



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

CERTIFICATE OF EMERGENCY AMENDMENTS

The Department of Public Health, State of Illinois, certifies that the attached hereto is a true and correct copy of:

Heading for the Part: Sheltered Care Facilities Code

Code Citation: 77 Ill. Adm. Code 330

Sections Involved:

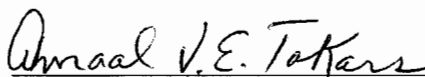
- 330.282
- 330.340
- 330.790
- 330.794

which was duly amended by emergency action by this Agency.

Reason for Emergency: These emergency amendments are adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations related to COVID-19.

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The COVID-19 outbreak in Illinois is a significant public health crisis that warrants these emergency amendments.

Statutory Authority: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45]



Amaal V. E. Tokars
Acting Director

EMERGENCY EFFECTIVE	RECEIVED
JUL 15 2022	JUL 15 2022
SOS-CODE DIV.	SOS-CODE DIV.

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 330
SHELTERED CARE FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section	
330.110	General Requirements
330.120	Application for License
330.130	Licensee
330.140	Issuance of an Initial License For a New Facility
330.150	Issuance of an Initial License Due to a Change of Ownership
330.160	Issuance of a Renewal License
330.163	Alzheimer's Special Care Disclosure
330.165	Criteria for Adverse Licensure Actions
330.170	Denial of Initial License
330.175	Denial of Renewal of License
330.180	Revocation of License
330.190	Experimental Program Conflicting With Requirements
330.200	Inspections, Surveys, Evaluations and Consultation
330.210	Filing an Annual Attested Financial Statement
330.220	Information to be Made Available to the Public By the Department
330.230	Information to be Made Available to the Public By the Licensee
330.240	Municipal Licensing
330.250	Ownership Disclosure
330.260	Issuance of Conditional Licenses
330.270	Monitoring and Receivership
330.271	Presentation of Findings
330.272	Determination to Issue a Notice of Violation or Administrative Warning
330.274	Determination of the Level of a Violation
330.276	Notice of Violation
330.277	Administrative Warning
330.278	Plans of Correction
330.280	Reports of Correction
330.282	Conditions for Assessment of Penalties
EMERGENCY	
330.284	Calculation of Penalties (Repealed)
330.286	Notice of Penalty Assessment; Response by Facility
330.287	Consideration of Factors for Assessing Penalties

RECEIVED

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

JUL 15 2022

SOS-CODE DIV.

- 330.288 Reduction or Waiver of Penalties
 - 330.290 Quarterly List of Violators (Repealed)
 - 330.300 Alcoholism Treatment Programs In Long-Term Care Facilities
 - 330.310 Department May Survey Facilities Formerly Licensed
 - 330.315 Supported Congregate Living Arrangement Demonstration
 - 330.320 Waivers
 - 330.330 Definitions
 - 330.340 Incorporated and Referenced Materials
- EMERGENCY

SUBPART B: ADMINISTRATION

- Section
330.510 Administrator

SUBPART C: POLICIES

- Section
330.710 Resident Care Policies
330.715 Request for Resident Criminal History Record Information
330.720 Admission and Discharge Policies
330.724 Criminal History Background Checks for Persons Who Were Residents on May 10, 2006 (Repealed)
330.725 Identified Offenders
330.726 Discharge Planning for Identified Offenders
330.727 Transfer of an Identified Offender
330.730 Contract Between Resident and Facility
330.740 Residents' Advisory Council
330.750 General Policies
330.760 Personnel Policies
330.761 Whistleblower Protection
330.765 Initial Health Evaluation for Employees
330.770 Disaster Preparedness
330.780 Incidents and Accidents
330.785 Contacting Local Law Enforcement
330.790 Infection Control
- EMERGENCY
- 330.792 Testing for Legionella Bacteria
 - 330.794 COVID-19 Vaccination of Facility Staff
- EMERGENCY
- 330.795 Language Assistance Services

