

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

PART 300  
SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE

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355 AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].  
 356 SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 1066, effective March 1, 1980, for a  
 357 maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 311, effective July 28, 1980; emergency  
 358 amendment at 6 Ill. Reg. 3229, effective March 8, 1982, for a maximum of 150 days; amended at  
 359 6 Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 6454, effective May 14, 1982;  
 360 amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 11631, effective  
 361 September 14, 1982; amended at 6 Ill. Reg. 14550 and 14554, effective November 8, 1982;  
 362 amended at 6 Ill. Reg. 14684, effective November 15, 1982; amended at 7 Ill. Reg. 285, effective  
 363 December 22, 1982; amended at 7 Ill. Reg. 1972, effective January 28, 1983; amended at 7 Ill.  
 364 Reg. 8579, effective July 11, 1983; amended at 7 Ill. Reg. 15831, effective November 10, 1983;  
 365 amended at 7 Ill. Reg. 15864, effective November 15, 1983; amended at 7 Ill. Reg. 16992,  
 366 effective December 14, 1983; amended at 8 Ill. Reg. 15599, 15603, and 15606, effective August  
 367 15, 1984; amended at 8 Ill. Reg. 15947, effective August 17, 1984; amended at 8 Ill. Reg. 16999,  
 368 effective September 5, 1984; codified at 8 Ill. Reg. 19766; amended at 8 Ill. Reg. 24186,  
 369 effective November 29, 1984; amended at 8 Ill. Reg. 24668, effective December 7, 1984;  
 370 amended at 8 Ill. Reg. 25102, effective December 14, 1984; amended at 9 Ill. Reg. 132, effective  
 371 December 26, 1984; amended at 9 Ill. Reg. 4087, effective March 15, 1985; amended at 9 Ill.  
 372 Reg. 11049, effective July 1, 1985; amended at 11 Ill. Reg. 16927, effective October 1, 1987;  
 373 amended at 12 Ill. Reg. 1052, effective December 24, 1987; amended at 12 Ill. Reg. 16811,  
 374 effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18477, effective October 24,  
 375 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg.  
 376 4684, effective March 24, 1989; amended at 13 Ill. Reg. 5134, effective April 1, 1989; amended  
 377 at 13 Ill. Reg. 20089, effective December 1, 1989; amended at 14 Ill. Reg. 14950, effective  
 378 October 1, 1990; amended at 15 Ill. Reg. 554, effective January 1, 1991; amended at 16 Ill. Reg.  
 379 681, effective January 1, 1992; amended at 16 Ill. Reg. 5977, effective March 27, 1992; amended  
 380 at 16 Ill. Reg. 17089, effective November 3, 1992; emergency amendment at 17 Ill. Reg. 2420,  
 381 effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993;  
 382 emergency amendment at 17 Ill. Reg. 8026, effective May 6, 1993, for a maximum of 150 days;  
 383 emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15106, effective September 3,  
 384 1993; amended at 17 Ill. Reg. 16194, effective January 1, 1994; amended at 17 Ill. Reg. 19279,  
 385 effective October 26, 1993; amended at 17 Ill. Reg. 19604, effective November 4, 1993;  
 386 amended at 17 Ill. Reg. 21058, effective November 20, 1993; amended at 18 Ill. Reg. 1491,  
 387 effective January 14, 1994; amended at 18 Ill. Reg. 15868, effective October 15, 1994; amended

388 at 19 Ill. Reg. 11600, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 567,  
 389 effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996;  
 390 amended at 20 Ill. Reg. 10142, effective July 15, 1996; amended at 20 Ill. Reg. 12208, effective  
 391 September 10, 1996; amended at 21 Ill. Reg. 15000, effective November 15, 1997; amended at  
 392 22 Ill. Reg. 4094, effective February 13, 1998; amended at 22 Ill. Reg. 7218, effective April 15,  
 393 1998; amended at 22 Ill. Reg. 16609, effective September 18, 1998; amended at 23 Ill. Reg.  
 394 1103, effective January 15, 1999; amended at 23 Ill. Reg. 8106, effective July 15, 1999;  
 395 amended at 24 Ill. Reg. 17330, effective November 1, 2000; amended at 25 Ill. Reg. 4911,  
 396 effective April 1, 2001; amended at 26 Ill. Reg. 3113, effective February 15, 2002; amended at  
 397 26 Ill. Reg. 4846, effective April 1, 2002; amended at 26 Ill. Reg. 10523, effective July 1, 2002;  
 398 emergency amendment at 27 Ill. Reg. 2181, effective February 1, 2003, for a maximum of 150  
 399 days; emergency expired June 30, 2003; emergency amendment at 27 Ill. Reg. 5452, effective  
 400 March 25, 2003, for a maximum of 150 days; emergency expired August 21, 2003; amended at  
 401 27 Ill. Reg. 5862, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14204, effective  
 402 August 15, 2003, for a maximum of 150 days; emergency expired January 11, 2004; amended at  
 403 27 Ill. Reg. 15855, effective September 25, 2003; amended at 27 Ill. Reg. 18105, effective  
 404 November 15, 2003; expedited correction at 28 Ill. Reg. 3528, effective November 15, 2003;  
 405 amended at 28 Ill. Reg. 11180, effective July 22, 2004; amended at 28 Ill. Reg. 14623, effective  
 406 October 20, 2004; amended at 29 Ill. Reg. 876, effective December 22, 2004; emergency  
 407 amendment at 29 Ill. Reg. 11824, effective July 12, 2005, for a maximum of 150 days;  
 408 emergency rule modified in response to JCAR Recommendation at 29 Ill. Reg. 15101, effective  
 409 September 23, 2005, for the remainder of the maximum 150 days; emergency amendment  
 410 expired December 8, 2005; amended at 29 Ill. Reg. 12852, effective August 2, 2005; amended at  
 411 30 Ill. Reg. 1425, effective January 23, 2006; amended at 30 Ill. Reg. 5213, effective March 2,  
 412 2006; amended at 31 Ill. Reg. 6044, effective April 3, 2007; amended at 31 Ill. Reg. 8813,  
 413 effective June 6, 2007; amended at 33 Ill. Reg. 9356, effective June 17, 2009; amended at 34 Ill.  
 414 Reg. 19182, effective November 23, 2010; amended at 35 Ill. Reg. 3378, effective February 14,  
 415 2011; amended at 35 Ill. Reg. 11419, effective June 29, 2011; expedited correction at 35 Ill. Reg.  
 416 17468, effective June 29, 2011; amended at 36 Ill. Reg. 14090, effective August 30, 2012;  
 417 amended at 37 Ill. Reg. 2298, effective February 4, 2013; amended at 37 Ill. Reg. 4954, effective  
 418 March 29, 2013; amended at 38 Ill. Reg. 22851, effective November 21, 2014; amended at 39 Ill.  
 419 Reg. 5456, effective March 25, 2015; amended at 41 Ill. Reg. 14811, effective November 15,  
 420 2017; amended at 43 Ill. Reg. 3536, effective February 28, 2019; emergency amendment at 44  
 421 Ill. Reg. 8521, effective May 5, 2020, for a maximum of 150 days; emergency amendment to  
 422 emergency rule at 44 Ill. Reg. 16264, effective September 15, 2020, for the remainder of the 150  
 423 days; emergency rule as amended expired October 1, 2020; emergency amendment at 44 Ill.  
 424 Reg. 10217, effective May 28, 2020, for a maximum of 150 days; amended by emergency  
 425 amendment to emergency rule at 44 Ill. Reg. 12931, effective July 14, 2020, for the remainder of  
 426 the 150 days; emergency amendment at 44 Ill. Reg. 16894, effective October 2, 2020, for a  
 427 maximum of 150 days.

428  
 429 SUBPART A: GENERAL PROVISIONS  
 430

431 **Section 300.230 Information to Be Made Available to the Public ~~by~~By the Licensee**  
432

- 433 a) *Every facility shall conspicuously post ~~for~~ display in an area of its offices*  
434 *accessible to residents, employees, and visitors the following:*  
435  
436 1) *Its current license;*  
437  
438 2) *A description, provided by the Department of complaint procedures*  
439 *established under the Act and the name, address, and telephone number of*  
440 *a person authorized by the Department to receive complaints;*  
441  
442 3) *A copy of any order pertaining to the facility issued by the Department or*  
443 *a court; and*  
444  
445 4) *A list of the material available for public inspection under subsection (b)*  
446 *~~and subsection (b) of this Section and~~ Section 3-210 of the Act. (Section 3-*  
447 *209 of the Act)*  
448  
449 b) *A facility shall retain the following for public inspection:*  
450  
451 1) *A complete copy of every inspection report of the facility received from the*  
452 *Department during the past five years;*  
453  
454 2) *A copy of every order pertaining to the facility issued by the Department*  
455 *or a court during the past five years;*  
456  
457 3) *A description of the services provided by the facility and the rates charged*  
458 *for those services and items for which a resident may be separately*  
459 *charged;*  
460  
461 4) *A copy of the statement of ownership~~Statement of Ownership~~ required by*  
462 *Section 3-207 of the Act;*  
463  
464 5) *A record of personnel employed or retained by the facility who are*  
465 *licensed, certified or registered by the Department of Financial and*  
466 *Professional Regulation; ~~and~~*  
467  
468 6) *A complete copy of the most recent inspection report of the facility*  
469 *received from the Department; and. ~~(Section 3-210 of the Act)~~*  
470  
471 7) A copy of the current Consumer Choice Information Report required by  
472 Section 2-214 of the Act. (Section 3-210 of the Act)  
473

474 c) A facility that has received a notice of violation for a violation of the minimum  
475 staffing requirements under Section 3-202.05 of the Act and Section 300.1230 of  
476 this Part shall display, during the period of time the facility is out of compliance, a  
477 notice stating in Calibri (body) font and 26-point type in black letters on an 8.5 by  
478 11 inch white paper the following:

479  
480 "Notice Dated: .....  
481 This facility does not currently meet the minimum staffing ratios required by law.  
482 Posted at the direction of the Illinois Department of Public Health."

