
CITY OF CHICAGO

RULES



Assisted Living, Shared Housing Establishments & Adult Family Care Facilities

Last Updated: May 21, 2008




Mayor Rahm Emanuel

Commissioner Julie Morita, M.D.

BY AUTHORITY VESTED IN THE COMMISSIONER OF THE DEPARTMENT OF PUBLIC HEALTH PURSUANT TO **4-6-080(g)** and **4-6-090(f)**, THE FOLLOWING RULES REGARDING **ASSISTED LIVING, SHARED HOUSING ESTABLISHMENTS & ADULT FAMILY CARE FACILITIES** ARE ADOPTED HEREIN.

By Order of the Commissioner:

Signed: 
Commissioner Julie Morita, M.D.

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Regulations for Assisted Living, Shared Housing Establishments & Adult Family Care Facilities

- **Board of Health Regulations for Assisted Living and Shared Housing Establishments**

*(Chapter 4-96 of the
Municipal Code of
Chicago)*

- **Board of Health Regulations for Adult Family Care Facilities**

*(Chapter 4-97 of the
Municipal Code of
Chicago)*

Board of Health Regulations for Assisted Living and Shared Housing Establishments

*These regulations are
promulgated under
authority of section 4-
96-060.*

*The definitions provided
in Chapter 4-96 of the
Municipal Code of
Chicago shall apply to
these regulations.*

- I. Inspections
- II. Complaints
- III. Screening, Assessment, and Acceptance of Residents

I. **Inspections**

- A. Upon application for license, the department of business affairs and licensing

shall forward the application to the Department, which shall coordinate a multi-agency inspection that shall include the bureau of fire prevention, the department of buildings, and the department of senior services.

These departments shall jointly determine whether the facility is generally operating within the applicable minimum requirements and standards established in the Illinois Assisted Living and Shared Housing Act and applicable rules, regulations, and standards, in addition to requirements of the bureau of fire prevention and the department of buildings.

- B. Biennially, the Department shall coordinate with the bureau of fire prevention and the department of buildings to provide biennial inspections of every assisted living and shared housing establishment. The scope of inspection shall include criteria of I.A. section above, and may include special attention to any areas of question or default found in previous inspections conducted by any City agency or their agents.

II. Complaints

Complaints may be registered with the Department via the 311 non-emergency number. If the complaint alleges or if upon inspection the Department finds, a situation where any resident's health or safety is in immediate danger, the Department shall include the Department of Senior Services in the investigation.

III. Screening, Assessment, and Acceptance of Residents

Each facility shall screen each applicant for residency to determine whether the individual is an appropriate candidate for residency. Only case managers trained and certified by the Illinois Department on Aging to administer the assessment tool shall administer assessments. Because of the scope of individual assistance an assisted living or shared housing facility may provide, no resident may have a Determination of Needs (DON) score greater than 49 and continue to reside at the facility.

Each assisted living and shared housing licensee shall re-assess each resident annually. Results of screening and assessment tools shall be maintained for at least 5 years from the date of termination of residency for each resident.

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Board of Health Regulations for Adult Family Care Facilities

*These regulations are
promulgated under
authority of section 4-
97-100.*

*The definitions provided
in Chapter 4-97 of the
Municipal Code of
Chicago shall apply to
these regulations.*

- I. General Standards
- II. Screening, Assessment, and Acceptance of Residents
- III. Residency Requirements
- IV. Residents' Records
- V. Recordkeeping
- VI. Screening and Qualifications of Staff
- VII. Written Agreement
- VIII. Inspections
- IX. Complaints
- X. Abuse, Neglect, and Financial Exploitation Prevention and Reporting
- XI. Resident Rights

I. General Standards

Each facility shall be kept in a clean, safe and orderly condition and in good repair. A facility shall provide every resident, at a minimum, the following:

- A. Three meals per day;
- B. Housekeeping services, including but not limited to, vacuuming, dusting, and cleaning of the resident's personal space, laundry, and linen service;
- C. A private or semi-private room;

- D. Access to common areas;
- E. Access to bathing and toilet facilities; and,
- F. Access to a common telephone for use in urgent and emergency situations.

II. Screening, Assessment, and Acceptance of Residents

Each facility shall screen each applicant for residency to determine whether the individual is an appropriate candidate for residency in the Adult family care facility. Only case managers trained and certified by the Illinois Department on Aging to administer the assessment tool shall administer assessments. Because of the scope of individual assistance an adult family care facility may provide, no resident may have a Determination of Needs (DON) score greater than 49 and continue to reside at the facility.

Each adult family care facility licensee shall re-assess each resident annually. Results of screening and assessment tools shall be maintained for at least 5 years from the date of termination of residency for each resident.

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III. Residency Requirements

No individual shall be accepted for residency or remain in residence if the facility cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the facility is not licensed or which the facility does not provide.

Only adults may be accepted for residency.

The Department may publish guidelines to assist adult family care facilities in determining residency requirements.

IV. Residents' Records

- A. Each facility shall maintain a record for each resident that contains, at a minimum, the following information:
 - 1. The resident's name

2. The date of the resident's acceptance into the facility
 3. The names, addresses, and telephone numbers of the following:
 - a. The resident's representative, if applicable;
 - b. An individual to be contacted in the event of emergency; and,
 - c. Any additional agencies providing assistance, services or benefits to the resident in the facility.
- B. The resident-facility agreement;
- C. Documentation of orientation to the facility's emergency evacuation plan;
- D. Contact information for the resident's primary care provider, if disclosed and applicable;
- E. Any health care directive, letters of guardianship, legal representative designation form, or power of attorney, if disclosed and applicable;
- F. Documentation of known accidents, incidents or injuries while in the facility, and any response or corrective actions taken;
- G. Documentation of any significant change in the resident's behavior or physical, cognitive, or functional condition that would result in the resident no longer meeting residency requirements;
- H. A written notice of termination of residency, when applicable;
- I. Documentation of relocation assistance provided to the resident, if applicable;
- J. Each facility shall ensure that a resident's record is:
 1. Confidential and only released with written permission from the resident or the representative, or as otherwise provided by law;
 2. Maintained at the facility;
 3. Legibly recorded in ink or electronically recorded;
 4. Retained for five years from the date of termination of residency (closed records may be retained off-site); and,
 5. Available for review by the resident or the resident's representative during normal business hours or at a time agreed upon by the resident and the facility manager.

