

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Assisted Living and Shared Housing Act is  
5 amended by changing Sections 10, 15, 75, 80, 90, and 95 as  
6 follows:

7 (210 ILCS 9/10)

8 (Text of Section before amendment by P.A. 103-844)

9 Sec. 10. Definitions. For purposes of this Act:

10 "Activities of daily living" means eating, dressing,  
11 bathing, toileting, transferring, or personal hygiene.

12 "Assisted living establishment" or "establishment" means a  
13 home, building, residence, or any other place where sleeping  
14 accommodations are provided for at least 3 unrelated adults,  
15 at least 80% of whom are 55 years of age or older and where the  
16 following are provided consistent with the purposes of this  
17 Act:

18 (1) services consistent with a social model that is  
19 based on the premise that the resident's unit in assisted  
20 living and shared housing is his or her own home;

21 (2) community-based residential care for persons who  
22 need assistance with activities of daily living, including  
23 personal, supportive, and intermittent health-related

1 services available 24 hours per day, if needed, to meet  
2 the scheduled and unscheduled needs of a resident;

3 (3) mandatory services, whether provided directly by  
4 the establishment or by another entity arranged for by the  
5 establishment, with the consent of the resident or  
6 resident's representative; and

7 (4) a physical environment that is a homelike setting  
8 that includes the following and such other elements as  
9 established by the Department: individual living units  
10 each of which shall accommodate small kitchen appliances  
11 and contain private bathing, washing, and toilet  
12 facilities, or private washing and toilet facilities with  
13 a common bathing room readily accessible to each resident.  
14 Units shall be maintained for single occupancy except in  
15 cases in which 2 residents choose to share a unit.  
16 Sufficient common space shall exist to permit individual  
17 and group activities.

18 "Assisted living establishment" or "establishment" does  
19 not mean any of the following:

20 (1) A home, institution, or similar place operated by  
21 the federal government or the State of Illinois.

22 (2) A long term care facility licensed under the  
23 Nursing Home Care Act, a facility licensed under the  
24 Specialized Mental Health Rehabilitation Act of 2013, a  
25 facility licensed under the ID/DD Community Care Act, or a  
26 facility licensed under the MC/DD Act. However, a facility

1 licensed under any of those Acts may convert distinct  
2 parts of the facility to assisted living. If the facility  
3 elects to do so, the facility shall retain the Certificate  
4 of Need for its nursing and sheltered care beds that were  
5 converted.

6 (3) A hospital, sanitarium, or other institution, the  
7 principal activity or business of which is the diagnosis,  
8 care, and treatment of human illness and that is required  
9 to be licensed under the Hospital Licensing Act.

10 (4) A facility for child care as defined in the Child  
11 Care Act of 1969.

12 (5) A community living facility as defined in the  
13 Community Living Facilities Licensing Act.

14 (6) A nursing home or sanitarium operated solely by  
15 and for persons who rely exclusively upon treatment by  
16 spiritual means through prayer in accordance with the  
17 creed or tenants of a well-recognized church or religious  
18 denomination.

19 (7) A facility licensed by the Department of Human  
20 Services as a community-integrated living arrangement as  
21 defined in the Community-Integrated Living Arrangements  
22 Licensure and Certification Act.

23 (8) A supportive residence licensed under the  
24 Supportive Residences Licensing Act.

25 (9) The portion of a life care facility as defined in  
26 the Life Care Facilities Act not licensed as an assisted

1 living establishment under this Act; a life care facility  
2 may apply under this Act to convert sections of the  
3 community to assisted living.

4 (10) A free-standing hospice facility licensed under  
5 the Hospice Program Licensing Act.

6 (11) A shared housing establishment.

7 (12) A supportive living facility as described in  
8 Section 5-5.01a of the Illinois Public Aid Code.

9 "Certified medication aide" means a person who has met the  
10 qualifications for certification under Section 79 and assists  
11 with medication administration while under the supervision of  
12 a registered professional nurse as authorized by Section 50-75  
13 of the Nurse Practice Act in an assisted living establishment.

14 "Department" means the Department of Public Health.

15 "Director" means the Director of Public Health.

16 "Emergency situation" means imminent danger of death or  
17 serious physical harm to a resident of an establishment.

18 "License" means any of the following types of licenses  
19 issued to an applicant or licensee by the Department:

20 (1) "Probationary license" means a license issued to  
21 an applicant or licensee that has not held a license under  
22 this Act prior to its application or pursuant to a license  
23 transfer in accordance with Section 50 of this Act.

24 (2) "Regular license" means a license issued by the  
25 Department to an applicant or licensee that is in  
26 substantial compliance with this Act and any rules

1 promulgated under this Act.

2 "Licensee" means a person, agency, association,  
3 corporation, partnership, or organization that has been issued  
4 a license to operate an assisted living or shared housing  
5 establishment.

6 "Licensed health care professional" means a registered  
7 professional nurse, an advanced practice registered nurse, a  
8 physician assistant, and a licensed practical nurse.

9 "Mandatory services" include the following:

10 (1) 3 meals per day available to the residents  
11 prepared by the establishment or an outside contractor;

12 (2) housekeeping services including, but not limited  
13 to, vacuuming, dusting, and cleaning the resident's unit;

14 (3) personal laundry and linen services available to  
15 the residents provided or arranged for by the  
16 establishment;

17 (4) security provided 24 hours each day including, but  
18 not limited to, locked entrances or building or contract  
19 security personnel;

20 (5) an emergency communication response system, which  
21 is a procedure in place 24 hours each day by which a  
22 resident can notify building management, an emergency  
23 response vendor, or others able to respond to his or her  
24 need for assistance; and

25 (6) assistance with activities of daily living as  
26 required by each resident.

1 "Negotiated risk" is the process by which a resident, or  
2 his or her representative, may formally negotiate with  
3 providers what risks each are willing and unwilling to assume  
4 in service provision and the resident's living environment.  
5 The provider assures that the resident and the resident's  
6 representative, if any, are informed of the risks of these  
7 decisions and of the potential consequences of assuming these  
8 risks.

9 "Owner" means the individual, partnership, corporation,  
10 association, or other person who owns an assisted living or  
11 shared housing establishment. In the event an assisted living  
12 or shared housing establishment is operated by a person who  
13 leases or manages the physical plant, which is owned by  
14 another person, "owner" means the person who operates the  
15 assisted living or shared housing establishment, except that  
16 if the person who owns the physical plant is an affiliate of  
17 the person who operates the assisted living or shared housing  
18 establishment and has significant control over the day to day  
19 operations of the assisted living or shared housing  
20 establishment, the person who owns the physical plant shall  
21 incur jointly and severally with the owner all liabilities  
22 imposed on an owner under this Act.