483  
484 1) The notice shall be posted, at a minimum, at all publicly used exterior  
485 entryways into the facility, inside the main entrance lobby, and next to any  
486 registration desk for easily accessible viewing. The notice shall also be  
487 posted on the main page of the facility's website.

488  
489 2) Pursuant to Section 300.1234(a)(5), the Department shall have the  
490 discretion to determine the gravity of any violation and, taking into  
491 account mitigating and aggravating circumstances and facts, may reduce  
492 the requirement of, and amount of time for, posting the notice. (Section 3-  
493 209 of the Act)

494  
495 (Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

496  
497 SUBPART C: POLICIES

498  
499 **Section 300.650 Personnel Policies**

500  
501 a) Each facility shall develop and maintain written personnel policies that are  
502 followed in the operation of the facility. These policies shall include, at a  
503 minimum, each of the following requirements ~~of this Section~~.

504  
505 b) Employee Records

506  
507 1) Employment application forms shall be completed for each employee and  
508 kept on file in the facility. Completed forms shall be available to  
509 Department personnel for review.

510  
511 2) Individual personnel files for each employee shall contain date of birth;  
512 home address; educational background; experience, including types and  
513 places of employment; date of employment and position employed to fill  
514 in this facility; and (if no longer employed in this facility) last date  
515 employed and reasons for leaving.

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- 3) Individual personnel files for each employee shall also contain health records, including the initial health evaluation and the results of the tuberculin skin test required under Section 300.655, and any other pertinent health records.
  - 4) Individual personnel records for each employee shall also contain records of evaluation of performance.
  - c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of [Financial and Professional Regulation](#) to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.
  - d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.
  - e) All personnel shall have either training or experience, or both, in the job assigned to them.
  - f) Orientation and In-Service Training
    - 1) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures for resident care services before being assigned to provide direct care to residents. This orientation program shall include information on the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.
    - 2) All employees, except student interns shall attend in-service training programs pertaining to their assigned duties at least annually. These in-service training programs shall include the facility's policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include information on the prevention and treatment of decubitus ulcers. In-service training concerning dietary services shall include information on the effects of diet in treatment of various diseases or medical conditions and the importance

560 of laboratory test results in determining therapeutic diets. Written records  
561 of program content for each session and of personnel attending each  
562 session shall be kept.

563  
564 3) All facilities shall provide training and education on the requirements of  
565 Section 2-106.1 of the Act and Section 300.686 of this Part to all personnel  
566 involved in providing care to residents, and train and educate those  
567 personnel on the methods and procedures to effectively implement the  
568 facility's policies. Training and education provided under Section 2-106.1  
569 of the Act and Section 300.686 shall be documented in each personnel file.  
570 (Section 2-106.1(b-15) of the Act)

571  
572 g) Employees shall be assigned duties that are directly related to their functions, as  
573 identified in their job descriptions. Exceptions may be made in emergencies.

574  
575 h) Personnel policies shall include a plan to provide personnel coverage for regular  
576 staff when they are absent.

577  
578 ~~i) Every facility shall have a current, dated weekly employee time schedule posted~~  
579 ~~where employees may refer to it. This schedule shall contain the employee's~~  
580 ~~name, job title, job duty (identifying the duty or duties listed in Section~~  
581 ~~300.1230(f)(1) through (10), if applicable), shift assignment, hours of work, and~~  
582 ~~days off. If an employee works in two different job duties during the same week,~~  
583 ~~specifically including those job duties listed in Section 300.1230(f), if applicable,~~  
584 ~~the facility shall separately state the hours of work for each job duty. The~~  
585 ~~schedule shall be kept on file in the facility for one year after the week for which~~  
586 ~~the schedule was used.~~

587  
588 ~~j) Time spent in scheduled breaks and scheduled in-service training when staff are~~  
589 ~~not providing direct care shall be documented.~~

590  
591 (Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

592  
593 **Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications~~Drugs~~**

594  
595 a) For the purposes of this Section, the following definitions shall apply:

596  
597 1) "Adverse consequence" – unwanted, uncomfortable, or dangerous effects  
598 that a medication may have, such as impairment or decline in an  
599 individual's mental or physical condition or functional or psychosocial  
600 status. It may include, but is not limited to, various types of adverse  
601 medication reactions and interactions (e.g., medication-medication,  
602 medication-food, and medication-disease).

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- 2) "Antipsychotic medication" – a medication that is used to treat symptoms of psychosis such as delusions, hearing voices, hallucinations, paranoia, or confused thoughts. Antipsychotic medications are used in the treatment of schizophrenia, severe depression, and severe anxiety. Older antipsychotic medications tend to be called typical antipsychotics. Those developed more recently are called atypical antipsychotics.
  - 3) "Dose" – the total amount/strength/concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/concentration received at each administration. The amount received over a 24-hour period may be referred to as the daily dose.
  - 4) "Duplicative therapy" – multiple medications of the same pharmacological class or category or any medication therapy that substantially duplicates a particular effect of another medication that the individual is taking.
  - 5) *"Emergency" – has the same meaning as in Section 1-112 of the Act and Section 300.330 of this Part. (Section 2-106.1(b) of the Act)*
  - 6) "Excessive dose" – the total amount of any medication (including duplicative therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer's label, package or insert, and the accepted standards of practice for a resident's age and condition.
  - 7) "Gradual dose reduction" – the stepwise tapering of a dose to determine if symptoms, conditions or risks can be managed by a lower dose or if the dose or medication can be discontinued.
  - 8) "Informed consent" – documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications.
  - 9) "Licensed nurse" – an advanced practice registered nurse or a registered professional nurse, as defined in the Nurse Practice Act.

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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. Psychotropic medication also includes any medication listed in 42 CFR 483.45(c)(3).

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) of the Act and this Section. (Section 2-106.1(b) of the Act)

ba) A resident shall not be given unnecessary ~~medications~~~~drugs~~ in accordance with Section 300-Appendix F. ~~An~~~~In addition, an~~ unnecessary ~~medication~~~~drug~~ is any drug used:

- 1) ~~In~~~~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 ~~medications~~~~drugs~~ should be reduced or discontinued. (Section 2-106.1(a) of the Act); or
- 6) Any combination of the circumstances stated in subsections (b)(1) through (5).

c) Residents shall not be given antipsychotic medications unless antipsychotic medication therapy is ordered by a physician or an authorized prescribing professional, as documented in the resident's comprehensive assessment, to treat a specific symptom 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 Appendix F.

d) Residents who use antipsychotic medications shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these medications in accordance with Appendix F. In compliance with subsection 2-106.1(b) of the Act and this Section, the facility

689 shall obtain informed consent for each dose reduction.

