

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF EMERGENCY AMENDMENT

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AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931,

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effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill. Reg. 13280, effective June 10, 2014; amended at 39 Ill. Reg. 5443, effective March 25, 2015; amended at 39 Ill. Reg. 13041, effective September 3, 2015; amended at 41 Ill. Reg. 7154, effective June 12, 2017; amended at 41 Ill. Reg. 14945, effective November 27, 2017; amended at 42 Ill. Reg. 9507, effective May 24, 2018; amended at 43 Ill. Reg. 3889, effective March 18, 2019; amended at 43 Ill. Reg. 12990, effective October 22, 2019; emergency amendment at 44 Ill. Reg. 5934, effective April 10, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. _____, effective _____, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

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Section 250.2 COVID-19 Emergency Provisions for Hospitals, Hospital Alternate Care Facilities, and State Alternate Care Facilities
EMERGENCY

- a) In order for hospitals to adequately respond to COVID-19, the following provisions of Part 250 are suspended in their entirety:
- 1) 77 Ill. Admin. Code 250.240(e)(4)
 - 2) 77 Ill. Admin. Code 250.240(d)(2).
 - 3) 77 Ill. Admin. Code 250.240(f);
 - 4) 77 Ill. Admin. Code 250.330(b);
 - 5) 77 Ill. Admin. Code 250.1040(f), (g), (h), (j);
 - 6) 77 Ill. Admin. Code 250.1130;
 - 7) 77 Ill. Admin. Code 250.1520(g); and
 - 8) 77 Ill. Admin. Code 250.2440(d)(1).
- b) In order for hospitals to adequately respond to COVID-19, the following provisions of Part 250 are modified as follows:
- 1) Subsection 250.1075 of this Part is modified to the extent necessary to be consistent with the Centers for Medicare and Medicaid Services' COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (<https://edit.cms.gov/media/465576>), which states that hospitals considered to be impacted by a widespread outbreak of COVID-19 are not required to meet the requirements related to seclusion under 42 C.F.R. 482.13(e)(1)(ii);
 - 2) Subsection 250.105(a)(1)(E)(i) of this Part is modified such that a hospital may reduce egress restrictions from eight feet to five feet; and

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- 3) Subsection 250.330(a) of this Part is modified such that testing for COVID-19 may be administered per a medical staff-approved hospital policy that includes an assessment for contraindications.
- c) In order to address the COVID-19 pandemic, hospitals licensed by the Illinois Department of Public Health (Department) may establish alternate care facilities (hospital alternate care facilities) at remote or temporary locations as follows:
 - 1) The hospital alternate care facility must be established to provide room and board, nursing, diagnostic, or treatment services for COVID-19 patients or for non-COVID-19 patients in order to increase regional hospital capacity to respond to COVID-19;
 - 2) The hospital alternate care facility must be temporary;
 - 3) The hospital alternate care facility must be under the direction or control of the hospital;
 - 4) The hospital alternate care facility must be operated by a hospital licensed under the Act;
 - 5) A hospital establishing an alternate care facility must notify the Department, in writing, of the following:
 - A) Name and address of each hospital alternate care facility to be established; bed allocations for clinical services; anticipated bed capacity; anticipated categories of service to be provided; and date that the hospital alternate care facility will begin accepting patients. Such notice must be provided at least 24 hours prior to the hospital alternate care facility being operational or as soon as reasonably practical after the effective date of this subpart in the case of hospital alternate care facilities already in existence; and
 - B) Any modifications to bed allocations between clinical services, increase or decreases in bed capacity, or change in categories of service to be provided at the hospital alternate care facility. Such notice must be provided within 10 days after the modification.

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- d) Pursuant to Executive Order 2020-26, the State of Illinois, through one of its agencies or in cooperation with one or more federal or local government bodies, may establish alternate care facilities (State alternate care facilities) subject to the following:
- 1) The State alternate care facility must be established to provide room and board, nursing, and diagnosis of or treatment to COVID-19 patients or to non-COVID-19 patients in order to increase regional hospital capacity to respond to COVID-19;
 - 2) The State alternate care facility must be temporary;
 - 3) The State alternate care facility must be under the direction and control of the State of Illinois, one of its agencies, or the federal or local government in coordination of the State of Illinois;
 - 4) The State alternate care facility must apply for and receive a license for a State alternate care facility from the Department. Such license will automatically terminate at the conclusion of 150 days after the effective date of this emergency rule without any further action from the Department;
 - 5) A State alternate care facility must provide written notification to the Department within 24 hours of ceasing operations; and
 - 6) The State alternate care facility must be overseen by a competent executive officer or administrator, or designee, who is vested with authority and responsibility to carry out its policies.
- e) Pursuant to Executive Order 2020-26, all provisions of Part 250 are suspended with respect to State alternate care facilities and to hospital alternate care facilities (collectively referred to as “alternate care facilities”) to the extent they would otherwise be applicable. Alternate care facilities must meet the following requirements:
- 1) The alternate care facility must provide safe and quality care to each patient;