23 "Physician" means a person licensed under the Medical  
24 Practice Act of 1987 to practice medicine in all of its  
25 branches.

26 "Program" means the Certified Medication Aide Program.

1 "Qualified establishment" means an assisted living and  
2 shared housing establishment licensed by the Department of  
3 Public Health.

4 "Resident" means a person residing in an assisted living  
5 or shared housing establishment.

6 "Resident's representative" means a person, other than the  
7 owner, agent, or employee of an establishment or of the health  
8 care provider unless related to the resident, designated in  
9 writing by a resident or a court to be his or her  
10 representative. This designation may be accomplished through  
11 the Illinois Power of Attorney Act, pursuant to the  
12 guardianship process under the Probate Act of 1975, or  
13 pursuant to an executed designation of representative form  
14 specified by the Department.

15 "Self" means the individual or the individual's designated  
16 representative.

17 "Shared housing establishment" or "establishment" means a  
18 publicly or privately operated free-standing residence for 16  
19 or fewer persons, at least 80% of whom are 55 years of age or  
20 older and who are unrelated to the owners and one manager of  
21 the residence, where the following are provided:

22 (1) services consistent with a social model that is  
23 based on the premise that the resident's unit is his or her  
24 own home;

25 (2) community-based residential care for persons who  
26 need assistance with activities of daily living, including

1 housing and personal, supportive, and intermittent  
2 health-related services available 24 hours per day, if  
3 needed, to meet the scheduled and unscheduled needs of a  
4 resident; and

5 (3) mandatory services, whether provided directly by  
6 the establishment or by another entity arranged for by the  
7 establishment, with the consent of the resident or the  
8 resident's representative.

9 "Shared housing establishment" or "establishment" does not  
10 mean any of the following:

11 (1) A home, institution, or similar place operated by  
12 the federal government or the State of Illinois.

13 (2) A long term care facility licensed under the  
14 Nursing Home Care Act, a facility licensed under the  
15 Specialized Mental Health Rehabilitation Act of 2013, a  
16 facility licensed under the ID/DD Community Care Act, or a  
17 facility licensed under the MC/DD Act. A facility licensed  
18 under any of those Acts may, however, convert sections of  
19 the facility to assisted living. If the facility elects to  
20 do so, the facility shall retain the Certificate of Need  
21 for its nursing beds that were converted.

22 (3) A hospital, sanitarium, or other institution, the  
23 principal activity or business of which is the diagnosis,  
24 care, and treatment of human illness and that is required  
25 to be licensed under the Hospital Licensing Act.

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1 Care Act of 1969.

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11 defined in the Community-Integrated Living Arrangements  
12 Licensure and Certification Act.

13 (8) A supportive residence licensed under the  
14 Supportive Residences Licensing Act.

15 (9) A life care facility as defined in the Life Care  
16 Facilities Act; a life care facility may apply under this  
17 Act to convert sections of the community to assisted  
18 living.

19 (10) A free-standing hospice facility licensed under  
20 the Hospice Program Licensing Act.

21 (11) An assisted living establishment.

22 (12) A supportive living facility as described in  
23 Section 5-5.01a of the Illinois Public Aid Code.

24 "Total assistance" means that staff or another individual  
25 performs the entire activity of daily living without  
26 participation by the resident.

1 (Source: P.A. 103-886, eff. 8-9-24.)

2 (Text of Section after amendment by P.A. 103-844)

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11 Act:

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17 personal, supportive, and intermittent health-related  
18 services available 24 hours per day, if needed, to meet  
19 the scheduled and unscheduled needs of a resident;

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21 the establishment or by another entity arranged for by the  
22 establishment, with the consent of the resident or  
23 resident's representative; and

24 (4) a physical environment that is a homelike setting  
25 that includes the following and such other elements as

1 established by the Department: individual living units  
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3 and contain private bathing, washing, and toilet  
4 facilities, or private washing and toilet facilities with  
5 a common bathing room readily accessible to each resident.  
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18 facility licensed under the MC/DD Act. However, a facility  
19 licensed under any of those Acts may convert distinct  
20 parts of the facility to assisted living. If the facility  
21 elects to do so, the facility shall retain the Certificate  
22 of Need for its nursing and sheltered care beds that were  
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2 qualifications for certification under Section 79 and assists  
3 with medication administration while under the supervision of  
4 a registered professional nurse as authorized by Section 50-75  
5 of the Nurse Practice Act in an assisted living establishment.

6 "Department" means the Department of Public Health.

7 "Director" means the Director of Public Health.

8 "Emergency situation" means imminent danger of death or  
9 serious physical harm to a resident of an establishment.

10 "Infection control committee" means persons, including an  
11 infection preventionist, who develop and implement policies  
12 governing control of infections and communicable diseases and  
13 are qualified through education, training, experience, or  
14 certification or a combination of such qualifications.

15 "Infection preventionist" means a registered nurse who  
16 develops and implements policies governing control of  
17 infections and communicable diseases and is qualified through  
18 education, training, experience, or certification or a  
19 combination of such qualifications.

20 "License" means any of the following types of licenses  
21 issued to an applicant or licensee by the Department:

22 (1) "Probationary license" means a license issued to  
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10 physician assistant, and a licensed practical nurse.

11 "Mandatory services" include the following:

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15 to, vacuuming, dusting, and cleaning the resident's unit;

16 (3) personal laundry and linen services available to  
17 the residents provided or arranged for by the  
18 establishment;

19 (4) security provided 24 hours each day including, but  
20 not limited to, locked entrances or building or contract  
21 security personnel;

22 (5) an emergency communication response system, which  
23 is a procedure in place 24 hours each day by which a  
24 resident can notify building management, an emergency  
25 response vendor, or others able to respond to his or her  
26 need for assistance; and

1           (6) assistance with activities of daily living as  
2           required by each resident.

3           "Negotiated risk" is the process by which a resident, or  
4           his or her representative, may formally negotiate with  
5           providers what risks each are willing and unwilling to assume  
6           in service provision and the resident's living environment.  
7           The provider assures that the resident and the resident's  
8           representative, if any, are informed of the risks of these  
9           decisions and of the potential consequences of assuming these  
10          risks.