690  
691 eb) Except in the case of an emergency, psychotropic~~Psychotropic~~ medication shall  
692 not be administered~~prescribed or administered~~ without the informed consent of  
693 the resident ~~or;~~ the resident's surrogate decision maker~~guardian, or other~~  
694 authorized representative. (Section 2-106.1(b) of the Act) Additional informed  
695 consent is ~~not~~ required for reductions in dosage level or deletion of a specific  
696 medication, pursuant to subsection (f)(9). Informed consent is required~~The~~  
697 ~~informed consent may provide~~ for a medication administration program of  
698 sequentially increased doses or a combination of medications to establish the  
699 lowest effective dose that will achieve the desired therapeutic outcome, pursuant  
700 to subsection (f)(9). The most common side~~Side~~ effects of the medications shall  
701 be described. In an emergency, a facility shall:

- 702
- 703 1) Document the alleged emergency in detail, including the facts surrounding  
704 the medication's need, pursuant to the requirements of Section 300.1820;  
705 and
- 706
- 707 2) Present this documentation to the resident and the resident's  
708 representative or other surrogate decision maker no later than 24 hours  
709 after the administration of emergency psychotropic medication. (Section  
710 2-106.1(b) of the Act)

711  
712 ~~e) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy~~  
713 ~~is necessary, as documented in the resident's comprehensive assessment, to treat a~~  
714 ~~specific or suspected condition as diagnosed and documented in the clinical~~  
715 ~~record or to rule out the possibility of one of the conditions in accordance with~~  
716 ~~Section 300.Appendix F.~~

717  
718 ~~d) Residents who use antipsychotic drugs shall receive gradual dose reductions and~~  
719 ~~behavior interventions, unless clinically contraindicated, in an effort to~~  
720 ~~discontinue these drugs in accordance with Section 300.Appendix F.~~

721  
722 ~~e) For the purposes of this Section:~~

- 723
- 724 1) ~~"Duplicative drug therapy" means any drug therapy that duplicates a~~  
725 ~~particular drug effect on the resident without any demonstrative~~  
726 ~~therapeutic benefit. For example, any two or more drugs, whether from~~  
727 ~~the same drug category or not, that have a sedative effect.~~
- 728
- 729 2) ~~"Psychotropic medication" means medication that is used for or listed as~~  
730 ~~used for antipsychotic, antidepressant, antimanic or antianxiety behavior~~  
731 ~~modification or behavior management purposes in the latest edition of the~~

~~AMA Drug Evaluations (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Hospital Formulary Service Drug Information 1995 (American Society of Health Systems Pharmacists, 1995), or the Physician's Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)~~

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

f) Protocol for Securing Informed Consent for Psychotropic Medication

1) Except in the case of an emergency as described in subsection (e), no resident shall be administered psychotropic medication prior to a discussion between the resident or the resident's surrogate decision maker, or both, and the resident's physician or a physician the resident was referred to, a registered pharmacist who is not a dispensing pharmacist for the facility where the resident lives, or a licensed nurse about the most common possible risks and benefits of a recommended medication and the use of standardized consent forms designated by the Department. (Section 2-106.1(b) of the Act)

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

3) The discussion shall include information about:

A) The name of the medication;

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

C) How the medication is intended to affect those symptoms;

D) Other common effects or side effects of the medication, and any reasons (e.g., age, health status, other medications) that the resident

- 775 is more or less likely to experience side effects;  
776  
777 E) Dosage information, including how much medication would be  
778 administered, how often, and the method of administration (e.g.,  
779 orally or by injection; with, before, or after food);  
780  
781 F) Any tests and related procedures that are required for the safe and  
782 effective administration of the medication;  
783  
784 G) Any food or activities the resident should avoid while taking the  
785 medication;  
786  
787 H) Any possible alternatives to taking the medication that could  
788 accomplish the same purpose; and  
789  
790 I) Any possible consequences to the resident of not taking the  
791 medication.  
792  
793 4) Pursuant to Section 2-105 of the Act, the discussion designed to secure  
794 informed consent shall be private, between the resident or the resident's  
795 surrogate decision maker and the resident's physician, or a physician the  
796 resident was referred to, or a registered pharmacist who is not a dispensing  
797 pharmacist for the facility where the resident lives, or a licensed nurse.  
798  
799 5) In addition to the oral discussion, the resident or his or her surrogate  
800 decision maker shall be given the information in subsection (f)(3) in  
801 writing. The information shall be in plain language, understandable to the  
802 resident or his or her surrogate decision maker. If the written information  
803 is in a language not understood by the resident or his or her surrogate  
804 decision maker, the facility, in compliance with the Language Assistance  
805 Services Act and the Language Assistance Services Code, shall provide, at  
806 no cost to the resident or the resident's surrogate decision maker, an  
807 interpreter capable of communicating with the resident or his or her  
808 surrogate decision maker and the authorized prescribing professional  
809 conducting the discussion. The authorized prescribing professional shall  
810 guide the resident through the written information. The written  
811 information shall include a place for the resident or his or her surrogate  
812 decision maker to give, or to refuse to give, informed consent. The written  
813 information shall be placed in the resident's record. Informed consent is  
814 not secured until the resident or surrogate decision maker has given  
815 written informed consent. If the resident has dementia and the facility is  
816 unable to contact the resident's surrogate decision maker, the facility shall  
817 not administer psychotropic medication to the resident except in an

- 818 emergency as provided by subsection (e).  
819  
820 6) Informed consent shall be sought first from a resident, then from a  
821 surrogate decision maker, in the following order or priority:  
822  
823 A) The resident's guardian of the person if one has been named by a  
824 court of competent jurisdiction.  
825  
826 B) In the absence of a court-ordered guardian, informed consent shall  
827 be sought from a health care agent under the Illinois Power of  
828 Attorney Act who has authority to give consent.  
829  
830 C) If neither a court-ordered guardian of the person, nor a health  
831 care agent under the Power of Attorney Act, is available, and the  
832 attending physician determines that the resident lacks capacity to  
833 make decisions, informed consent shall be sought from the  
834 resident's attorney-in-fact designated under the Mental Health  
835 Treatment Preference Declaration Act [755 ILCS 43], if  
836 applicable, or the resident's representative. (Section 2-106.1(b) of  
837 the Act)  
838  
839 7) Regardless of the availability of a surrogate decision maker, the resident  
840 may be notified and present at any discussion required by this Section.  
841 Upon request, the resident or the resident's surrogate decision maker shall  
842 be given, at a minimum, written information about the medication and an  
843 oral explanation of common side effects of the medication to facilitate the  
844 resident in identifying the medication and in communicating the existence  
845 of side effects to the direct care staff.  
846  
847 8) The facility shall inform the resident, surrogate decision maker, or both of  
848 the existence of a copy of:  
849  
850 A) The resident's care plan;  
851  
852 B) The facility policies and procedures adopted in compliance with  
853 Section 2-106.1(b-15) of the Act, and this Section; and  
854  
855 C) A notification that the most recent of the resident's care plans and  
856 the facility's policies are available to the resident or surrogate  
857 decision maker upon request.  
858  
859 9) The maximum possible period for informed consent shall be until:  
860

- 861                   A)    *A change in the prescription occurs, either as to type of*  
862                                   *psychotropic medication or dosage;*  
863  
864                   B)    *A resident's care plan changes in a way that affects the*  
865                                   *prescription or dosage of the psychotropic medication. (Section 2-*  
866                                   *106.1(b) of the Act); or*  
867  
868           10)    *A resident or his or her surrogate decision maker shall not be asked to*  
869                                   *consent to the administration of a new psychotropic medication in a*  
870                                   *dosage or frequency that exceeds the maximum recommended daily*  
871                                   *dosage as found in the Prescribers Digital Reference database, the*  
872                                   *Lexicomp-online database, or the American Society of Health-System*  
873                                   *Pharmacists database unless the reason for exceeding the recommended*  
874                                   *daily dosage is explained to the resident or his or her surrogate decision*  
875                                   *maker by a licensed medical professional, and the reason for exceeding the*  
876                                   *recommended daily dosage is justified by the prescribing professional in*  
877                                   *the clinical record. The dosage and frequency shall be reviewed and re-*  
878                                   *justified by the licensed prescriber on a weekly basis and reviewed by a*  
879                                   *consulting pharmacist. The justification for exceeding the recommended*  
880                                   *daily dosage shall be recorded in the resident's record and shall be*  
881                                   *approved within seven calendar days after obtaining informed consent, in*  
882                                   *writing, by the medical director of the facility.*  
883  
884           11)    *Pursuant to Section 2-104(c) of the Act, the resident or the resident's*  
885                                   *surrogate decision maker shall be informed, at the time of the discussion*  
886                                   *required by subsection (f)(1), that his or her informed consent may be*  
887                                   *withdrawn at any time, and that, even with informed consent, the resident*  
888                                   *may refuse to take the medication.*  
889  
890           12)    *The facility shall obtain informed consent using forms provided by the*  
891                                   *Department on its official website, or on forms approved by the*  
892                                   *Department, pursuant to Section 2-106.1(b) of the Act. The facility shall*  
893                                   *document on the consent form whether the resident is capable of giving*  
894                                   *informed consent for medication therapy, including for receiving*  
895                                   *psychotropic medications. If the resident is not capable of giving informed*  
896                                   *consent, the identity of the resident's surrogate decision maker shall be*  
897                                   *placed in the resident's record.*  
898  
899           13)    *No facility shall deny continued residency to a person on the basis of the*  
900                                   *person's or resident's, or the person's or resident's surrogate decision*  
901                                   *maker's, refusal of the administration of psychotropic medication, unless*  
902                                   *the facility can demonstrate that the resident's refusal would place the*  
903                                   *health and safety of the resident, the facility staff, other residents, or*

904 visitors at risk. A facility that alleges that the resident's refusal to consent  
 905 to the administration of psychotropic medication will place the health and  
 906 safety of the resident, the facility staff, other residents, or visitors at risk  
 907 shall:

908  
 909 A) Document the alleged risk in detail, along with a description of all  
 910 nonpharmacological or alternative care options attempted and  
 911 why they were unsuccessful;

912  
 913 B) Present this documentation to the resident or the resident's  
 914 surrogate decision maker, to the Department, and to the Office of  
 915 the State Long Term Care Ombudsman; and

