

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 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 physician
13 assistant, or an advanced practice registered nurse. At least
14 annually, a comprehensive assessment shall be completed, and
15 upon identification of a significant change in the resident's
16 condition, including, but not limited to, a diagnosis of
17 Alzheimer's disease or a related dementia, the resident shall
18 be reassessed. The Department may by rule specify
19 circumstances under which more frequent assessments of skin
20 integrity and nutritional status shall be required. The
21 comprehensive assessment shall be completed by a physician, a
22 physician assistant, or an advanced practice registered nurse.
23 Based on the assessment, the resident's interests and

1 preferences, dislikes, and any known triggers for behavior
2 that endangers the resident or others, a written service plan
3 shall be developed and mutually agreed upon by the provider,
4 the resident, and the resident's representative, if any. The
5 service plan, which shall be reviewed annually, or more often
6 as the resident's condition, preferences, or service needs
7 change, shall serve as a basis for the service delivery
8 contract between the provider and the resident. The resident
9 and the resident's representative, if any, shall, upon
10 request, be given a copy of the most recent assessment; a
11 supplemental assessment, if any, completed by the
12 establishment; and a service plan. Based on the assessment,
13 the service plan may provide for the disconnection or removal
14 of any appliance.

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

16 (210 ILCS 9/35)

17 Sec. 35. Issuance of license.

18 (a) Upon receipt and review of an application for a
19 license and review of the applicant establishment, the
20 Director may issue a license if he or she finds:

21 (1) that the individual applicant, or the corporation,
22 partnership, or other entity if the applicant is not an
23 individual, is a person responsible and suitable to
24 operate or to direct or participate in the operation of an
25 establishment by virtue of financial capacity, appropriate

1 business or professional experience, a record of lawful
2 compliance with lawful orders of the Department and lack
3 of revocation of a license issued under this Act, the
4 Nursing Home Care Act, the Specialized Mental Health
5 Rehabilitation Act of 2013, the ID/DD Community Care Act,
6 or the MC/DD Act during the previous 5 years;

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

10 (A) 2 years of management experience or 2 years of
11 experience in positions of progressive responsibility
12 in health care, housing with services, or adult day
13 care or providing similar services to the elderly; ~~or~~

14 (B) 2 years of management experience or 2 years of
15 experience in positions of progressive responsibility
16 in hospitality and training in health care and housing
17 with services management as defined by rule; or

18 (C) a college degree in health administration or
19 the completion of an approved program within 6 months
20 after hiring;

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

26 (4) that all employees who are subject to the Health

1 Care Worker Background Check Act meet the requirements of
2 that Act;

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

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

7 (7) that the applicant has provided to the Department
8 an accurate disclosure document in accordance with the
9 Alzheimer's Disease and Related Dementias Special Care
10 Disclosure Act and in substantial compliance with Section
11 150 of this Act.

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

18 Any license issued by the Director shall state the
19 physical location of the establishment, the date the license
20 was issued, and the expiration date. All licenses shall be
21 valid for one year, except as provided in Sections 40 and 45.
22 Each license shall be issued only for the premises and persons
23 named in the application, and shall not be transferable or
24 assignable.

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

1 (210 ILCS 9/70)

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

10 For the purposes of this Section, "medication reminders"
11 means reminding residents to take pre-dispensed,
12 self-administered medication, observing the resident, and
13 documenting whether or not the resident took the medication.

14 For the purposes of this Section, "supervision of
15 self-administered medication" means assisting the resident
16 with self-administered medication using any combination of the
17 following: reminding residents to take medication, reading the
18 medication label to residents, checking the self-administered
19 medication dosage against the label of the medication,
20 confirming that residents have obtained and are taking the
21 dosage as prescribed, and documenting in writing that the
22 resident has taken (or refused to take) the medication. If
23 residents are physically unable to open the container, the
24 container may be opened for them. Supervision of
25 self-administered medication shall be under the direction of a
26 licensed health care professional or, in the case of a

1 certified medication aide, under the supervision and
2 delegation of a registered nurse as authorized by Section
3 50-75 of the Nurse Practice Act.

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

16 The Department shall specify by rule procedures for
17 medication reminders, supervision of self-administered
18 medication, and medication administration.

19 Nothing in this Act shall preclude a physician licensed
20 under the Medical Practice Act of 1987 from providing services
21 within the scope of his or her license to any resident.

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

23 (210 ILCS 9/135)

24 Sec. 135. Civil penalties.

25 (a) The Department may assess a civil penalty not to

1 exceed \$5,000 against any establishment subject to this Act
2 for violations of this Act. Each day a violation continues
3 shall be deemed a separate violation.

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

10 (c) The Department is authorized to hold hearings in
11 contested cases regarding appeals of the penalties assessed
12 pursuant to this Section.

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

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

16 (210 ILCS 9/150)

17 Sec. 150. Alzheimer and dementia programs.

18 (a) In addition to this Section, Alzheimer and dementia
19 programs shall comply with all of the other provisions of this
20 Act.

21 (b) No person shall be admitted or retained if the
22 assisted living or shared housing establishment cannot provide
23 or secure appropriate care, if the resident requires a level
24 of service or type of service for which the establishment is
25 not licensed or which the establishment does not provide, or

1 if the establishment does not have the staff appropriate in
2 numbers and with appropriate skill to provide such services.

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

21 (d) No person shall be accepted for residency or remain in
22 residence if the person is dangerous to self or others and the
23 establishment would be unable to eliminate the danger through
24 the use of appropriate treatment modalities.

25 (e) No person shall be accepted for residency or remain in
26 residence if the person meets the criteria provided in

1 subsections (b) through (g) of Section 75 of this Act.

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

5 (1) disclose to the Department and to a potential or
6 actual resident of the establishment information as
7 specified under the Alzheimer's Disease and Related
8 Dementias Special Care Disclosure Act;

9 (2) ensure that a resident's representative is
10 designated for the resident;

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

14 (A) may wander; and

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

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

20 (5) provide cognitive stimulation and activities to
21 maximize functioning;

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

24 (7) require the director or administrator and direct
25 care staff to complete sufficient comprehensive and
26 ongoing dementia and cognitive deficit training, the

1 content of which shall be established by rule; and

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

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

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

13 Section 99. Effective date. This Act takes effect upon
14 becoming law.