11          "Owner" means the individual, partnership, corporation,  
12          association, or other person who owns an assisted living or  
13          shared housing establishment. In the event an assisted living  
14          or shared housing establishment is operated by a person who  
15          leases or manages the physical plant, which is owned by  
16          another person, "owner" means the person who operates the  
17          assisted living or shared housing establishment, except that  
18          if the person who owns the physical plant is an affiliate of  
19          the person who operates the assisted living or shared housing  
20          establishment and has significant control over the day to day  
21          operations of the assisted living or shared housing  
22          establishment, the person who owns the physical plant shall  
23          incur jointly and severally with the owner all liabilities  
24          imposed on an owner under this Act.

25          "Physician" means a person licensed under the Medical  
26          Practice Act of 1987 to practice medicine in all of its

1 branches.

2 "Program" means the Certified Medication Aide Program.

3 "Qualified establishment" means an assisted living and  
4 shared housing establishment licensed by the Department of  
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6 "Resident" means a person residing in an assisted living  
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8 "Resident's representative" means a person, other than the  
9 owner, agent, or employee of an establishment or of the health  
10 care provider unless related to the resident, designated in  
11 writing by a resident or a court to be his or her  
12 representative. This designation may be accomplished through  
13 the Illinois Power of Attorney Act, pursuant to the  
14 guardianship process under the Probate Act of 1975, or  
15 pursuant to an executed designation of representative form  
16 specified by the Department.

17 "Self" means the individual or the individual's designated  
18 representative.

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23 the residence, where the following are provided:

24 (1) services consistent with a social model that is  
25 based on the premise that the resident's unit is his or her  
26 own home;

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

7           (3) mandatory services, whether provided directly by  
8           the establishment or by another entity arranged for by the  
9           establishment, with the consent of the resident or the  
10          resident's representative.

11          "Shared housing establishment" or "establishment" does not  
12          mean any of the following:

13           (1) A home, institution, or similar place operated by  
14           the federal government or the State of Illinois.

15           (2) A long term care facility licensed under the  
16           Nursing Home Care Act, a facility licensed under the  
17           Specialized Mental Health Rehabilitation Act of 2013, a  
18           facility licensed under the ID/DD Community Care Act, or a  
19           facility licensed under the MC/DD Act. A facility licensed  
20           under any of those Acts may, however, convert sections of  
21           the facility to assisted living. If the facility elects to  
22           do so, the facility shall retain the Certificate of Need  
23           for its nursing beds that were converted.

24           (3) A hospital, sanitarium, or other institution, the  
25           principal activity or business of which is the diagnosis,  
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1 to be licensed under the Hospital Licensing Act.

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7 and for persons who rely exclusively upon treatment by  
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13 defined in the Community-Integrated Living Arrangements  
14 Licensure and Certification Act.

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18 Facilities Act; a life care facility may apply under this  
19 Act to convert sections of the community to assisted  
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22 the Hospice Program Licensing Act.

23 (11) An assisted living establishment.

24 (12) A supportive living facility as described in  
25 Section 5-5.01a of the Illinois Public Aid Code.

26 "Total assistance" means that staff or another individual

1 performs the entire activity of daily living without  
2 participation by the resident.

3 (Source: P.A. 103-844, eff. 7-1-25; 103-886, eff. 8-9-24;  
4 revised 10-7-24.)

5 (210 ILCS 9/15)

6 Sec. 15. Assessment and service plan requirements. Prior  
7 to admission to any establishment covered by this Act, a  
8 comprehensive assessment that includes an evaluation of the  
9 prospective resident's physical, cognitive, and psychosocial  
10 condition shall be completed. At least annually, a  
11 comprehensive assessment shall be completed, and upon  
12 identification of a significant change in the resident's  
13 condition, including, but not limited to, a diagnosis of  
14 Alzheimer's disease or a related dementia, the resident shall  
15 be reassessed. The Department may by rule specify  
16 circumstances under which more frequent assessments of skin  
17 integrity and nutritional status shall be required. The  
18 comprehensive assessment shall be completed by a physician.  
19 Based on the assessment, the resident's interests and  
20 preferences, dislikes, and any known triggers for behavior  
21 that endangers the resident or others, a written service plan  
22 shall be developed and mutually agreed upon by the provider,  
23 ~~and~~ the resident, and the resident's representative, if any.  
24 The service plan, which shall be reviewed annually, or more  
25 often as the resident's condition, preferences, or service

1 needs change, shall serve as a basis for the service delivery  
2 contract between the provider and the resident. The resident  
3 and the resident's representative, if any, shall, upon  
4 request, be given a copy of the most recent assessment; a  
5 supplemental assessment, if any, completed by the  
6 establishment; and a service plan. Based on the assessment,  
7 the service plan may provide for the disconnection or removal  
8 of any appliance.

9 (Source: P.A. 91-656, eff. 1-1-01.)

10 (210 ILCS 9/75)

11 (Text of Section before amendment by P.A. 103-844)

12 Sec. 75. Residency requirements.

13 (a) No individual shall be accepted for residency or  
14 remain in residence if the establishment cannot provide or  
15 secure appropriate services, if the individual requires a  
16 level of service or type of service for which the  
17 establishment is not licensed or which the establishment does  
18 not provide, or if the establishment does not have the staff  
19 appropriate in numbers and with appropriate skill to provide  
20 such services.

21 (b) Only adults may be accepted for residency.

22 (c) A person shall not be accepted for residency if:

23 (1) the person poses a serious threat to himself or  
24 herself or to others;

25 (2) the person is not able to communicate his or her

1 needs and no resident representative residing in the  
2 establishment, and with a prior relationship to the  
3 person, has been appointed to direct the provision of  
4 services;

5 (3) the person requires total assistance with 2 or  
6 more activities of daily living;

7 (4) the person requires the assistance of more than  
8 one paid caregiver at any given time with an activity of  
9 daily living;

10 (5) the person requires more than minimal assistance  
11 in moving to a safe area in an emergency;

12 (6) the person has a severe mental illness, which for  
13 the purposes of this Section means a condition that is  
14 characterized by the presence of a major mental disorder  
15 as classified in the Diagnostic and Statistical Manual of  
16 Mental Disorders, Fourth Edition (DSM-IV) (American  
17 Psychiatric Association, 1994), where the individual is a  
18 person with a substantial disability due to mental illness  
19 in the areas of self-maintenance, social functioning,  
20 activities of community living and work skills, and the  
21 disability specified is expected to be present for a  
22 period of not less than one year, but does not mean  
23 Alzheimer's disease and other forms of dementia based on  
24 organic or physical disorders;

25 (7) the person requires intravenous therapy or  
26 intravenous feedings unless self-administered or