916  
 917 C) Inform the resident or his or her surrogate decision maker of his or  
 918 her right to appeal an involuntary transfer or discharge to the  
 919 Department as provided in the Act and this Part. (Section 2-  
 920 106.1(b-10) of the Act)

921  
 922 g) Within 100 days after January 1, 2021, all facilities shall implement written  
 923 policies and procedures for compliance with Section 2-106.1 of the Act and this  
 924 Section. A facility's failure to make available to the Department the  
 925 documentation required under this subsection is sufficient to demonstrate its  
 926 intent to not comply with Section 2-106.1 of the Act and this Section and shall be  
 927 grounds for review by the Department. (Section 2-106.1(b-15) of the Act)

928  
 929 h) Upon the receipt of a report of any violation of Section 2-106.1 of the Act and this  
 930 Section, the Department will investigate and, upon finding sufficient evidence of a  
 931 violation of Section 2-106.1 of the Act and this Section, may proceed with  
 932 disciplinary action against the licensee of the facility. In any administrative  
 933 disciplinary action under this subsection, the Department will have the discretion  
 934 to determine the gravity of the violation and, taking into account mitigating and  
 935 aggravating circumstances and facts, may adjust the disciplinary action  
 936 accordingly. (Section 2-106.1(b-20) of the Act)

937  
 938 i) A violation of informed consent that, for an individual resident, lasts for seven  
 939 days or more under this Section is, at a minimum, a Type "B" violation. A second  
 940 violation of informed consent within a year from a previous violation in the same  
 941 facility regardless of the duration of the second violation is, at a minimum, a Type  
 942 "B" violation. (Section 2-106.1(b-25) of the Act)

943  
 944 j) Any violation of Section 2-106.1 of the Act and this Section by a facility may be  
 945 enforced by an action brought by the Department in the name of the People of  
 946 Illinois for injunctive relief, civil penalties, or both injunctive relief and civil

- 947 penalties. The Department may initiate the action upon its own complaint or the  
948 complaint of any other interested party. (Section 2-106.1(b-30) of the Act)  
949
- 950 k) Any resident who has been administered a psychotropic medication in violation of  
951 Section 2-106.1 of the Act and this Section may bring an action for injunctive  
952 relief, civil damages, and costs and attorney's fees against any facility responsible  
953 for the violation. (Section 2-106.1(b-35) of the Act)  
954
- 955 l) An action under this Section shall be filed within two years after either the date of  
956 discovery of the violation that gave rise to the claim or the last date of an instance  
957 of a noncompliant administration of psychotropic medication to the resident,  
958 whichever is later. (Section 2-106.1(b-40) of the Act)  
959
- 960 m) A facility subject to action under Section 2-106.1 of the Act and this Section shall  
961 be liable for damages of up to \$500 for each day, after discovery of a violation,  
962 that the facility violates the requirements of Section 2-106.1 of the Act and this  
963 Section. (Section 2-106.1(b-45) of the Act)  
964
- 965 n) The rights provided for in Section 2-106.1 of the Act and this Section are  
966 cumulative to existing resident rights. No part of this Section shall be interpreted  
967 as abridging, abrogating, or otherwise diminishing existing resident rights or  
968 causes of action at law or equity. (Section 2-106.1(b-55) of the Act)  
969
- 970 o) In addition to the penalties described in this Section and any other penalty  
971 prescribed by law, a facility that is found to have violated Section 2-106.1 of the  
972 Act and this Section, or the federal certification requirement that informed  
973 consent be obtained before administering a psychotropic medication, shall  
974 thereafter be required to obtain the signatures of two licensed health care  
975 professionals on every form purporting to give informed consent for the  
976 administration of a psychotropic medication, certifying the personal knowledge of  
977 each health care professional that the consent was obtained in compliance with  
978 the requirements of Section 2-106.1 of the Act and this Section. (Section 2-  
979 106.1(b) of the Act)  
980

981 (Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
982

983 SUBPART F: NURSING AND PERSONAL CARE  
984

985 **Section 300.1230 Direct Care Staffing**  
986

- 987 a) For purposes of the minimum staffing ratios in Section 3-202.05 of the Act and  
988 this Section, all residents shall be classified as requiring either skilled care or  
989 intermediate care. (Section 3-202.05(b-5) of the Act)

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- ba) For the purposes of this Section, the following definitions shall apply:
- 1) "Direct care" – is the provision of nursing care or personal care as defined in Section 300.330, therapies, and care provided by staff listed in subsection (if). Direct care staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the facility (e.g., housekeeping).
  - 2) "Skilled care" – skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. (Section 3-202.05(b-5) of the Act) Skilled nursing services are those services, furnished pursuant to physician orders, that require the skills of qualified technical or professional health professionals and shall be provided directly by or under the general supervision of skilled personnel to ensure the safety of the patient and to achieve the medically desired result. Skilled nursing services are those services required by residents whose applicable Minimum Data Set (MDS) assessment indicates classification in a patient case mix group that requires at least 228 minutes of direct care per day, based upon staffing minutes in the STRIVE study analysis. ~~Skilled care is skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision.~~
  - 3) "Intermediate care" – basic nursing care and other restorative services under periodic medical direction. (Section 3-202.05(b-5) of the Act) Services not classified as skilled care will be classified as intermediate care. ~~Intermediate care is basic nursing care and other restorative services under periodic medical direction.~~
- c) A minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act)
- d) The minimum staffing ratios shall be 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal

- 1033 care each day for a resident needing intermediate care. (Section 3-202.05(d) of  
1034 the Act) For the purpose of this subsection, "nursing care" and "personal care"  
1035 mean direct care provided by staff listed in subsection (i).  
1036
- 1037 e) The facility shall schedule nursing personnel so that the nursing needs of all  
1038 residents are met.  
1039
- 1040 f) The number of staff who provide direct care who are needed at any time in the  
1041 facility shall be based on the needs of the residents, and shall be determined by  
1042 figuring the number of hours of direct care each resident needs ~~per on each shift of~~  
1043 ~~the~~ day.  
1044
- 1045 e) ~~If residents participate in regularly scheduled therapeutic programs outside the~~  
1046 ~~facility, such as school or sheltered workshops, the minimum hours per day of~~  
1047 ~~direct care staffing in the facility are reduced for the hours the residents are not in~~  
1048 ~~the facility.~~  
1049
- 1050 g) Each facility shall provide minimum direct care staff by complying with  
1051 subsection (f) and meeting the minimum direct care staffing ratios set forth in this  
1052 Section.÷  
1053
- 1054 1) ~~Determining the amount of direct care staffing needed to meet the needs~~  
1055 ~~of its residents; and~~  
1056
- 1057 2) ~~Meeting the minimum direct care staffing ratios set forth in this Section.~~  
1058
- 1059 h) The direct care staffing ~~calculations requirements~~ in this Section shall include only  
1060 ~~apply to~~ the number of ~~staff persons~~ actually on duty on site ~~and not to the number~~  
1061 ~~of persons scheduled to be on duty.~~ The following shall not be included in direct  
1062 care staffing calculations:  
1063
- 1064 1) Meal and break times (paid or unpaid);  
1065
- 1066 2) Scheduled training; and  
1067
- 1068 3) When a facility is utilized as a clinical site for nurse aide training, if the  
1069 facility is not paying the employee for the services provided.  
1070
- 1071 i) *For the purpose of computing staff to resident ratios, direct care staff shall*  
1072 *include the following;* ~~as long as the person is assigned to duties consistent with~~  
1073 ~~the identified job title and documented in employee time schedules as required by~~  
1074 ~~Section 300.650(i);~~  
1075

- 1076 1) Registered professional~~registered~~ nurses;
- 1077
- 1078 2) Licensed~~licensed~~ practical nurses;
- 1079
- 1080 3) Certified~~certified~~ nurse assistants;
- 1081
- 1082 4) Psychiatric~~psychiatric~~ services rehabilitation aides ~~(see Section~~
- 1083 ~~300.4090)~~;
- 1084
- 1085 5) Rehabilitation~~rehabilitation~~ and therapy aides;
- 1086
- 1087 6) Psychiatric~~psychiatric~~ services rehabilitation coordinators ~~(see Section~~
- 1088 ~~300.4090)~~;
- 1089
- 1090 7) Assistant~~assistant~~ directors of nursing;
- 1091
- 1092 8) 50% of the Director of Nurses' time;
- 1093
- 1094 9) 30% of the Social Services Directors' time (Section 3-202.05 of the Act);
- 1095 and
- 1096
- 1097 10) Licensed~~licensed~~ physical, occupational, speech and respiratory therapists.
- 1098
- 1099 ~~g)~~ *Facilities subject to Subpart S may utilize specialized clinical staff, as defined in*
- 1100 *Section 300.4090(c) and (f), to count towards the staffing ratios. (Section 3-*
- 1101 *202.05(a) of the Act)*
- 1102
- 1103 ~~h)~~ **Care Determinations**
- 1104 ~~When differences of opinion occur between facility staff and Department~~
- 1105 ~~surveyors regarding the care an individual resident may require, the surveyor shall~~
- 1106 ~~determine whether the resident is receiving appropriate care. If the resident is~~
- 1107 ~~receiving appropriate care, the surveyor will accept the facility's determination of~~
- 1108 ~~the number of direct care hours the facility shall provide.~~
- 1109
- 1110 ~~i)~~ ~~The facility shall schedule nursing personnel so that the nursing needs of all~~
- 1111 ~~residents are met.~~
- 1112
- 1113 ~~j)~~ **Skilled Nursing and Intermediate Care**
- 1114 ~~For the purpose of this subsection, "nursing care" and "personal care" mean direct~~
- 1115 ~~care provided by staff listed in subsection (f).~~
- 1116
- 1117 ~~1)~~ *Effective July 1, 2010, for each resident needing skilled care, a minimum*
- 1118 *staffing ratio of 2.5 hours of nursing and personal care each day must be*

