. All other complaints shall be*  
4041 *investigated within 30 days after the receipt of the complaint. All complaints*

- 4042 shall be classified as "an invalid report," "a valid report," or "an undetermined  
 4043 report." For any complaint classified as "a valid report," the Department must  
 4044 determine within 30 working days after any Department employee enters a facility  
 4045 to begin an on-site inspection if any rule or provision of this Act has been or is  
 4046 being violated. (Section 3-702(d) of the Act)  
 4047
- 4048 g) Upon the request of a resident or complainant, the Department may permit the  
 4049 resident or complainant or a representative of the complainant to accompany the  
 4050 person making the on-site inspection of the facility pursuant to the complaint.  
 4051 (Section 3-702(c) of the Act)  
 4052
- 4053 h) In all cases, the Department shall inform the complainant of its findings within  
 4054 10~~ten~~ days of its determination unless otherwise indicated by the complainant,  
 4055 and the complainant may direct the Department to send a copy of such findings to  
 4056 another person. The Department's findings may include contents or  
 4057 documentation provided by either the complainant or the licensee pertaining to  
 4058 the complaint. The Department shall also notify the facility of such findings  
 4059 within 10~~ten~~ days of the determination, but the name of the complainant or  
 4060 residents shall not be disclosed in this notice to the facility. The notice of such  
 4061 findings shall include a copy of the written determination; the correction order, if  
 4062 any; the inspection report; the warning notice, if any; and the State licensure  
 4063 form on which the violation is listed. (Section 3-702(e) of the Act)  
 4064
- 4065 i) A written determination, correction order, or warning notice concerning a  
 4066 complaint shall be available for public inspection, but the name of the  
 4067 complainant or resident shall not be disclosed without their~~the~~ consent~~of the~~  
 4068 complainant or resident. (Section 3-702(f) of the Act)  
 4069
- 4070 j) A complainant who is dissatisfied with the determination or investigation by the  
 4071 Department may request a hearing under subsection (k) of this Section. The  
 4072 facility shall be given notice of any such hearing and may participate in the  
 4073 hearing as a party. If a facility requests a hearing under subsection (k) of this  
 4074 Section which concerns a matter covered by a complaint, the complainant shall  
 4075 be given written notice and may participate in the hearing as a party. A request  
 4076 for a hearing by either a complainant or a facility shall be submitted in writing to  
 4077 the Department within 30 days after the mailing of the Department's findings as  
 4078 described in subsection (h) of this Section. Upon receipt of the request the  
 4079 Department shall conduct a hearing as provided under subsection (k) of this  
 4080 Section. (Section 3-702(g) of the Act)  
 4081
- 4082 k) Any person requesting a hearing to contest a decision rendered in a particular  
 4083 case may have such decision reviewed in accordance with Sections 3-703 through  
 4084 3-712 of the Act. (Section 3-703)Any person aggrieved by a decision of the

4085 *Department rendered in a particular case which affects the legal rights, duties or*  
4086 *privileges created under the Act may have such decision reviewed in accordance*  
4087 *with Sections 3-703 through 3-712 of the Act.*  
4088

4089 1) *When the Department finds that a provision of Article II of the Act, Resident*  
4090 *Rights, ~~regarding residents' rights~~ has been violated with regard to a particular*  
4091 *resident, the Department shall issue an order requiring the facility to reimburse*  
4092 *the resident for injuries incurred, or \$100, whichever is greater. (Section 3-*  
4093 *305(6) of the Act)*  
4094

4095 (Source: Amended at 48 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)