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

SUBPART D: PERSONNEL

Section

330.800 COVID-19 Training Requirements

EMERGENCY

330.910 Personnel

330.911 Health Care Worker Background Check

330.913 Nursing and Personal Care Assistants (Repealed)

330.916 Student Interns (Repealed)

330.920 Consultation Services

330.930 Personnel Policies

SUBPART E: HEALTH SERVICES AND MEDICAL CARE OF RESIDENTS

Section

330.1110 Medical Care Policies

330.1120 Personal Care

330.1125 Life Sustaining Treatments

330.1130 Communicable Disease Policies

330.1135 Tuberculin Skin Test Procedures

330.1140 Care and Treatment of Sexual Assault Survivors

330.1145 Restraints

330.1150 Emergency Use of Physical Restraints

330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs

330.1160 Vaccinations

SUBPART F: RESTORATIVE SERVICES

Section

330.1310 Activity Program

330.1320 Work Programs

330.1330 Written Policies for Restorative Services

330.1340 Volunteer Program

SUBPART G: MEDICATIONS

Section

330.1510 Medication Policies

330.1520 Administration of Medication

330.1530 Labeling and Storage of Medications

SUBPART H: RESIDENT AND FACILITY RECORDS

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

Section	
330.1710	Resident Record Requirements
330.1720	Content of Medical Records
330.1730	Records Pertaining to Residents' Property
330.1740	Retention and Transfer of Resident Records
330.1750	Other Resident Record Requirements
330.1760	Retention of Facility Records
330.1770	Other Facility Record Requirements

SUBPART I: FOOD SERVICE

Section	
330.1910	Director of Food Services
330.1920	Dietary Staff in Addition to Director of Food Services
330.1930	Hygiene of Dietary Staff
330.1940	Diet Orders
330.1950	Meal Planning
330.1960	Therapeutic Diets (Repealed)
330.1970	Scheduling of Meals
330.1980	Menus and Food Records
330.1990	Food Preparation and Service
330.2000	Food Handling Sanitation
330.2010	Kitchen Equipment, Utensils, and Supplies

SUBPART J: MAINTENANCE, HOUSEKEEPING AND LAUNDRY

Section	
330.2210	Maintenance
330.2220	Housekeeping
330.2230	Laundry Services

SUBPART K: FURNISHINGS, EQUIPMENT, AND SUPPLIES

Section	
330.2410	Furnishings
330.2420	Equipment and Supplies

SUBPART L: WATER SUPPLY AND SEWAGE DISPOSAL

Section	
330.2610	Codes

EMERGENCY EFFECTIVE
JUL 15 2022
SOS-CODE DIV.

- 330.2620 Water Supply
- 330.2630 Sewage Disposal
- 330.2640 Plumbing

SUBPART M: DESIGN AND CONSTRUCTION STANDARDS FOR
NEW SHELTERED CARE FACILITIES

Section

- 330.2810 Applicable Requirements (Repealed)
- 330.2820 Applicability of These Standards
- 330.2830 Submission of a Program Narrative
- 330.2840 New Constructions, Additions, Conversions, and Alterations
- 330.2850 Preparation and Submission of Drawings and Specifications
- 330.2860 First Stage Drawings
- 330.2870 Second Stage Drawings
- 330.2880 Architectural Drawings
- 330.2890 Structural Drawings
- 330.3000 Mechanical Drawings
- 330.3010 Electrical Drawings
- 330.3020 Additions to Existing Structures
- 330.3030 Specifications
- 330.3040 Building Codes
- 330.3050 Site
- 330.3060 General Building Requirements
- 330.3070 Administration
- 330.3080 Corridors
- 330.3090 Bath and Toilet Rooms
- 330.3100 Living, Dining, Activity Rooms
- 330.3110 Bedrooms
- 330.3120 Special Care Room
- 330.3130 Kitchen
- 330.3140 Laundry
- 330.3150 Housekeeping, Service, and Storage
- 330.3160 Plumbing
- 330.3170 Heating and Cooling
- 330.3180 Electrical

SUBPART N: FIRE PROTECTION STANDARDS FOR
NEW SHELTERED CARE FACILITIES

Section

- 330.3310 Applicable Requirements (Repealed)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 330.3320 Applicability of These Standards
- 330.3330 Fire Protection
- 330.3340 Fire Department Service and Water Supply
- 330.3350 General Building Requirements
- 330.3360 Exit Facilities and Subdivision of Floor Areas
- 330.3370 Stairways, Vertical Openings, and Doorways
- 330.3380 Corridors
- 330.3390 Exit Lights and Directional Signs
- 330.3400 Hazardous Areas and Combustible Storage
- 330.3410 Fire Alarm and Detection System
- 330.3420 Fire Extinguishers, Electric Wiring, and Miscellaneous
- 330.3430 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills

SUBPART O: DESIGN AND CONSTRUCTION STANDARDS FOR
EXISTING SHELTERED CARE FACILITIES

Section

- 330.3610 Site
- 330.3620 General Building Requirements
- 330.3630 Administration
- 330.3640 Corridors
- 330.3650 Bath and Toilet Rooms
- 330.3660 Living, Dining, and Activity Rooms
- 330.3670 Bedrooms
- 330.3680 Special Care Room
- 330.3690 Kitchen
- 330.3700 Laundry Room
- 330.3710 Housekeeping and Service Rooms and Storage Space
- 330.3720 Plumbing and Heating
- 330.3730 Electrical