1119 *provided; for each resident needing intermediate care, 1.7 hours of*  
1120 *nursing and personal care each day must be provided.*

1121  
1122 2) *Effective January 1, 2011, the minimum staffing ratios shall be increased*  
1123 *to 2.7 hours of nursing and personal care each day for a resident needing*  
1124 *skilled care and 1.9 hours of nursing and personal care each day for a*  
1125 *resident needing intermediate care.*

1126  
1127 3) *Effective January 1, 2012, the minimum staffing ratios shall be increased*  
1128 *to 3.0 hours of nursing and personal care each day for a resident needing*  
1129 *skilled care and 2.1 hours of nursing and personal care each day for a*  
1130 *resident needing intermediate care.*

1131  
1132 4) *Effective January 1, 2013, the minimum staffing ratios shall be increased*  
1133 *to 3.4 hours of nursing and personal care each day for a resident needing*  
1134 *skilled care and 2.3 hours of nursing and personal care each day for a*  
1135 *resident needing intermediate care.*

1136  
1137 5) *Effective January 1, 2014, the minimum staffing ratios shall be increased*  
1138 *to 3.8 hours of nursing and personal care each day for a resident needing*  
1139 *skilled care and 2.5 hours of nursing and personal care each day for a*  
1140 *resident needing intermediate care. (Section 3-202.05(d) of the Act)*

1141  
1142 k) *Effective September 12, 2012, a minimum of 25% of nursing and personal care*  
1143 *time shall be provided by licensed nurses, with at least 10% of nursing and*  
1144 *personal care time provided by registered nurses. Registered nurses and licensed*  
1145 *practical nurses employed by a facility in excess of these requirements may be*  
1146 *used to satisfy the remaining 75% of the nursing and personal care time*  
1147 *requirements. (Section 3-202.05(e) of the Act)*

1148  
1149 k) To determine the direct care staffing required to meet daily minimum staffing  
1150 ratios for skilled care and intermediate care, the following staffing formula shall  
1151 be used:

1152  
1153 1) Determine the number of residents requiring skilled care and the number  
1154 of residents requiring intermediate care.

1155  
1156 2) Calculate the total daily required nursing and personal care hours for each  
1157 level of care:

1158  
1159 A) The number of residents requiring skilled care shall be multiplied  
1160 by the required number of hours (3.8) per resident.

1161

- 1162                    B)     The number of residents requiring intermediate care shall be  
1163                    multiplied by the required number of hours (2.5) per resident.  
1164
- 1165                    3)     Add the total number of hours of direct care required for each level of care  
1166                    to determine the total number of hours required to provide direct care for  
1167                    all residents in the facility.  
1168
- 1169                    4)     Multiplying the total minimum hours of direct care hours required for all  
1170                    residents, determined under subsection (k)(3), by 25% results in the  
1171                    minimum amount of licensed nurse hours that shall be provided during a  
1172                    24-hour period.  
1173
- 1174                    5)     Multiplying the total minimum hours of direct care time required for all  
1175                    residents, determined under subsection (k)(3), by 10% results in the  
1176                    minimum amount of registered nurse hours that shall be provided during a  
1177                    24-hour period.  
1178
- 1179                    6)     The remaining 75% of the minimum required direct care hours may also  
1180                    be fulfilled by other staff identified in subsection (i) as long as it can be  
1181                    documented that those staff provide direct care, and that nursing care and  
1182                    nursing delegation is in accordance with the Nurse Practice Act.  
1183
- 1184                    7)     The amount of time determined in subsections (j)(4), (5) and (6) is  
1185                    expressed in hours.  
1186
- 1187                    8)     See Appendix A for an example of staffing calculations.  
1188
- 1189                    1)     A written work schedule shall be posted at least 10 days prior to the first day on  
1190                    the schedule. The work schedule shall be posted in a location conspicuous and  
1191                    accessible only to employees.  
1192
- 1193                    1)     This work schedule shall contain the employee's name, job title,  
1194                    (identifying the duty or duties listed in subsection (i), if applicable), shift  
1195                    assignment, hours of work, and days off.  
1196
- 1197                    2)     If an employee works in more than one job during the same week,  
1198                    specifically including those job duties listed in subsection (i), if applicable,  
1199                    the facility shall separately state the hours of work for each job duty.  
1200
- 1201                    3)     The work schedule, whether a hard copy or in an electronic format, shall  
1202                    be kept on file in the facility in the administrator's office for a minimum of  
1203                    three years after the week for which the schedule was used.  
1204

- 1205 m) Time spent in scheduled breaks and mealtimes, and scheduled training, when staff  
1206 are not providing direct care shall be documented.  
1207
- 1208 n) A facility operating under a waiver from the minimum registered professional  
1209 nurse staffing requirements (see Section 300.1232) shall provide written  
1210 documentation of the waiver to the Department upon request.  
1211
- 1212 ~~l) To determine the numbers of direct care personnel needed to staff any facility, the~~  
1213 ~~following procedures shall be used:~~
- 1214
- 1215 ~~1) The facility shall determine the number of residents needing skilled or~~  
1216 ~~intermediate care.~~
- 1217
- 1218 ~~2) The number of residents in each category shall be multiplied by the overall~~  
1219 ~~hours of direct care needed each day for each category.~~
- 1220
- 1221 ~~3) Adding the hours of direct care needed for the residents in each category~~  
1222 ~~will give the total hours of direct care needed by all residents in the~~  
1223 ~~facility.~~
- 1224
- 1225 ~~4) Multiplying the total minimum hours of direct care needed by 25% will~~  
1226 ~~give the minimum amount of licensed nurse time that shall be provided~~  
1227 ~~during a 24-hour period. Multiplying the total minimum hours of direct~~  
1228 ~~care needed by 10% will give the minimum amount of registered nurse~~  
1229 ~~time that shall be provided during a 24-hour period.~~
- 1230
- 1231 ~~5) Additional Direct Care Hours Equal to at Least 75% of the Minimum~~  
1232 ~~Required~~  
1233 ~~The remaining 75% of the minimum required direct care hours may be~~  
1234 ~~fulfilled by other staff identified in subsection (f) as long as it can be~~  
1235 ~~documented that they provide direct care and as long as nursing care is~~  
1236 ~~provided in accordance with the Nurse Practice Act.~~
- 1237
- 1238 ~~6) The amount of time determined in subsections (1)(4) and (5) is expressed~~  
1239 ~~in hours. Dividing the total number of hours needed by the number of~~  
1240 ~~hours each person works per shift (usually 7.5 or 8 hours) will give the~~  
1241 ~~number of persons needed to staff each shift. Calculations shall not~~  
1242 ~~include time for scheduled breaks or scheduled in-service training. The~~  
1243 ~~number of residents used to calculate staff ratios shall be based on the~~  
1244 ~~facility's midnight census.~~
- 1245
- 1246 m) ~~Example of Staffing Calculations~~  
1247

1248 1) ~~Following is an example of this computation assuming a 100-bed Skilled~~  
 1249 ~~Nursing Facility that has 25 residents needing skilled care and 75 residents~~  
 1250 ~~needing intermediate care, and assuming that the identified needs of the~~  
 1251 ~~residents have led the facility to assign 45% of the staff to the day shift;~~  
 1252 ~~35% to the evening shift and 20% to the night shift.~~

1254 2) ~~Under the subsection (j) requirements for January 1, 2014, staffing would~~  
 1255 ~~be computed as follows:~~

1256 A) ~~Total Minimum Hours of Care Needed~~

Level of Care	# of Residents		Total Hrs. Needed/Day Per Resident		Total Hrs. Needed/Day Per Facility
Skilled	25	{times}	3.8	=	95.0
Intermediate	75	{times}	2.5	=	187.5
<del>Total hours needed</del>					<del>282.5</del>

1259 B) ~~Minimum Total Hours Needed Per Shift~~

Shift	Total Hrs. Per Day		Minimum Percent		Total Hrs. Needed
7-3	282.5	{times}	45%	=	127.125
3-11	282.5	{times}	35%	=	98.875
11-7	282.5	{times}	20%	=	56.500
100%					282.500

