



Rep. Norine K. Hammond

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10400HB3392ham001

LRB104 10477 BAB 36329 a

1 AMENDMENT TO HOUSE BILL 3392

2 AMENDMENT NO. _____. Amend House Bill 3392 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Assisted Living and Shared Housing Act is
5 amended by changing Sections 15, 35, 70, 135, and 150 as
6 follows:

7 (210 ILCS 9/15)

8 Sec. 15. Assessment and service plan requirements. Prior
9 to admission to any establishment covered by this Act, a
10 comprehensive assessment that includes an evaluation of the
11 prospective resident's physical, cognitive, and psychosocial
12 condition shall be completed by a physician, a nurse
13 practitioner, or a physician assistant. At least annually, a
14 comprehensive assessment shall be completed, and upon
15 identification of a significant change in the resident's
16 condition, including, but not limited to, a diagnosis of

1 Alzheimer's disease or a related dementia, the resident shall
2 be reassessed. The Department may by rule specify
3 circumstances under which more frequent assessments of skin
4 integrity and nutritional status shall be required. The
5 comprehensive assessment shall be completed by a physician, a
6 nurse practitioner, or a physician assistant. Based on the
7 assessment, the resident's interests and preferences,
8 dislikes, and any known triggers for behavior that endangers
9 the resident or others, a written service plan shall be
10 developed and mutually agreed upon by the provider, the
11 resident, and the resident's representative, if any. The
12 service plan, which shall be reviewed annually, or more often
13 as the resident's condition, preferences, or service needs
14 change, shall serve as a basis for the service delivery
15 contract between the provider and the resident. The resident
16 and the resident's representative, if any, shall, upon
17 request, be given a copy of the most recent assessment; a
18 supplemental assessment, if any, completed by the
19 establishment; and a service plan. Based on the assessment,
20 the service plan may provide for the disconnection or removal
21 of any appliance.

22 (Source: P.A. 104-191, eff. 1-1-26.)

23 (210 ILCS 9/35)

24 Sec. 35. Issuance of license.

25 (a) Upon receipt and review of an application for a

1 license and review of the applicant establishment, the
2 Director may issue a license if he or she finds:

3 (1) that the individual applicant, or the corporation,
4 partnership, or other entity if the applicant is not an
5 individual, is a person responsible and suitable to
6 operate or to direct or participate in the operation of an
7 establishment by virtue of financial capacity, appropriate
8 business or professional experience, a record of lawful
9 compliance with lawful orders of the Department and lack
10 of revocation of a license issued under this Act, the
11 Nursing Home Care Act, the Specialized Mental Health
12 Rehabilitation Act of 2013, the ID/DD Community Care Act,
13 or the MC/DD Act during the previous 5 years;

14 (2) that the establishment is under the supervision of
15 a full-time director who is at least 21 years of age and
16 has a high school diploma or equivalent plus either:

17 (A) 2 years of management experience or 2 years of
18 experience in positions of progressive responsibility
19 in health care, housing with services, or adult day
20 care or providing similar services to the elderly; ~~or~~

21 (B) 2 years of management experience or 2 years of
22 experience in positions of progressive responsibility
23 in hospitality and training in health care and housing
24 with services management as defined by rule; or

25 (C) a college degree in health administration or
26 the completion of an approved program within 6 months

1 after hiring;

2 (3) that the establishment has staff sufficient in
3 number with qualifications, adequate skills, education,
4 and experience to meet the 24 hour scheduled and
5 unscheduled needs of residents and who participate in
6 ongoing training to serve the resident population;

7 (4) that all employees who are subject to the Health
8 Care Worker Background Check Act meet the requirements of
9 that Act;

10 (5) that the applicant is in substantial compliance
11 with this Act and such other requirements for a license as
12 the Department by rule may establish under this Act;

13 (6) that the applicant pays all required fees;

14 (7) that the applicant has provided to the Department
15 an accurate disclosure document in accordance with the
16 Alzheimer's Disease and Related Dementias Special Care
17 Disclosure Act and in substantial compliance with Section
18 150 of this Act.

19 In addition to any other requirements set forth in this
20 Act, as a condition of licensure under this Act, the director
21 of an establishment must participate in at least 20 hours of
22 training every 2 years to assist him or her in better meeting
23 the needs of the residents of the establishment and managing
24 the operation of the establishment.

25 Any license issued by the Director shall state the
26 physical location of the establishment, the date the license

1 was issued, and the expiration date. All licenses shall be
2 valid for one year, except as provided in Sections 40 and 45.
3 Each license shall be issued only for the premises and persons
4 named in the application, and shall not be transferable or
5 assignable.

6 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

7 (210 ILCS 9/70)

8 Sec. 70. Service requirements. An establishment must
9 provide all mandatory services and may provide optional
10 services, including medication reminders, supervision of
11 self-administered medication and medication administration as
12 defined by this Section and nonmedical services defined by
13 rule, whether provided directly by the establishment or by
14 another entity arranged for by the establishment with the
15 consent of the resident or the resident's representative.

16 For the purposes of this Section, "medication reminders"
17 means reminding residents to take pre-dispensed,
18 self-administered medication, observing the resident, and
19 documenting whether or not the resident took the medication.