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V. Recordkeeping

Each adult family care facility shall maintain records of all policies and procedures, resident agreements, licenses, insurance policies, and other documents for at least 5 years from the date of generating or procuring such documents or from the date of termination of residency (whichever period may be longer) or for a longer period of time as may be required by law or the commissioner.

VI. Screening and Qualifications of Staff

- A. Establishments shall screen every individual who will work in the establishment, whether as employee, volunteer, contractor, or agent, in a position with duties involving direct care for residents as provided for in the *Illinois Health Care Worker Background Check Act* [225 ILCS 46/25] and accompanying rules.
- B. Each direct care and food service employee shall provide evidence of an initial health evaluation which shall be used to ensure that employees are not placed in situations that would pose undue risk of infection to themselves, other employees, residents, or visitors. Employees with conditions, including communicable diseases, that are like to pose undue risk of infection or danger to themselves, other employees, residents, or visitors shall be excluded from work until the risk is mitigated or resolved.
- C. The establishment shall have on duty at all times at least one direct care staff person who has obtained basic cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in basic CPR.

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VII. Written Agreement

Each resident shall have a written agreement between the resident and the facility. The agreement between the facility and a resident shall be printed in no less than 12 point type, and shall include at a minimum the following elements:

- A. The name and mailing address of the owner or owners of the facility and, if the owner or owners are not natural persons, legal name of the business

- organization and name, address, and other contact information for the entity's agent in Chicago;
- B. The name of the resident and resident's designated representative, if any;
 - C. The duration of the agreement;
 - D. The base rate to be paid by the resident and a description of the benefits and services to be provided by the adult family care facility as part of this rate, including amount and charges for additional services not included in the base rate;
 - E. A clear, detailed description of the frequency and manner in which payments for residency and services are to be made.
 - F. Terms of occupancy, including the resident's responsibilities and obligations in order to maintain residency;
 - G. A statement detailing the admission and residency termination criteria;
 - H. A description of the facility's complaint resolution process available to residents and notice of the availability of the City of Chicago's 311 non-emergency number to register a complaint; and,
 - I. A statement listing the rights specified in section 4-96 of the Municipal Code and these regulations, including a statement that the resident does not forfeit those rights by contracting with the facility,

A copy of the executed agreement shall be provided to the resident and/or the resident's representative, and maintained on the premises of the facility for at least five years.

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VIII. Inspections

- A. Upon application for license, the department of business affairs and licensing shall forward the application to the Department, which shall coordinate a multi-agency inspection that shall include the bureau of fire prevention, the department of buildings, and the department of senior services.

- B. Annually, the Department shall coordinate with the bureau of fire prevention and the department of buildings to provide inspections of every adult family care facility. The scope of inspection shall include criteria of section VIII.A above, and may include special attention to any areas of question or default found in previous inspections conducted by any City agency or their agents.

IX. Complaints

Complaints may be registered with the Department via the 311 non-emergency number. If the complaint alleges or if upon inspection the Department finds, a situation where any resident's health or safety is in immediate danger, the Department shall include the department of senior services in the investigation.

X. Abuse, Neglect, and Financial Exploitation Prevention and Reporting

When the facility has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the facility shall notify the City via 311 non-emergency number, or 911 if an emergency situation exists, and fully cooperate with any City investigation conducted as a result of any report of abuse, neglect, or financial exploitation.

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XI. Resident Rights

No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of a facility, nor shall a resident forfeit any of the following rights:

- A. The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect;
- B. The right to respect for bodily privacy and dignity at all times;
- C. The right to retain and use personal property, unless such use infringes on the health, safety, or welfare of other individuals, and a place to store personal items that is locked and secure;

- D. The right to designate any individual to participate with the resident or in the resident's name;
- E. The right to direct his or her own care and negotiate the terms of his or her own care;
- F. The right to refuse services unless such services are court ordered or the health, safety, or welfare of other individuals is endangered by the refusal, and to be advised of the consequences of that refusal;
- G. The right to exercise free choice in selected activities, schedules, and daily routine;
- H. The right to request to relocate or refuse to relocate within the facility based upon the resident's needs, desires, and availability of such options;
- I. The right to the free exercise of religion and to participate or refuse to participate in religious, social, recreational, rehabilitative, political or community activities;
- J. The right to be free of abuse or neglect or financial exploitation;
- K. The right to confidentiality of the resident's medical, financial, or other records. The release of a record shall be by written consent of the resident or the resident's representative and shall specify the circumstances under which each individual record may be released, except as specified by law;
- L. The right to privacy in financial and personal affairs;
- M. The right of access and the right to review and copy the resident's personal files maintained by the facility, during normal business hours or at a time agreed upon by the resident and the facility;
- N. The right to privacy with regard to mail, phone calls, and visitors;
- O. The right to be free of retaliation for or constraint from criticizing the facility or making complaints to appropriate agencies or any agency or individual;
- P. The right to a minimum of 30-day notice of any change in a fee or charge or the availability of a service;