1262 C) ~~Licensed Nurse Time Per Shift~~

Shift	Minimum Hrs. Per Shift		Minimum Percent		Minimum Lic. Nurse Hrs. Required
7-3	127.125	{times}	25%	=	31.781
3-11	98.875	{times}	25%	=	24.719
11-7	56.500	{times}	25%	=	14.125

1265 D) ~~Licensed Nurses Required~~

Shift	Minimum Nurse Hrs. Required		Hrs. Worked Per Shift		# of Lic. Nurses Needed
7-3	31.781	{divided by}	8	=	3.973
3-11	24.719	{divided by}	8	=	3.090
11-7	14.125	{divided by}	8	=	1.766

1268  
1269  
1270

E) Registered Nurse Time

Shift	Minimum Registered Nurse Hrs. Per Shift		Minimum Percent		Minimum Registered Nurse Hrs. Required
7-3	127.125	{times}	10%	=	12.712
3-11	98.875	{times}	10%	=	9.887
11-7	56.500	{times}	10%	=	5.650

1271  
1272  
1273

F) Registered Nurses Required

Shift	Minimum Registered Nurse Hrs. Required		Hrs. Worked Per Shift		# of Registered Nurses Needed
7-3	12.712	{divided by}	8	=	1.589
3-11	9.887	{divided by}	8	=	1.236
11-7	5.650	{divided by}	8	=	.706

1274  
1275  
1276

G) Additional Direct Care Hours\*

Shift	Minimum Total Hrs. Needed Per Shift		Lic. Nurse Time Worked Per Shift		# of Additional Direct Care Staff Hrs.* Needed
7-3	127.125	{minus}	31.781	=	95.344
3-11	98.875	{minus}	24.719	=	74.156
11-7	56.500	{minus}	14.125	=	42.375

1277  
1278  
1279

H) Additional Direct Care Staff\* Required

Shift	Minimum Additional Direct Care Hrs. Required		Hrs. Worked Per Shift		# of Additional Direct Care Staff* Needed
7-3	95.344	{divided by}	8	=	11.918
3-11	74.156	{divided by}	8	=	9.270
11-7	42.375	{divided by}	8	=	5.300

\*See subsection (1)(5).

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 300.1231 Calculation of Direct Care Staffing During Inspections, Surveys and Evaluations**

- a) Calculation of direct care staffing during inspections, surveys and evaluations will be based on the finalized working schedule and daily census report totals for the two-week period preceding the first day of the inspection. The work schedule shall be determined as outlined in Section 300.1230(k) and shall be provided upon request.
- b) For certified facilities, copies of nurse staffing information required by 42 CFR 483.35(g) for the two-week period preceding the first day of the inspection shall be provided upon request.

(Source: Added at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 300.1232 Waiver of Registered Professional Nurse Staffing Requirements**

- a) Upon application by a facility, the Director may grant or renew a waiver, in whole or in part, of the registered professional nurse staffing requirements contained in Section 3-202.05(e) of the Act and Section 300.1230(c) of this Part, considering the criteria in Section 300.320, if the facility demonstrates to the Director's satisfaction that the facility is unable, despite diligent efforts, including offering wages at a competitive rate for registered professional nurses in the community, to employ the required number of registered professional nurses and that the waivers will not endanger the health or safety of residents of the facility.
- b) A facility in compliance with the terms of a waiver granted under Section 3-303.1(c) of the Act and this Section will not be subject to fines or penalties imposed by the Department for violating the registered professional nurse staffing requirements of Section 3-202.05(e) of the Act and Section 300.1230(c). Nothing

1315 in the Act or this Section allows the Director to grant or renew a waiver of the  
1316 minimum registered professional nurse staffing requirements provided in 42 CFR  
1317 483.35(b) to a facility that is Medicare-certified or to a facility that is both  
1318 Medicare-certified and Medicaid-certified.

1319  
1320 c) Waivers granted under the Act and this Section will be reviewed quarterly by the  
1321 Department, including requiring a demonstration by the facility that it has  
1322 continued to make diligent efforts to employ the required number of registered  
1323 professional nurses, and shall be revoked for noncompliance with any of the  
1324 following requirements:

1325  
1326 1) For periods in which the number of registered professional nurses  
1327 required by law is not in the facility, a physician or registered  
1328 professional nurse shall respond immediately to a telephone call from the  
1329 facility.

1330  
1331 2) The facility to notify the following of the waiver: the Office of the State  
1332 Long Term Care Ombudsman, the residents of the facility, the residents'  
1333 guardians, and the residents' representatives. (Section 3-303.1(c) of the  
1334 Act)

1335  
1336 d) A copy of each waiver application and each waiver granted or renewed by the  
1337 Department will be on file with the Department and available for public  
1338 inspection. The Director will annually review the file and recommend to the  
1339 Long-Term Care Facility Advisory Board any modification in this Part suggested  
1340 by the number and nature of waivers requested and granted and the difficulties  
1341 faced in compliance by similarly situated facilities. (Section 3-303.1(d) of the  
1342 Act)

1343  
1344 e) If the Department grants a waiver to a facility under this Section, the facility shall  
1345 immediately notify the following of the waiver:

1346  
1347 1) The Office of the State Long Term Care Ombudsman;

1348  
1349 2) The residents of the facility;

1350  
1351 3) The residents' guardians;

1352  
1353 4) The residents' representatives (Section 3-303.1(c)(2) of the Act); and

1354  
1355 5) Individuals seeking information from the facility prior to admission to the  
1356 facility.

1357

- 1358                   6)     The Illinois Department of Healthcare and Family Services Bureau of  
1359                   Long-Term Care.
- 1360
- 1361           f)     A request for a waiver from the registered professional nurse staffing  
1362           requirements shall be made in writing to the Department, specifying the  
1363           following:
- 1364
- 1365                   1)     A detailed explanation of why the facility is unable, despite diligent  
1366                   efforts, including offering wages at a competitive rate for registered  
1367                   professional nurses in the community, to employ the required number of  
1368                   registered professional nurses (Section 3-303.1(c) of the Act);
- 1369
- 1370                   2)     A detailed description of the programs or services offered by the facility  
1371                   for which the waiver is requested;
- 1372
- 1373                   3)     A detailed explanation of why the waiver will not endanger the health or  
1374                   safety of residents of the facility (Section 3-303.1(c) of the Act);
- 1375
- 1376                   4)     The number of residents in the facility and the level of care they require,  
1377                   the location and number of ambulatory and non-ambulatory residents, and  
1378                   residents' decision making capacity; and
- 1379
- 1380                   5)     The time period for which the waiver is requested.
- 1381
- 1382           g)     The Department may revoke a waiver granted to a facility if the facility fails to  
1383           comply with any of the requirements in the Act and this Section.
- 1384
- 1385           h)     A facility operating under an initial license shall not be eligible for a waiver of  
1386           registered professional nurse staffing requirements.
- 1387
- 1388           i)     A facility that has been subject to any of the following actions by the Department  
1389           in the three years prior to application shall not be eligible for a waiver of  
1390           registered professional nurse staffing requirements:
- 1391
- 1392                   1)     Issuance of one or more Type AA violations if operated by the same  
1393                   owner at the time of the waiver application;
- 1394
- 1395                   2)     Issuance of two or more Type A violations if operated by the same owner  
1396                   at the time of the waiver application; or
- 1397
- 1398                   3)     Issuance of two consecutive annual or bi-annual certification surveys with  
1399                   substantiated substandard quality of care deficiencies.
- 1400

1401 j) No waiver shall exceed the duration of the current license or, in the case of an  
1402 application for license renewal, the duration of the renewal period. (Section 3-  
1403 303.1(a) of the Act) For facilities with two-year licenses, no waiver shall be  
1404 granted for a period that exceeds one year. Waivers shall not be transferable.  
1405

1406 k) The Department will post on its website a list of facilities with approved waivers  
1407 by no later than June 30 of each year.  
1408

1409 (Source: Added at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
1410

1411 **Section 300.1233 Quarterly Administrative Staffing Compliance Review**  
1412

1413 a) The Department will determine compliance quarterly by comparing the number of  
1414 hours provided per resident per day using the Centers for Medicare and Medicaid  
1415 Services' payroll-based journal (PBJ) and the facility's daily census. (Section 3-  
1416 202.05(f) of the Act) PBJ data that is utilized for compliance shall not be  
1417 contested. For a crosswalk of job titles from Section 300.1230(i) versus PBJ job  
1418 titles, see Appendix B.  
1419

1420 b) The quarterly deadlines for submitting PBJ data to the Department are as follows:  
1421

1422 1) For the first fiscal quarter reporting period of October 1 through December  
1423 31, quarterly PBJ data is due to the Department on March 1.  
1424

1425 2) For the second fiscal quarter reporting period of January 1 through March  
1426 31, quarterly PBJ data is due to the Department on June 1.  
1427

1428 3) For the third fiscal quarter reporting period of April 1 through June 30,  
1429 quarterly PBJ data is due to the Department on September 1.  
1430