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- 2) No person shall be denied necessary medical care for reasons not based on sound medical practice and, particularly, no person will be denied care on account of race, ethnicity, religion, sex, gender identity, age, sexual orientation, national origin, immigration status, disability, or ability to pay;
- 3) The alternate care facility must establish, in the interest of the patient, policies regarding visitation;
- 4) The alternate care facility must have written policies for the admission, discharge, and transfer of all patients from or to an acute care hospital or other healthcare facility, as appropriate. The alternate care facility must develop a discharge plan of care for each patient;
- 5) As set forth in subsection 250.260(c) of this Part, the alternate care facility shall prohibit all abuse of a patient by an administrator, agent, or employee or a member of its medical staff, and in addition, comply with the abuse and neglect reporting requirements for such alleged occurrences;
- 6) The alternate care facility must ensure access to health care information and services for limited English-speaking or non-English-speaking patients or deaf patients;
- 7) No medication, treatment, or diagnostic test may be administered to a patient except on a written or verbal order, if necessary, by a licensed medical professional acting within their scope of practice;
- 8) If the alternate care facility is to perform on-site clinical laboratory services commensurate with the facility's needs for its patients, it must comply with subsection 250.510 of this Part regarding laboratory services;
- 9) The facility must maintain a staff of nursing personnel organized to provide the nursing care for its patients commensurate with the size, scope, nature of the facility and patient complexity;
- 10) Nursing services must be under the direction of a registered professional nurse who has qualifications in nursing administration and who has the ability to organize, coordinate, and evaluate the service;

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- 11) To the extent medically possible, a minimum of three meals or their equivalent, must be served daily, at regular hours with no more than a 14-hour span between a substantial evening meal and breakfast;
- 12) If the alternate care facility is preparing food, it must meet the requirement of the Food Service Sanitation Code set forth in 77 Ill. Admin. Code 750;
- 13) An adequate, accurate, timely, and complete medical record must be maintained for each patient of the alternate care facility. Minimum requirements for medical record content are:
 - A) Patient identification and admission information;
 - B) The history of the patient as clinically necessary;
 - C) A physical examination report;
 - D) Orders and progress notes made by the patient's physician and, when applicable, by other members of the medical staff and allied health personnel;
 - E) Observations notes and vital sign charting made by nursing personnel; and
 - F) Discharge order and disposition at discharge, including instructions and prescriptions for medications;
- 14) An index that serves as a key to the location of the medical record of each person who is or has been treated at the alternate care facility must be maintained;
- 15) The alternate care facility must have a policy that is approved by the Department prior to closing for the preservation of patient medical records when the facility closes;
- 16) Adequate supplies and equipment for housekeeping functions must be provided with cleaning compounds and hazardous substances properly labeled and stored. Hazardous cleaning solutions, compounds, and substances must be labeled, and stored in a safe place;

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- 17) The alternate care facility must follow the fire safety requirements set forth in subsections 250.1980(a) through (d), (i), and (j) of this Part, including but not limited to the use of fire resistant and/or fire-retardant materials;
 - 18) The alternate care facility must comply with the life safety requirements in subsection 250.105(a)(1)(E)(i) of this Part, except that a facility may reduce egress restrictions from eight feet to five feet and may make necessary deviations in consultation with the Department;
 - 19) The alternate care facility must comply with the incident reporting requirements in subsection 250.1520(f) of this Part;
 - 20) There shall be a sufficient number of properly trained and supervised dietary personnel, including a clinical dietitian(s) where warranted, competent to carry out dietetic services, if applicable, in an efficient, effective manner;
 - 21) All diets shall be ordered by the patient's physician and/or a registered dietitian with the physician's confirmation. Diet orders shall be recorded in the patient's medical chart;
 - 22) All drugs and medicines shall be stored and dispensed in accordance with applicable State and Federal laws and regulations;
 - 23) If an alternate care facility establishes or has a licensed pharmacy on-premises it must have a pharmacist registered under the Pharmacy Practice Act, 225 ILCS 85, available or on call at all times; and,
 - 24) An alternate care facility may grant disaster privileges pursuant to the procedures in subsections 250.310(b)(18) of this Part regardless whether there is an activated emergency management plan.
- f) The Department may conduct inspections of hospitals, hospital alternate care facilities, and state alternate care facilities, and require corrective action in situations in which the health and safety of patients is at risk.

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- g) Hospitals, hospital alternate care facilities, and state alternate care facilities must follow all directives and guidance related to COVID-19 diagnosis and treatment from the Centers for Diseases Control and Prevention, the Department, and applicable local public health departments, including but not limited to infection control and isolation guidelines.

(Source: Added by emergency rulemaking at 44 Ill Reg. _____, effective _____ for a maximum of 150 days)