1 administered by a qualified, licensed health care  
2 professional;

3 (8) the person requires gastrostomy feedings unless  
4 self-administered or administered by a licensed health  
5 care professional;

6 (9) the person requires insertion, sterile irrigation,  
7 and replacement of catheter, except for routine  
8 maintenance of urinary catheters, unless the catheter care  
9 is self-administered or administered by a licensed health  
10 care professional;

11 (10) the person requires sterile wound care unless  
12 care is self-administered or administered by a licensed  
13 health care professional;

14 (11) (blank);

15 (12) the person is a diabetic requiring routine  
16 insulin injections unless the injections are  
17 self-administered or administered by a licensed health  
18 care professional;

19 (13) the person requires treatment of stage 3 or stage  
20 4 decubitus ulcers or exfoliative dermatitis;

21 (14) the person requires 5 or more skilled nursing  
22 visits per week for conditions other than those listed in  
23 items (13) and (15) of this subsection for a period of 3  
24 consecutive weeks or more except when the course of  
25 treatment is expected to extend beyond a 3-week ~~3-week~~  
26 period for rehabilitative purposes and is certified as

1 temporary by a physician; or

2 (15) other reasons prescribed by the Department by  
3 rule.

4 (d) A resident with a condition listed in items (1)  
5 through (15) of subsection (c) shall have his or her residency  
6 terminated.

7 (e) Residency shall be terminated when services available  
8 to the resident in the establishment are no longer adequate to  
9 meet the needs of the resident. The establishment shall notify  
10 the resident and the resident's representative, if any, when  
11 there is a significant change in the resident's condition that  
12 affects the establishment's ability to meet the resident's  
13 needs. The requirements of subsection (c) of Section 80 shall  
14 then apply. This provision shall not be interpreted as  
15 limiting the authority of the Department to require the  
16 residency termination of individuals.

17 (f) Subsection (d) of this Section shall not apply to  
18 terminally ill residents who receive or would qualify for  
19 hospice care and such care is coordinated by a hospice program  
20 licensed under the Hospice Program Licensing Act or other  
21 licensed health care professional employed by a licensed home  
22 health agency and the establishment and all parties agree to  
23 the continued residency.

24 (g) Items (3), (4), (5), and (9) of subsection (c) shall  
25 not apply to a quadriplegic, paraplegic, or individual with  
26 neuro-muscular diseases, such as muscular dystrophy and

1 multiple sclerosis, or other chronic diseases and conditions  
2 as defined by rule if the individual is able to communicate his  
3 or her needs and does not require assistance with complex  
4 medical problems, and the establishment is able to accommodate  
5 the individual's needs. The Department shall prescribe rules  
6 pursuant to this Section that address special safety and  
7 service needs of these individuals.

8 (h) For the purposes of items (7) through (10) of  
9 subsection (c), a licensed health care professional may not be  
10 employed by the owner or operator of the establishment, its  
11 parent entity, or any other entity with ownership common to  
12 either the owner or operator of the establishment or parent  
13 entity, including but not limited to an affiliate of the owner  
14 or operator of the establishment. Nothing in this Section is  
15 meant to limit a resident's right to choose his or her health  
16 care provider.

17 (i) Subsection (h) is not applicable to residents admitted  
18 to an assisted living establishment under a life care contract  
19 as defined in the Life Care Facilities Act if the life care  
20 facility has both an assisted living establishment and a  
21 skilled nursing facility. A licensed health care professional  
22 providing health-related or supportive services at a life care  
23 assisted living or shared housing establishment must be  
24 employed by an entity licensed by the Department under the  
25 Nursing Home Care Act or the Home Health, Home Services, and  
26 Home Nursing Agency Licensing Act.

1 (Source: P.A. 103-444, eff. 1-1-24.)

2 (Text of Section after amendment by P.A. 103-844)

3 Sec. 75. Residency requirements.

4 (a) No individual shall be accepted for residency or  
5 remain in residence if the establishment cannot provide or  
6 secure appropriate services, if the individual requires a  
7 level of service or type of service for which the  
8 establishment is not licensed or which the establishment does  
9 not provide, or if the establishment does not have the staff  
10 appropriate in numbers and with appropriate skill to provide  
11 such services.

12 (b) Only adults may be accepted for residency.

13 (c) A person shall not be accepted for residency if:

14 (1) the person poses a serious threat to himself or  
15 herself or to others;

16 (2) the person is not able to communicate his or her  
17 needs and no resident representative residing in the  
18 establishment, and with a prior relationship to the  
19 person, has been appointed to direct the provision of  
20 services;

21 (3) the person requires total assistance with 2 or  
22 more activities of daily living;

23 (4) the person requires the assistance of more than  
24 one paid caregiver at any given time with an activity of  
25 daily living;

1           (5) the person requires more than minimal assistance  
2           in moving to a safe area in an emergency;

3           (6) the person has a severe mental illness, which for  
4           the purposes of this Section means a condition that is  
5           characterized by the presence of a major mental disorder  
6           as classified in the Diagnostic and Statistical Manual of  
7           Mental Disorders, Fourth Edition (DSM-IV) (American  
8           Psychiatric Association, 1994), where the individual is a  
9           person with a substantial disability due to mental illness  
10          in the areas of self-maintenance, social functioning,  
11          activities of community living and work skills, and the  
12          disability specified is expected to be present for a  
13          period of not less than one year, but does not mean  
14          Alzheimer's disease and other forms of dementia based on  
15          organic or physical disorders;

16          (7) the person requires intravenous therapy or  
17          intravenous feedings unless self-administered or  
18          administered by a qualified, licensed health care  
19          professional;

20          (8) the person requires gastrostomy feedings unless  
21          self-administered or administered by a licensed health  
22          care professional;

23          (9) the person requires insertion, sterile irrigation,  
24          and replacement of catheter, except for routine  
25          maintenance of urinary catheters, unless the catheter care  
26          is self-administered or administered by a licensed health

1 care professional or a nurse in compliance with education,  
2 certification, and training in catheter care or infection  
3 control by the Centers for Disease Control and Prevention  
4 with oversight from an infection preventionist or  
5 infection control committee;

6 (10) the person requires sterile wound care unless  
7 care is self-administered or administered by a licensed  
8 health care professional;

9 (11) (blank);

10 (12) the person is a diabetic requiring routine  
11 insulin injections unless the injections are  
12 self-administered or administered by a licensed health  
13 care professional;

14 (13) the person requires treatment of stage 3 or stage  
15 4 decubitus ulcers or exfoliative dermatitis;

16 (14) the person requires 5 or more skilled nursing  
17 visits per week for conditions other than those listed in  
18 items (13) and (15) of this subsection for a period of 3  
19 consecutive weeks or more except when the course of  
20 treatment is expected to extend beyond a 3-week ~~3-week~~  
21 period for rehabilitative purposes and is certified as  
22 temporary by a physician; or

23 (15) other reasons prescribed by the Department by  
24 rule.