1431 4) For the fourth fiscal quarter reporting period of July 1 through September  
1432 30, quarterly PBJ data is due to the Department on December 1.  
1433

1434 c) Licensed-only facilities are not required to submit PBJ data to the Department but  
1435 shall submit quarterly staffing data to the Department in a format and manner  
1436 determined by the Department, adhering to the same deadlines as in subsection  
1437 (b).  
1438

1439 d) The facility's daily census report shall be broken down by intermediate and skilled  
1440 care. (Section 3-202.05(f) of the Act) Required information for each day listed  
1441 on the report is as follows:  
1442

1443 1) The date;

- 1444  
1445           2)     The total number of residents requiring skilled care for the date;  
1446  
1447           3)     The total number of residents requiring intermediate care for the date; and  
1448  
1449           4)     The total census for the date.  
1450  
1451       e)     Facilities shall submit to DPH.LTCDailyCensus@illinois.gov a separate daily  
1452           census report for each day of the month of the quarter, adhering to the same  
1453           deadlines as in subsection (b).  
1454  
1455       f)     Failure to submit a required daily census report by the submission deadline shall  
1456           result in calculations based on skilled care direct care staffing requirements for  
1457           any of the missing information.  
1458

1459       (Source: Added at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
1460

1461     **Section 300.1234 Penalties and Notice of Violation**  
1462

- 1463       a)     Notwithstanding any other provision of the Act or this Part, the Department will  
1464           impose penalties for violations of the minimum staffing requirements of the Act  
1465           and Section 300.1230, as follows:  
1466  
1467           1)     No monetary penalty will be issued for noncompliance during the  
1468           implementation period, which will be July 1, 2020 through September 30,  
1469           2020. If a facility is found to be noncompliant during the implementation  
1470           period, the Department will provide a written notice identifying the  
1471           staffing deficiencies. The facility shall provide a sufficiently detailed  
1472           correction plan to meet the statutory minimum staffing levels.  
1473  
1474           2)     Monetary penalties will be imposed by the Department beginning no later  
1475           than January 1, 2021, and quarterly thereafter, and shall be based on the  
1476           latest quarter for which the Department has data.  
1477  
1478           3)     Monetary penalties shall be established based on a formula that  
1479           calculates, on a daily basis, the cost of wages and benefits for the missing  
1480           staffing hours. All notices of noncompliance issued by the Department  
1481           will include the computations used to determine noncompliance and  
1482           establishing the variance between minimum staffing ratios and the  
1483           Department's computations.  
1484  
1485           4)     The penalty for the first offense shall be 125% of the cost of wages and  
1486           benefits for the missing staffing hours. The penalty will increase to 150%

1487 of the cost of wages and benefits for the missing staffing hours for the  
1488 second offense and 200% of the cost of wages and benefits for the missing  
1489 staffing hours for the third and all subsequent offenses.

1490  
1491 5) The penalty shall be imposed regardless of whether the facility has  
1492 committed other violations of the Act and this Part during the same period  
1493 that the staffing offense occurred.

1494  
1495 6) The penalty may not be waived, but the Department may determine the  
1496 gravity of the violation in situations in which there is no more than a 10%  
1497 deviation from the staffing requirements and make appropriate  
1498 adjustments to the penalty.

1499  
1500 A) A facility shall have 30 days from the receipt of the notice of  
1501 violation to request an adjustment to the penalty pursuant to this  
1502 subsection.

1503  
1504 B) This subsection does not apply to deviations due to a waiver  
1505 granted under Section 300.1232.

1506  
1507 7) The Department may waive the penalty when unforeseen circumstances  
1508 have occurred that resulted in call-offs of scheduled staff. This provision  
1509 will be applied no more than 6 times per quarter. (Section 3-202.05(g) of  
1510 the Act) A facility shall have 30 days from the receipt of the notice of  
1511 violation to request a waiver of the penalty pursuant to this subsection. If  
1512 the Department declines to waive the penalty, it will inform the facility of  
1513 the reasons why. For the purposes of this Section:

1514  
1515 A) An unforeseen circumstance includes, but is not limited to, a  
1516 disaster as defined in Section 300.670(a), labor unrest, civil unrest,  
1517 a viral epidemic or pandemic, family emergency, or any cause  
1518 beyond the reasonable control of the facility.

1519  
1520 B) "Six Times" means six unforeseen circumstances. If an unforeseen  
1521 circumstance occurs, the facility shall document the type of  
1522 unforeseen circumstance, the beginning and end dates of the  
1523 unforeseen circumstance, and how many scheduled staff called off  
1524 during the unforeseen circumstance. The facility shall submit the  
1525 report to the Department within 24 hours after the end of the  
1526 unforeseen circumstance. If the unforeseen circumstance is a viral  
1527 epidemic or pandemic, the facility shall submit regular reports to  
1528 the Department pursuant to Section 300.696.

1529

- 1530           **b)**     Nothing in the Act or this Section diminishes a facility's right to appeal a  
1531           Department finding of non-compliance with the minimum staffing requirements  
1532           of Section 300.1230. (Section 3-202.05(g) of the Act) A facility shall have 30  
1533           days from the receipt of the notice of violation to file an appeal on a Department  
1534           finding of non-compliance.  
1535
- 1536           **c)**     The Department will notify the facility of non-compliance with the minimum  
1537           staffing requirements within 30 days after the latest quarter for which the  
1538           Department has complete staffing data. The notice shall contain, at a minimum:  
1539
- 1540                   1)     The year and quarter the staffing shortfall occurred;  
1541
- 1542                   2)     A summary breakdown of the total penalty showing results of calculations  
1543                   made pursuant to subsection (d);  
1544
- 1545                   3)     Citations to the Act and this Part relative to the violation;  
1546
- 1547                   4)     The total amount of the fine, if any, the date by which payment is due to  
1548                   be paid, and accepted forms of payment;  
1549
- 1550                   5)     An explanation of consequences for nonpayment, incomplete payment, or  
1551                   late payment (see subsection (e)).  
1552
- 1553                   6)     A statement of the facility's right to file an appeal of the violation, to  
1554                   request an adjustment of the penalty when there is no more than a 10%  
1555                   deviation from the staffing requirements, or request a waiver of the  
1556                   penalty for an unforeseen circumstance; and  
1557
- 1558                   7)     the process for filing an appeal or requesting an adjustment or a waiver of  
1559                   the penalty.  
1560
- 1561           **d)**     The Department will use the following procedures to determine penalties for  
1562           facilities that fail to meet minimum direct care staffing ratios:  
1563
- 1564                   1)     The Department will calculate penalties for unmet direct care staffing  
1565                   hours using the most current median hourly wage data reported by U.S.  
1566                   Department of Labor Bureau of Labor Statistics (BLS) in the BLS's  
1567                   Occupational Employment Statistics' metropolitan and nonmetropolitan  
1568                   Area occupational Employment and Wage Estimates for the State of  
1569                   Illinois, which is published at [https://www.bls.gov/oes/current/](https://www.bls.gov/oes/current/oessrcma.htm)  
1570                   [oessrcma.htm](https://www.bls.gov/oes/current/oessrcma.htm).  
1571

- 1572           A)   The hourly wage for unmet registered nurse hours will be  
1573           determined by the most current median hourly wage available for  
1574           RNs (defined as "registered nurses" with the BLS occupational  
1575           code 29-1141) in the metropolitan area in which the nursing  
1576           facility is located.  
1577
- 1578           B)   The hourly wage for unmet licensed practical nurse hours will be  
1579           determined by the most recent median hourly wage available for  
1580           LPNs (defined as "licensed practical and licensed vocational  
1581           nurses" with the BLS occupational code 29-2061) in the  
1582           metropolitan area in which the nursing facility is located.  
1583
- 1584           C)   The hourly wage for unmet hours of direct care staff who are not  
1585           registered nurses or licensed practical nurses will be determined by  
1586           the most recent median hourly wage available for CNAs (defined  
1587           as "nursing assistants" with the BLS occupational code 31-1014) in  
1588           the metropolitan area in which the nursing facility is located.  
1589
- 1590           2)   The Department will use the following formulas to determine the wage  
1591           cost for each day's unmet direct care staffing hours where a staffing-hours  
1592           shortfall is greater than zero. For the purposes of this Section, "median  
1593           wage" refers to the BLS wage rate for the metropolitan or non-  
1594           metropolitan area in which the facility is located:  
1595
- 1596           A)   The cost of RN hours shortfall = the RN hours shortfall x the  
1597           median RN wage.  
1598
- 1599           B)   The cost of licensed nurse hours shortfall = the licensed nurse  
1600           hours shortfall x the median LPN wage.  
1601
- 1602           C)   The cost of direct care hours shortfall = the direct care hours  
1603           shortfall x the median CNA wage.  
1604
- 1605           3)   The Department will use the following procedures to add the cost of  
1606           benefits to the cost of hourly wages identified in subsection (2):  
1607
- 1608           A)   The Department will use the most current percentage available for  
1609           the average cost of employee benefits per hour worked for the  
1610           Midwest Region as reported by the BLS in the Employer Costs for  
1611           Employee Compensation for the Regions report.  
1612
- 1613           B)   The Department will calculate the total compensation costs  
1614           (employee wages and benefits) of unmet direct care staffing hours

1615 using the following formula, which applies a multiplier based on  
1616 the percentage identified in subsection (3)(A) to the total direct  
1617 care staffing hour shortfalls identified in subsections (2)(A), (B),  
1618 and (C):

1619  
1620 Total Compensation Cost of Unmet Direct Care Staffing  
1621 Hours = (1.0 + (the Cost of Benefits Per Hour Worked/the  
1622 Cost of Wages Per Hour Worked)) X (Cost of RN Hours  
1623 Shortfall + Cost of LPN Hours Shortfall + Cost of Direct  
1624 Care Hours Shortfall)  
1625

1626 4) The total penalty amount will be calculated based on the total  
1627 compensation cost of unmet direct care staffing hours calculated in  
1628 subsection (3)(B), as follows:

1629  
1630 A) If the violation is the facility's first violation for unmet direct care  
1631 staffing hours, the Total Compensation Cost for Unmet Direct Care  
1632 Staffing Hours will be multiplied by 125%.