SUBPART P: FIRE PROTECTION STANDARDS FOR
EXISTING SHELTERED CARE FACILITIES

Section

- 330.3910 Fire Protection
- 330.3920 Fire Department Service and Water Supply
- 330.3930 Occupancy and Fire Areas
- 330.3940 Exit Facilities and Subdivision of Floor Areas
- 330.3950 Stairways, Vertical Openings, and Doorways
- 330.3960 Exit and Fire Escape Lights and Directional Signs
- 330.3970 Hazardous Areas and Combustible Storage

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 330.3980 Fire Alarm and Detection System
- 330.3990 Fire Extinguishers, Electric Wiring, and Miscellaneous
- 330.4000 Use of Fire Extinguishers, Evacuation Plan, and Fire Drills

SUBPART Q: RESIDENT'S RIGHTS

Section

- 330.4210 General
- 330.4220 Medical Care
- 330.4230 Restraints (Repealed)
- 330.4240 Abuse and Neglect
- 330.4250 Communication and Visitation
- 330.4260 Resident's Funds
- 330.4270 Residents' Advisory Council
- 330.4280 Contract With Facility
- 330.4290 Private Right of Action
- 330.4300 Transfer or Discharge
- 330.4310 Complaint Procedures
- 330.4320 Confidentiality
- 330.4330 Facility Implementation

SUBPART R: DAY CARE PROGRAMS

Section

- 330.4340 Social Isolation
- EMERGENCY
- 330.4510 Day Care in Long-Term Care Facilities

- 330.APPENDIX A Interpretation, Components, and Illustrative Services for Sheltered Care Facilities (Repealed)
- 330.APPENDIX B Classification of Distinct Part of a Facility For Different Levels of Service (Repealed)
- 330.APPENDIX C Forms for Day Care in Long-Term Care Facilities
- 330.APPENDIX D Criteria for Activity Directors Who Need Only Minimal Consultation (Repealed)
- 330.APPENDIX E Guidelines for the Use of Various Drugs
- 330.TABLE A Heat Index Table/Apparent Temperature

AUTHORITY: Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

SOURCE: Emergency rules adopted at 4 Ill. Reg. 10, p. 807, effective March 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 30, p. 933, effective July 28, 1980; amended at 6