25 (d) A resident with a condition listed in items (1)  
26 through (15) of subsection (c) shall have his or her residency

1 terminated.

2 (e) Residency shall be terminated when services available  
3 to the resident in the establishment are no longer adequate to  
4 meet the needs of the resident. The establishment shall notify  
5 the resident and the resident's representative, if any, when  
6 there is a significant change in the resident's condition that  
7 affects the establishment's ability to meet the resident's  
8 needs. The requirements of subsection (c) of Section 80 shall  
9 then apply. This provision shall not be interpreted as  
10 limiting the authority of the Department to require the  
11 residency termination of individuals.

12 (f) Subsection (d) of this Section shall not apply to  
13 terminally ill residents who receive or would qualify for  
14 hospice care and such care is coordinated by a hospice program  
15 licensed under the Hospice Program Licensing Act or other  
16 licensed health care professional employed by a licensed home  
17 health agency and the establishment and all parties agree to  
18 the continued residency.

19 (g) Items (3), (4), (5), and (9) of subsection (c) shall  
20 not apply to a quadriplegic, paraplegic, or individual with  
21 neuro-muscular diseases, such as muscular dystrophy and  
22 multiple sclerosis, or other chronic diseases and conditions  
23 as defined by rule if the individual is able to communicate his  
24 or her needs and does not require assistance with complex  
25 medical problems, and the establishment is able to accommodate  
26 the individual's needs. The Department shall prescribe rules

1 pursuant to this Section that address special safety and  
2 service needs of these individuals.

3 (h) For the purposes of items (7) through (10) of  
4 subsection (c), a licensed health care professional may not be  
5 employed by the owner or operator of the establishment, its  
6 parent entity, or any other entity with ownership common to  
7 either the owner or operator of the establishment or parent  
8 entity, including but not limited to an affiliate of the owner  
9 or operator of the establishment. Nothing in this Section is  
10 meant to limit a resident's right to choose his or her health  
11 care provider.

12 (i) Subsection (h) is not applicable to residents admitted  
13 to an assisted living establishment under a life care contract  
14 as defined in the Life Care Facilities Act if the life care  
15 facility has both an assisted living establishment and a  
16 skilled nursing facility. A licensed health care professional  
17 providing health-related or supportive services at a life care  
18 assisted living or shared housing establishment must be  
19 employed by an entity licensed by the Department under the  
20 Nursing Home Care Act or the Home Health, Home Services, and  
21 Home Nursing Agency Licensing Act.

22 (Source: P.A. 103-444, eff. 1-1-24; 103-844, eff. 7-1-25.)

23 (210 ILCS 9/80)

24 Sec. 80. Involuntary termination of residency.

25 (a) Residency shall be involuntarily terminated only for

1 the following reasons:

2 (1) as provided in Section 75 of this Act;

3 (2) nonpayment of contracted charges after the  
4 resident and the resident's representative have received a  
5 minimum of 30 days' ~~30 days~~ written notice of the  
6 delinquency and the resident or the resident's  
7 representative has had at least 15 days to cure the  
8 delinquency; or

9 (3) failure to execute a service delivery contract or  
10 to substantially comply with its terms and conditions,  
11 failure to comply with the assessment requirements  
12 contained in Section 15, or failure to substantially  
13 comply with the terms and conditions of the lease  
14 agreement.

15 (b) A 30-day ~~30-day~~ written notice of residency  
16 termination shall be provided to the resident, the resident's  
17 representative, or both, the Department, and the long term  
18 care ombudsman, which shall include the reason for the pending  
19 action, the date of the proposed move, and a notice, the  
20 content and form to be set forth by rule, of the resident's  
21 right to appeal, the steps that the resident or the resident's  
22 representative must take to initiate an appeal, and a  
23 statement of the resident's right to continue to reside in the  
24 establishment until a decision is rendered. The notice shall  
25 include a toll free telephone number to initiate an appeal and  
26 a written hearing request form, together with a postage paid,

1 pre-addressed envelope to the Department. If the resident or  
2 the resident's representative, if any, cannot read English,  
3 the notice must be provided in a language the individual  
4 receiving the notice can read or the establishment must  
5 provide a translator who has been trained to assist the  
6 resident or the resident's representative in the appeal  
7 process. In emergency situations as defined in Section 10 of  
8 this Act, the 30-day provision of the written notice may be  
9 waived.

10 (c) The establishment shall attempt to resolve with the  
11 resident or the resident's representative, if any,  
12 circumstances that if not remedied have the potential of  
13 resulting in an involuntary termination of residency and shall  
14 document those efforts in the resident's file. This action may  
15 occur prior to or during the 30-day ~~30-day~~ notice period, but  
16 must occur prior to the termination of the residency. In  
17 emergency situations as defined in Section 10 of this Act, the  
18 requirements of this subsection may be waived.

19 (d) A request for a hearing shall stay an involuntary  
20 termination of residency until a decision has been rendered by  
21 the Department, according to a process adopted by rule. During  
22 this time period, the establishment may not terminate or  
23 reduce any service without the consent of the resident or the  
24 resident's representative, if any, for the purpose of making  
25 it more difficult or impossible for the resident to remain in  
26 the establishment.

1 (e) The establishment shall offer the resident and the  
2 resident's representative, if any, residency termination and  
3 relocation assistance including information on available  
4 alternative placement. Residents shall be involved in planning  
5 the move and shall choose among the available alternative  
6 placements except when an emergency situation makes prior  
7 resident involvement impossible. Emergency placements are  
8 deemed temporary until the resident's input can be sought in  
9 the final placement decision. No resident shall be forced to  
10 remain in a temporary or permanent placement.

11 (f) The Department may offer assistance to the  
12 establishment and the resident in the preparation of residency  
13 termination and relocation plans to assure safe and orderly  
14 transition and to protect the resident's health, safety,  
15 welfare, and rights. In nonemergencies, and where possible in  
16 emergencies, the transition plan shall be designed and  
17 implemented in advance of transfer or residency termination.