1633  
1634 B) If the violation is the facility's second violation for unmet direct  
1635 care staffing hours, the Total Compensation Cost for Unmet Direct  
1636 Care Staffing Hours will be multiplied by 150%.

1637  
1638 C) If the violation is the facility's third violation or any violation  
1639 beyond the third, the Total Compensation Cost for Unmet Direct  
1640 Care Staffing Hours will be multiplied by 200%.

1641  
1642 D) Any shortfall of hours within a quarter, regardless of whether the  
1643 shortfall is in all or only one direct care staff category, constitutes  
1644 one violation.

1645  
1646 e) If the person or facility against whom a penalty has been assessed does not  
1647 comply with a written demand for payment within 30 days after receiving a notice  
1648 of violation, the Department will issue an order to do any of the following:

1649  
1650 1) Direct the State Treasurer or Comptroller to deduct the amount of the fine  
1651 from amounts otherwise due from the State for the penalty and remit that  
1652 amount to the Department;

1653  
1654 2) Add the amount of the penalty to the facility's licensing fee; if the licensee  
1655 refuses to make the payment at the time of application for renewal of its  
1656 license, the license shall not be renewed; or  
1657

1658  
1659  
1660  
1661  
1662

3) *Bring an action in circuit court to recover the amount of the penalty.*  
(Section 3-310 of the Act)

(Source: Added at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1663 **Section 300.APPENDIX A Example of Staffing Calculations from Section**  
 1664 **300.1230~~Interpretation, Components, and Illustrative Services for Intermediate Care~~**  
 1665 **~~Facilities and Skilled Nursing Facilities: (Repealed)~~**  
 1666

1667 A. Following is an example of staffing calculations assuming a 100-bed Skilled Nursing  
 1668 Facility that has 25 residents needing skilled care and 75 residents needing intermediate  
 1669 care.

1670  
 1671 Under Section 300.1230(d) requirements, staffing would be computed as follows:  
 1672

1673 1. Total Minimum Hours of Care Needed  
 1674

<u>Level of Care</u>	<u># of Residents</u>		<u>Total Hrs. Needed Per Day Per Resident</u>	<u>=</u>	<u>Total Hrs. Needed Per Day Per Facility</u>
<u>Skilled</u>	<u>25</u>	<u>[times]</u>	<u>3.8</u>	<u>=</u>	<u>95.0</u>
<u>Intermediate</u>	<u>75</u>	<u>[times]</u>	<u>2.5</u>	<u>=</u>	<u>187.5</u>
					<hr/>
<u>Total Hours Needed</u>					<u>282.5</u>

1675  
 1676 2. Licensed Practical Nurse (LPN) Hours Required  
 1677

<u>Level of Care</u>	<u>Total Hrs. Needed Per Day Per Facility</u>		<u>Minimum Percent</u>	<u>=</u>	<u>Minimum LPN Hrs. Required</u>
<u>Skilled</u>	<u>95.0</u>	<u>[times]</u>	<u>25%</u>	<u>=</u>	<u>23.75</u>
<u>Intermediate</u>	<u>187.5</u>	<u>[times]</u>	<u>25%</u>	<u>=</u>	<u>46.875</u>
					<hr/>
<u>Total LPN Hours Needed</u>					<u>70.625</u>

1678  
 1679 3. Registered Professional Nurse (RN) Hours Required  
 1680

<u>Level of Care</u>	<u>Total Hrs. Needed Per Day Per Facility</u>		<u>Minimum Percent</u>	<u>=</u>	<u>Minimum RN Hrs. Required</u>
<u>Skilled</u>	<u>95.0</u>	<u>[times]</u>	<u>10%</u>	<u>=</u>	<u>9.5</u>

<u>Intermediate</u>	<u>187.5</u>	<u>[times]</u>	<u>10%</u>	<u>≡</u>	<u>18.75</u>
					<hr/>
<u>Total RN Hours Needed</u>					<u>28.25</u>

1681  
1682  
1683

4. Additional Direct Care Hours\*

<u>Level of Care</u>	<u>Total Hrs. Needed Per Day Per Facility</u>		<u>Licensed Nurse Hours</u>		<u># of Additional Direct Care Staff Hrs.* Needed Per Day</u>
<u>Skilled</u>	<u>95.0</u>	<u>[minus]</u>	<u>23.75</u>	<u>≡</u>	<u>71.25</u>
<u>Intermediate</u>	<u>187.5</u>	<u>[minus]</u>	<u>46.875</u>	<u>≡</u>	<u>140.625</u>
					<hr/>
<u>Additional Direct Care Hours Needed</u>					<u>211.875</u>

1684  
1685  
1686  
1687  
1688  
1689

\*See Section 300.1230(k).

(Source: Former Appendix A repealed at 23 Ill. Reg. 8106, effective July 15, 1999; new Appendix A added at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1690 **Section 300.APPENDIX B Crosswalk of Nursing Home Care Act Job Descriptions and**  
 1691 **Payroll Based Journal Job Titles**~~Classification of Distinct Part of a Facility for Different~~  
 1692 ~~Levels of Service (Repealed)~~  
 1693

<u>Nursing Staff</u>		
<u>Illinois Category</u> <u>Section 300.1230(i)</u>	<u>PBJ Job Title Code</u>	<u>PBJ Job Description</u>
<u>Section 300.1230(i)(1)</u> Registered Nurses <u>Section 300.1230(i)(7)</u> Assistant Directors of Nursing (DON) and <u>(i)(8) 50% DON</u>	<u>Job Titles 5, 7, 13 and 14</u>	<u>Registered Nurse</u> <u>Registered Nurse, DON</u> <u>Nurse Practitioner</u> <u>Clinical Nurse Specialist</u>
<u>Section 300.1230(i)(2)</u> Licensed Practical Nurse	<u>Job Title 9</u>	<u>Licensed Practical/Vocational</u> <u>Nurse</u>
<u>Section 300.1230(i)(3)</u> Certified Nurse Assistants	<u>Job Titles 10, 11 and 12</u>	<u>Certified Nurse Aide</u> <u>Nurse Aide in Training</u> <u>Medication Aide/Technician</u>

1694

<u>Non-Nurse Direct Care Staff</u>		
<u>Illinois Category</u> <u>Section 300.1230(i)</u>	<u>PBJ Job Title Code</u>	<u>PBJ Job Description</u>
<u>Section 300.1230(i)(4)</u> Psychiatric Services Rehabilitation Aide <u>Section 300.1230(i)(6)</u> Psychiatric Services Rehabilitation Coordinator	<u>Job Title 34</u>	<u>Mental Health Service</u> <u>Worker</u>
<u>Section 300.1230(i)(5)</u> Rehabilitation and Therapy Aides	<u>Job Titles 19, 20, 22, 23, 25</u> <u>and 29</u>	<u>Occupational Therapy</u> <u>Assistant</u> <u>Occupational Therapy Aide</u> <u>Physical Therapy Assistant</u> <u>Physical Therapy Aide</u> <u>Respiratory Therapy</u> <u>Technician</u> <u>Other Activities Staff</u>
<u>Section 300.1230(i)(9)</u> 30% of Social Services Director	<u>Job Titles 28 and 30</u>	<u>Qualified Activities</u> <u>Professional</u> <u>Qualified Social Worker</u>
<u>Section 300.1230(i)(10)</u> Licensed Physical, Occupational, Speech, and	<u>Job Titles 18, 21, 24, 26</u>	<u>Occupational Therapist</u> <u>Physical Therapy Therapist</u> <u>Respiratory Therapist</u>

<a href="#">Respiratory Therapists</a>		<a href="#">Speech/Language Pathologist</a>
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1695

1696

1697

(Source: Former Appendix B repealed at 16 Ill. Reg. 17089, effective November 3, 1992; new Appendix B added at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)