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

Ill. Reg. 5981, effective May 3, 1982; amended at 6 Ill. Reg. 8198, effective June 29, 1982; amended at 6 Ill. Reg. 14547, effective November 8, 1982; amended at 6 Ill. Reg. 14681, effective November 15, 1982; amended at 7 Ill. Reg. 1963, effective January 28, 1983; amended at 7 Ill. Reg. 6973, effective May 17, 1983; amended at 7 Ill. Reg. 15825, effective November 15, 1983; amended at 8 Ill. Reg. 15596, effective August 15, 1984; amended at 8 Ill. Reg. 15941, effective August 17, 1984; codified at 8 Ill. Reg. 19790; amended at 8 Ill. Reg. 24241, effective November 28, 1984; amended at 8 Ill. Reg. 24696, effective December 7, 1984; amended at 9 Ill. Reg. 2952, effective February 25, 1985; amended at 9 Ill. Reg. 10974, effective July 1, 1985; amended at 11 Ill. Reg. 16879, effective October 1, 1987; amended at 12 Ill. Reg. 1017, effective December 24, 1987; amended at 12 Ill. Reg. 16870, effective October 1, 1988; emergency amendment at 12 Ill. Reg. 18939, effective October 24, 1988, for a maximum of 150 days; emergency expired March 23, 1989; amended at 13 Ill. Reg. 6562, effective April 17, 1989; amended at 13 Ill. Reg. 19580, effective December 1, 1989; amended at 14 Ill. Reg. 14928, effective October 1, 1990; amended at 15 Ill. Reg. 516, effective January 1, 1991; amended at 16 Ill. Reg. 651, effective January 1, 1992; amended at 16 Ill. Reg. 14370, effective September 3, 1992; emergency amendment at 17 Ill. Reg. 2405, effective February 3, 1993, for a maximum of 150 days; emergency expired on July 3, 1993; emergency amendment at 17 Ill. Reg. 8000, effective May 6, 1993, for a maximum of 150 days; emergency expired on October 3, 1993; amended at 17 Ill. Reg. 15089, effective September 3, 1993; amended at 17 Ill. Reg. 16180, effective January 1, 1994; amended at 17 Ill. Reg. 19258, effective October 26, 1993; amended at 17 Ill. Reg. 19576, effective November 4, 1993; amended at 17 Ill. Reg. 21044, effective November 20, 1993; amended at 18 Ill. Reg. 1475, effective January 14, 1994; amended at 18 Ill. Reg. 15851, effective October 15, 1994; amended at 19 Ill. Reg. 11567, effective July 29, 1995; emergency amendment at 20 Ill. Reg. 552, effective January 1, 1996, for a maximum of 150 days; emergency expired on May 29, 1996; amended at 20 Ill. Reg. 10125, effective July 15, 1996; amended at 20 Ill. Reg. 12160, effective September 10, 1996; amended at 22 Ill. Reg. 4078, effective February 13, 1998; amended at 22 Ill. Reg. 7203, effective April 15, 1998; amended at 22 Ill. Reg. 16594, effective September 18, 1998; amended at 23 Ill. Reg. 1085, effective January 15, 1999; amended at 23 Ill. Reg. 8064, effective July 15, 1999; amended at 24 Ill. Reg. 17304, effective November 1, 2000; amended at 25 Ill. Reg. 4901, effective April 1, 2001; amended at 26 Ill. Reg. 4859, effective April 1, 2002; amended at 26 Ill. Reg. 10559, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2202, effective February 1, 2003, for a maximum of 150 days; emergency expired June 30, 2003; emergency amendment at 27 Ill. Reg. 5473, effective March 25, 2003, for a maximum of 150 days; emergency expired August 21, 2003; amended at 27 Ill. Reg. 5886, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14218, effective August 15, 2003, for a maximum of 150 days; emergency expired January 11, 2004; amended at 27 Ill. Reg. 15880, effective September 25, 2003; amended at 27 Ill. Reg. 18130, effective November 15, 2003; expedited correction at 28 Ill. Reg. 3541, effective November 15, 2003; amended at 28 Ill. Reg. 11195, effective July 22, 2004; emergency amendment at 29 Ill. Reg. 11879, effective July 12, 2005, for a maximum of 150 days; emergency rule modified in response to JCAR Recommendation at 29 Ill. Reg. 15156, effective September 23, 2005, for the remainder of the maximum 150 days; emergency amendment

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

expired December 8, 2005; amended at 29 Ill. Reg. 12891, effective August 2, 2005; amended at 30 Ill. Reg. 1439, effective January 23, 2006; amended at 30 Ill. Reg. 5260, effective March 2, 2006; amended at 31 Ill. Reg. 6072, effective April 3, 2007; amended at 31 Ill. Reg. 8828, effective June 6, 2007; amended at 33 Ill. Reg. 9371, effective June 17, 2009; amended at 34 Ill. Reg. 19199, effective November 23, 2010; amended at 35 Ill. Reg. 3415, effective February 14, 2011; amended at 35 Ill. Reg. 11513, effective June 29, 2011; amended at 37 Ill. Reg. 2315, effective February 4, 2013; amended at 37 Ill. Reg. 4970, effective March 29, 2013; amended at 39 Ill. Reg. 5470, effective March 25, 2015; amended at 41 Ill. Reg. 14826, effective November 15, 2017; amended at 43 Ill. Reg. 3551, effective February 28, 2019; emergency amendment at 44 Ill. Reg. 8536, effective May 5, 2020, for a maximum of 150 days; emergency repeal of emergency rule at 44 Ill. Reg. 16279, effective September 15, 2020; emergency amendment at 44 Ill. Reg. 18972, effective November 19, 2020, for a maximum of 150 days; emergency rule expired April 17, 2021; emergency amendment at 45 Ill. Reg. 411, effective December 18, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 2084, effective January 27, 2021, for the remainder of the 150 days; emergency expired May 16, 2021; emergency amendment at 45 Ill. Reg. 5554, effective April 18, 2021; emergency expired September 14, 2021; emergency amendment at 45 Ill. Reg. 6705, effective May 17, 2021; emergency expired October 13, 2021; emergency amendment at 45 Ill. Reg. 11964, effective September 15, 2021, for a maximum of 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 14569, effective November 5, 2021, for the remainder of the 150 days; emergency expired February 11, 2022; emergency amendment at 45 Ill. Reg. 13711, effective October 14, 2021, for a maximum of 150 days; emergency expired March 12, 2022; emergency amendment at 45 Ill. Reg. 14022, effective October 22, 2021, for a maximum of 150 days; emergency expired March 20, 2022; emergency amendment at 46 Ill. Reg. 3266, effective February 12, 2022, for a maximum of 150 days; emergency expired July 11, 2022; emergency amendment at 46 Ill. Reg. 5342, effective March 13, 2022, for a maximum of 150 days; emergency amendment at 46 Ill. Reg. 5573, effective March 21, 2022, for a maximum of 150 days; amended at 46 Ill. Reg. 10485, effective June 2, 2022; emergency amendment at 46 Ill. Reg. _____, effective JUL 15 2022, for a maximum of 150 days.