20 For the purposes of this Section, "supervision of
21 self-administered medication" means assisting the resident
22 with self-administered medication using any combination of the
23 following: reminding residents to take medication, reading the
24 medication label to residents, checking the self-administered
25 medication dosage against the label of the medication,

1 confirming that residents have obtained and are taking the
2 dosage as prescribed, and documenting in writing that the
3 resident has taken (or refused to take) the medication. If
4 residents are physically unable to open the container, the
5 container may be opened for them. Supervision of
6 self-administered medication shall be under the direction of a
7 licensed health care professional or, in the case of a
8 certified medication aide, under the supervision and
9 delegation of a registered nurse as authorized by Section
10 50-75 of the Nurse Practice Act.

11 For the purposes of this Section, "medication
12 administration" refers to a licensed health care professional
13 employed by an establishment engaging in administering insulin
14 and vitamin B12 ~~B-12~~ injections, oral medications, topical
15 treatments, eye and ear drops, ~~or~~ nitroglycerin patches, or
16 intramuscular injections. A certified medication aide may
17 administer medications under the supervision and delegation of
18 a registered nurse as authorized by Section 50-75 of the Nurse
19 Practice Act, except (i) Schedule II controlled substances as
20 set forth in the Illinois Controlled Substances Act and (ii)
21 any subcutaneous, intramuscular, intradermal, or intravenous
22 medication.

23 The Department shall specify by rule procedures for
24 medication reminders, supervision of self-administered
25 medication, and medication administration.

26 Nothing in this Act shall preclude a physician licensed

1 under the Medical Practice Act of 1987 from providing services
2 within the scope of his or her license to any resident.

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

4 (210 ILCS 9/135)

5 Sec. 135. Civil penalties.

6 (a) The Department may assess a civil penalty not to
7 exceed \$5,000 against any establishment subject to this Act
8 for violations of this Act. Each day a violation continues
9 shall be deemed a separate violation.

10 (b) Beginning 180 days after the adoption of rules under
11 this Act, the Department may assess a civil penalty not to
12 exceed \$3,000 against any establishment subject to this Act
13 for caring for a resident who exceeds the care needs defined in
14 this Act. Each day a violation continues shall be deemed a
15 separate violation.

16 (c) The Department is authorized to hold hearings in
17 contested cases regarding appeals of the penalties assessed
18 pursuant to this Section.

19 (d) Repeated technical infractions within a calendar year
20 may result in a Type 3 violation.

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

22 (210 ILCS 9/150)

23 Sec. 150. Alzheimer and dementia programs.

24 (a) In addition to this Section, Alzheimer and dementia

1 programs shall comply with all of the other provisions of this
2 Act.

3 (b) No person shall be admitted or retained if the
4 assisted living or shared housing establishment cannot provide
5 or secure appropriate care, if the resident requires a level
6 of service or type of service for which the establishment is
7 not licensed or which the establishment does not provide, or
8 if the establishment does not have the staff appropriate in
9 numbers and with appropriate skill to provide such services.

10 (c) No person shall be accepted for residency or remain in
11 residence if the person's mental or physical condition has so
12 deteriorated to render residency in such a program to be
13 detrimental to the health, welfare or safety of the person or
14 of other residents of the establishment. The Department by
15 rule shall identify a validated dementia-specific standard
16 with inter-rater reliability that will be used to assess
17 individual residents. The assessment must be approved by the
18 resident's physician, physician assistant who has experience
19 in geriatric dementia care, or advanced practice registered
20 nurse who has experience in geriatric dementia care and shall
21 occur prior to acceptance for residency, annually, and at such
22 time that a change in the resident's condition is identified
23 by a family member, staff of the establishment, or the
24 resident's physician, physician assistant, or advanced
25 practice registered nurse.

26 (d) No person shall be accepted for residency or remain in

1 residence if the person is dangerous to self or others and the
2 establishment would be unable to eliminate the danger through
3 the use of appropriate treatment modalities.

4 (e) No person shall be accepted for residency or remain in
5 residence if the person meets the criteria provided in
6 subsections (b) through (g) of Section 75 of this Act.

7 (f) An establishment that offers to provide a special
8 program or unit for persons with Alzheimer's disease and
9 related disorders shall:

10 (1) disclose to the Department and to a potential or
11 actual resident of the establishment information as
12 specified under the Alzheimer's Disease and Related
13 Dementias Special Care Disclosure Act;

14 (2) ensure that a resident's representative is
15 designated for the resident;

16 (3) develop and implement policies and procedures that
17 ensure the continued safety of all residents in the
18 establishment, including, but not limited to, those who:

19 (A) may wander; and

20 (B) may need supervision and assistance when
21 evacuating the building in an emergency;

22 (4) provide coordination of communications with each
23 resident, resident's representative, relatives and other
24 persons identified in the resident's service plan;

25 (5) provide cognitive stimulation and activities to
26 maximize functioning;

1 (6) provide an appropriate number of staff for its
2 resident population, as established by rule;

3 (7) require the director or administrator and direct
4 care staff to complete sufficient comprehensive and
5 ongoing dementia and cognitive deficit training, the
6 content of which shall be established by rule; and

7 (8) develop emergency procedures and staffing patterns
8 to respond to the needs of residents.

9 (g) Individual residents shall be assessed prior to
10 admission using assessment tools that are approved or
11 recommended by recognized Alzheimer's and dementia care
12 experts, ensuring that the tools are validated for accurately
13 identifying and evaluating cognitive impairments related to
14 Alzheimer's disease and other forms of dementia. These tools
15 shall be reviewed and updated as needed to align with current
16 best practices and clinical standards in dementia care.

17 (Source: P.A. 104-295, eff. 1-1-26.)

18 Section 99. Effective date. This Act takes effect upon
19 becoming law."