18 (g) An establishment may not initiate a termination of  
19 residency due to an emergency situation if the establishment  
20 is able to safely care for the resident and (1) the resident  
21 has been hospitalized and the resident's physician, the  
22 establishment's manager, and the establishment's director of  
23 nursing state that returning to the establishment would not  
24 create an imminent danger of death or serious physical harm to  
25 the resident; or (2) the emergency can be negated by changes in  
26 activities, health care, personal care, or available rooming

1 accommodations, consistent with the license and services of  
2 the establishment. The Department may not find an  
3 establishment to be in violation of Section 75 of this Act for  
4 failing to initiate an emergency discharge in these  
5 circumstances.

6 (h) If the Department determines that an involuntary  
7 termination of residency does not meet the requirements of  
8 this Act, the Department shall issue a written decision  
9 stating that the involuntary termination of residency is  
10 denied. If the action of the establishment giving rise to the  
11 request for hearings is the establishment's failure to readmit  
12 the resident following hospitalization, other medical leave of  
13 absence, or other absence, the Department shall order the  
14 immediate readmission of the resident to the establishment  
15 unless a condition which would have allowed transfer or  
16 discharge develops within that time frame.

17 (i) If an order to readmit is entered pursuant to  
18 subsection (h), the establishment shall immediately comply. As  
19 used in this subsection, "comply" means the establishment and  
20 the resident have agreed on a schedule for readmission or the  
21 resident is living in the establishment.

22 (j) An establishment that does not readmit a resident  
23 after the Department has ordered readmission shall be assessed  
24 a fine. The establishment shall be required to submit an  
25 acceptable plan of correction to the Department within 30 days  
26 after the violation is affirmed.

1       (k) Once a notice of appeal is filed, the Department shall  
2 hold a hearing unless the notice of appeal is withdrawn. If the  
3 notice of appeal is withdrawn based upon a representation made  
4 by the establishment to the resident and the Department,  
5 including the hearing officer, that a resident who has been  
6 previously denied readmission will be readmitted, failure to  
7 comply with the representation shall be considered a failure  
8 to comply with a Department order pursuant to subsection (h)  
9 and shall result in the imposition of a fine as provided in  
10 subsection (j) of this Section.

11 (Source: P.A. 91-656, eff. 1-1-01.)

12 (210 ILCS 9/90)

13 Sec. 90. Contents of service delivery contract. A contract  
14 between an establishment and a resident must be entitled  
15 "assisted living establishment contract" or "shared housing  
16 establishment contract" as applicable, shall be printed in no  
17 less than 12 point type, and shall include at least the  
18 following elements in the body or through supporting documents  
19 or attachments:

20 (1) the name, street address, and mailing address of  
21 the establishment;

22 (2) the name and mailing address of the owner or  
23 owners of the establishment and, if the owner or owners  
24 are not natural persons, the type of business entity of  
25 the owner or owners;

1           (3) the name and mailing address of the managing agent  
2 of the establishment, whether hired under a management  
3 agreement or lease agreement, if the managing agent is  
4 different from the owner or owners;

5           (4) the name and address of at least one natural  
6 person who is authorized to accept service on behalf of  
7 the owners and managing agent;

8           (5) a statement describing the license status of the  
9 establishment and the license status of all providers of  
10 health-related or supportive services to a resident under  
11 arrangement with the establishment;

12           (6) the duration of the contract;

13           (7) the base rate to be paid by the resident and a  
14 description of the services to be provided as part of this  
15 rate;

16           (8) a description of any additional services to be  
17 provided for an additional fee by the establishment  
18 directly or by a third party provider under arrangement  
19 with the establishment;

20           (9) the fee schedules outlining the cost of any  
21 additional services;

22           (10) a description of the process through which the  
23 contract may be modified, amended, or terminated;

24           (11) a description of the establishment's complaint  
25 resolution process available to residents and notice of  
26 the availability of the Department on Aging's Senior

1 Helpline for complaints;

2 (12) the name of the resident's designated  
3 representative, if any;

4 (13) the resident's obligations in order to maintain  
5 residency and receive services including compliance with  
6 all assessments required under Section 15;

7 (14) the billing and payment procedures and  
8 requirements;

9 (15) a statement affirming the resident's freedom to  
10 receive services from service providers with whom the  
11 establishment does not have a contractual arrangement,  
12 which may also disclaim liability on the part of the  
13 establishment for those services;

14 (16) a statement that medical assistance under Article  
15 V or Article VI of the Illinois Public Aid Code is not  
16 available for payment for services provided in an  
17 establishment, excluding contracts executed with residents  
18 residing in licensed establishments participating in the  
19 Department on Aging's Comprehensive Care in Residential  
20 Settings Demonstration Project;

21 (17) a statement detailing the admission, risk  
22 management, and residency termination criteria and  
23 procedures;

24 (18) a written explanation, prepared by the Office of  
25 State Long Term Care Ombudsman, ~~statement~~ listing the  
26 rights specified in Sections 80 and Section 95, including

1        an acknowledgment by the establishment ~~and acknowledging~~  
2        that, by contracting with the assisted living or shared  
3        housing establishment, the resident does not forfeit those  
4        rights;

5            (19) a statement detailing the Department's annual  
6        on-site review process including what documents contained  
7        in a resident's personal file shall be reviewed by the  
8        on-site reviewer as defined by rule; and

9            (20) a statement outlining whether the establishment  
10        charges a community fee and, if so, the amount of the fee  
11        and whether it is refundable; if the fee is refundable,  
12        the contract must describe the conditions under which it  
13        is refundable and how the amount of the refund is  
14        determined.

15        (Source: P.A. 93-775, eff. 1-1-05; 94-256, eff. 7-19-05.)

16            (210 ILCS 9/95)

17        Sec. 95. Resident rights. No resident shall be deprived of  
18        any rights, benefits, or privileges guaranteed by law, the  
19        Constitution of the State of Illinois, or the Constitution of  
20        the United States solely on account of his or her status as a  
21        resident of an establishment, nor shall a resident forfeit any  
22        of the following rights:

23            (1) the right to retain and use personal property and  
24        a place to store personal items that is locked and secure;

25            (2) the right to refuse services and to be advised of

1 the consequences of that refusal;

2 (3) the right to respect for bodily privacy and  
3 dignity at all times, especially during care and  
4 treatment;

5 (4) the right to the free exercise of religion;

6 (5) the right to privacy with regard to mail, phone  
7 calls, and visitors;

8 (6) the right to uncensored access to the State  
9 Ombudsman or his or her designee;

10 (7) the right to be free of retaliation for  
11 criticizing the establishment or making complaints to  
12 appropriate agencies;

13 (8) the right to be free of chemical and physical  
14 restraints;

15 (9) the right to be free of abuse or neglect or to  
16 refuse to perform labor;

17 (10) the right to confidentiality of the resident's  
18 medical records;

19 (11) the right of access and the right to copy the  
20 resident's personal files maintained by the establishment;

21 (12) the right to 24 hours access to the  
22 establishment;

23 (13) the right to a minimum of 90 days' ~~90 days~~ notice  
24 of a planned establishment closure;

25 (14) the right to a minimum of 30 days' ~~30 days~~ notice  
26 of an involuntary residency termination, except where the

1 resident poses a threat to himself or others, or in other  
2 emergency situations, and the right to appeal such  
3 termination; if an establishment withdraws a notice of  
4 involuntary termination of residency, then the resident  
5 has the right to maintain residency at the establishment;  
6 ~~and~~

7 (15) the right to a 30-day notice of delinquency and  
8 at least 15 days right to cure delinquency; ~~and-~~

9 (16) the right to not be unlawfully transferred or  
10 discharged.

11 (Source: P.A. 91-656, eff. 1-1-01.)

12 Section 10. The Nursing Home Care Act is amended by  
13 changing Sections 1-114.005, 2-111, 3-401, 3-402, 3-404,  
14 3-405, 3-411, and 3-413 and by adding Sections 3-305.6,  
15 3-305.7, and 3-413.1 as follows:

16 (210 ILCS 45/1-114.005)

17 Sec. 1-114.005. High risk designation. "High risk  
18 designation" means a violation of a provision of the Illinois  
19 Administrative Code or statute that has been identified by the  
20 Department through rulemaking or designated in statute to be  
21 inherently necessary to protect the health, safety, and  
22 welfare of a resident.

23 (Source: P.A. 96-1372, eff. 7-29-10.)

1 (210 ILCS 45/2-111) (from Ch. 111 1/2, par. 4152-111)

2 Sec. 2-111. A resident shall not be transferred or  
3 discharged in violation of this Act. A resident may be  
4 discharged from a facility after he gives the administrator, a  
5 physician, or a nurse of the facility written notice of his  
6 desire to be discharged. If a guardian has been appointed for a  
7 resident or if the resident is a minor, the resident shall be  
8 discharged upon written consent of his guardian or if the  
9 resident is a minor, his parent unless there is a court order  
10 to the contrary. In such cases, upon the resident's discharge,  
11 the facility is relieved from any responsibility for the  
12 resident's care, safety or well-being. A resident has the  
13 right to not be unlawfully transferred or discharged.

14 (Source: P.A. 81-223.)

15 (210 ILCS 45/3-305.6 new)

16 Sec. 3-305.6. Failure to readmit a resident. A facility  
17 that fails to comply with an order of the Department to readmit  
18 a resident, pursuant to Section 3-703, who wishes to return to  
19 the facility and is appropriate for that level of care and  
20 services provided, shall be assessed a \$2,500 fine.

21 As used in this Section, "comply with an order" means that  
22 a resident is living in a facility or that a facility and a  
23 resident have agreed on a schedule for readmission.

24 (210 ILCS 45/3-305.7 new)

1       Sec. 3-305.7. Ordered readmission of a resident.

2       (a) A facility that complies with an order of the  
3 Department to readmit a resident that has been deemed to have  
4 been unlawfully discharged shall notify the Department within  
5 10 business days after the resident has been readmitted to the  
6 facility. The notice provided to the Department shall include,  
7 but not be limited to, the following information:

8           (1) the executed order to readmit the resident that  
9 was issued by the Department;

10          (2) the Administrative Law Judge's Report and  
11 Recommendations submitted by the administrative law judge;

12          (3) the reason or reasons for which the resident was  
13 involuntarily discharged and an explanation of why the  
14 facility determined it should discharge the resident prior  
15 to the order to readmit;

16          (4) the interventions the facility had taken to  
17 attempt to mitigate or correct the behavior or condition  
18 of the resident who was involuntarily discharged and  
19 ordered to be readmitted;

20          (5) any concerns that the facility maintains about  
21 risks to safety associated with readmission of the  
22 resident; and

23          (6) a copy of the resident's current face sheet that  
24 indicates the readmission date. Unique identifiers, such  
25 as the resident's social security number and Medicare,  
26 Medicaid, or insurance number shall be redacted.

1       (b) Upon readmission of a resident following an executed  
2 order by the Department, the facility shall conduct a  
3 reassessment of the resident to determine any necessary  
4 changes to the resident's care plan. The assessment shall  
5 include identification of any steps the facility could take to  
6 attempt to mitigate or correct the behavior or condition of  
7 the resident that resulted in the resident being involuntarily  
8 discharged.

9       (c) If a resident whose readmission was ordered by the  
10 Department engages in conduct similar to that which led to the  
11 resident's involuntary discharge and for which the facility  
12 documented concerns pursuant to subsection (a), the Department  
13 shall take into account the notice provided by the facility  
14 under this Section in considering whether to impose a fine.

15       (210 ILCS 45/3-401) (from Ch. 111 1/2, par. 4153-401)

16       Sec. 3-401. A facility may involuntarily transfer or  
17 discharge a resident only for one or more of the following  
18 reasons:

19       (a) the facility is unable to meet the medical needs  
20 of the resident, as documented in the resident's clinical  
21 record by the resident's physician ~~for medical reasons;~~

22       (b) for the resident's physical safety;

23       (c) for the physical safety of other residents, the  
24 facility staff or facility visitors; or

25       (d) for either late payment or nonpayment for the

1 resident's stay, except as prohibited by Titles XVIII and  
2 XIX of the federal Social Security Act. For purposes of  
3 this Section, "late payment" means non-receipt of payment  
4 after submission of a bill. If payment is not received  
5 within 45 days after submission of a bill, a facility may  
6 send a notice to the resident and responsible party  
7 requesting payment within 30 days. If payment is not  
8 received within such 30 days, the facility may thereupon  
9 institute transfer or discharge proceedings by sending a  
10 notice of transfer or discharge to the resident and  
11 responsible party by registered or certified mail. The  
12 notice shall state, in addition to the requirements of  
13 Section 3-403 of this Act, that the responsible party has  
14 the right to pay the amount of the bill in full up to the  
15 date the transfer or discharge is to be made and then the  
16 resident shall have the right to remain in the facility.  
17 Such payment shall terminate the transfer or discharge  
18 proceedings. This subsection does not apply to those  
19 residents whose care is provided for under the Illinois  
20 Public Aid Code. The Department shall adopt rules setting  
21 forth the criteria and procedures to be applied in cases  
22 of involuntary transfer or discharge permitted under this  
23 Section.

24 In the absence of other bases for transfer or discharge in  
25 this Section, unless it has complied with the prior notice and  
26 other procedural requirements of this Act, a facility may not

1 refuse to readmit a resident following a medical leave of  
2 absence if the resident's need for care does not exceed the  
3 provisions of the facility's license or current services  
4 offered.

5 (Source: P.A. 91-357, eff. 7-29-99.)

6 (210 ILCS 45/3-402) (from Ch. 111 1/2, par. 4153-402)

7 Sec. 3-402. Involuntary transfer or discharge of a  
8 resident from a facility shall be preceded by the discussion  
9 required under Section 3-408 and by a minimum written notice  
10 of 30 ~~21~~ days, except in one of the following instances:

11 (a) When an emergency transfer or discharge is ordered by  
12 the resident's attending physician because of the resident's  
13 health care needs. The State Long Term Care Ombudsman shall be  
14 notified at the time of the emergency transfer or discharge.

15 (b) When the transfer or discharge is mandated by the  
16 physical safety of other residents, the facility staff, or  
17 facility visitors, as documented in the clinical record. The  
18 Department, the Office of State Long Term Care Ombudsman, and  
19 the resident's managed care organization, if applicable, and  
20 the State Long Term Care Ombudsman shall be notified prior to  
21 any such involuntary transfer or discharge. The Department  
22 shall immediately offer transfer, or discharge and relocation  
23 assistance to residents transferred or discharged under this  
24 subparagraph (b), and the Department may place relocation  
25 teams as provided in Section 3-419 of this Act.

1 (c) When an identified offender is within the provisional  
2 admission period defined in Section 1-120.3. If the Identified  
3 Offender Report and Recommendation prepared under Section  
4 2-201.6 shows that the identified offender poses a serious  
5 threat or danger to the physical safety of other residents,  
6 the facility staff, or facility visitors in the admitting  
7 facility and the facility determines that it is unable to  
8 provide a safe environment for the other residents, the  
9 facility staff, or facility visitors, the facility shall  
10 transfer or discharge the identified offender within 3 days  
11 after its receipt of the Identified Offender Report and  
12 Recommendation.

13 (Source: P.A. 103-320, eff. 1-1-24.)

14 (210 ILCS 45/3-404) (from Ch. 111 1/2, par. 4153-404)

15 Sec. 3-404. A request for a hearing made under Section  
16 3-403 shall stay a transfer or discharge pending a hearing or  
17 appeal of the decision, unless a condition which would have  
18 allowed transfer or discharge in less than 30 ~~21~~ days as  
19 described under paragraphs (a) and (b) of Section 3-402  
20 develops in the interim.

21 (Source: P.A. 81-223.)

22 (210 ILCS 45/3-405) (from Ch. 111 1/2, par. 4153-405)

23 Sec. 3-405. A copy of the notice required by Section 3-402  
24 shall be placed in the resident's clinical record and a copy

1 shall be transmitted to the Department, the State Long Term  
2 Care Ombudsman, the resident, ~~and~~ the resident's  
3 representative, if any, and the resident's managed care  
4 organization.

5 (Source: P.A. 103-320, eff. 1-1-24.)

6 (210 ILCS 45/3-411) (from Ch. 111 1/2, par. 4153-411)

7 Sec. 3-411. The Department of Public Health, when the  
8 basis for involuntary transfer or discharge is other than  
9 action by the Department of Healthcare and Family Services  
10 (formerly Department of Public Aid) with respect to the Title  
11 XIX Medicaid recipient, shall hold a hearing at the resident's  
12 facility not later than 10 days after a hearing request is  
13 filed, and render a decision within 14 days after the filing of  
14 the hearing request. The Department has continuing  
15 jurisdiction over the transfer or discharge irrespective of  
16 the timing of the hearing and decision. Once a request for a  
17 hearing is filed, the Department shall hold a hearing unless  
18 the request is withdrawn by the resident. If the request for a  
19 hearing is withdrawn based upon a representation made by the  
20 facility to the resident and the Department, including the  
21 hearing officer, that a resident who has been denied  
22 readmission will be readmitted, and the resident or resident  
23 representative notifies the Department that the facility is  
24 still denying readmission, failure to readmit is considered  
25 failure to comply with a Department order to readmit pursuant

1 to Section 3-305.6, including the imposition of a \$2,500 fine  
2 under Section 3-305.6.

3 (Source: P.A. 95-331, eff. 8-21-07.)

4 (210 ILCS 45/3-413) (from Ch. 111 1/2, par. 4153-413)

5 Sec. 3-413. If the Department determines that a transfer  
6 or discharge is authorized under Section 3-401, the resident  
7 shall not be required to leave the facility before the 34th day  
8 following receipt of the notice required under Section 3-402,  
9 or the 10th day following receipt of the Department's  
10 decision, whichever is later, unless a condition which would  
11 have allowed transfer or discharge in less than 30 ~~21~~ days as  
12 described under paragraphs (a) and (b) of Section 3-402  
13 develops in the interim. The Department maintains jurisdiction  
14 over the transfer or discharge irrespective of the timing of  
15 the notice and discharge.

16 (Source: P.A. 81-223.)

17 (210 ILCS 45/3-413.1 new)

18 Sec. 3-413.1. Denial of transfer or discharge. If the  
19 Department determines that a transfer or discharge is not  
20 authorized under Section 3-401, then the Department shall  
21 issue a written decision stating that the transfer or  
22 discharge is denied. If the action of the facility giving rise  
23 to the request for hearings is the facility's failure to  
24 readmit the resident following hospitalization, other medical

1 leave of absence, or other absence, then the Department shall  
2 order the immediate readmission of the resident to the  
3 facility. The facility shall comply with the order  
4 immediately. A copy of the Department's written decision shall  
5 be placed in the resident's medical chart. A surveyor shall  
6 make an on-site inspection of the facility's compliance with  
7 the order unless the resident or resident representative  
8 notifies the Department in writing that there is compliance  
9 with the order.

10 Section 95. No acceleration or delay. Where this Act makes  
11 changes in a statute that is represented in this Act by text  
12 that is not yet or no longer in effect (for example, a Section  
13 represented by multiple versions), the use of that text does  
14 not accelerate or delay the taking effect of (i) the changes  
15 made by this Act or (ii) provisions derived from any other  
16 Public Act.

17 Section 99. Effective date. This Act takes effect January  
18 1, 2026.