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

**Section 330.282 Conditions for Assessment of Penalties
EMERGENCY**

The Department will consider the assessment of a monetary penalty against a facility under the following conditions:

- a) *A licensee who commits a Type "AA" violation as defined in Section 1-128.5 of the Act is automatically issued a conditional license for a period of 6 months to coincide with an acceptable plan of correction and assessed a fine up to \$25,000 per violation. (Section 3-305(1) of the Act)*
- b) *A licensee who commits a Type "A" violation as defined in Section 1-129 of the Act is automatically issued a conditional license for a period of 6 months to coincide with an acceptable plan of correction and assessed a fine of up to \$12,500 per violation. (Section 3-305(1.5) of the Act)*
- c) *A licensee who commits a Type "AA" or Type "A" violation as defined in Section 1-128.5 or 1-129 of the Act which continues beyond the time specified in Section 3-303(a) of the Act, which is cited as a repeat violation, shall have its license revoked and shall be assessed a fine of 3 times the fine computed per resident per day under subsection (a) or (b) of this Section. (Section 3-305(3) of the Act)*
- d) *A licensee who commits a Type "B" violation as defined in Section 1-130 of the Act shall be assessed a fine of up to \$1,100 per violation. (Section 3-305(2) of the Act)*
- e) *A licensee who fails to satisfactorily comply with an accepted plan of correction for a Type "B" violation or an administrative warning issued pursuant to Sections 3-401 through 3-413 of the Act or pursuant to this Part shall be automatically issued a conditional license for a period of not less than 6 months. A second or subsequent acceptable plan of correction shall be filed. A fine shall be assessed in accordance with subsection (d) of this Section when cited for the repeat violation. This fine shall be computed for all days of the violation, including the duration of the first plan of correction compliance time. (Section 3-305(4) of the Act)*
- f) *A licensee who commits 10 or more Type "C" violations, as defined in Section 1-132 of the Act, in a single survey shall be assessed a fine of up to \$250 per violation. A licensee who commits one or more Type "C" violations with a high risk designation shall be assessed a fine of up to \$500 per violation. (Section 3-305(2.5) of the Act)*

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- g) *If an occurrence results in more than one type of violation as defined in the Act (that is, a Type "AA", Type "A", Type "B", or Type "C" violation), the maximum fine that may be assessed for that occurrence is the maximum fine that may be assessed for the most serious type of violation charged. For purposes of the preceding sentence, a Type "AA" violation is the most serious type of violation that may be charged, followed by a Type "A", Type "B", or Type "C" violation, in that order. (Section 3-305(7.5) of the Act)*
- h) *The minimum and maximum fines that may be assessed pursuant to Section 3-305 of the Act and this Section 330.282 shall be twice those otherwise specified for any facility that willfully makes a misstatement of fact to the Department, or willfully fails to make a required notification to the Department, if that misstatement or failure delays the start of a surveyor or impedes a survey. (Section 3-305(8) of the Act)*
- i) *High risk designation. If the Department finds that a facility has violated a provision of this Part that has a high risk designation, or that a facility has violated the same provision of this Part 3 or more times in the previous 12 months, the Department may assess a fine of up to 2 times the maximum fine otherwise allowed. (Section 3-305(9) of the Act)*
- j) For the purposes of calculating certain penalties pursuant to this Section, violations of the following requirements shall have the status of "high risk designation".
- 1) Section 330.715(a)
 - 2) Section 330.715(b)
 - 3) Section 330.715(c)
 - 4) Section 330.725(a)
 - 5) Section 330.725(b)
 - 6) Section 330.725(c)
 - 7) Section 330.725(f)
 - 8) Section 330.725(j)
 - 9) Section 330.725(k)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 10) Section 330.725(l)
 - 11) Section 330.725(n)
 - 12) Section 330.725(o)
 - 13) Section 330.727(c)
 - 14) Section 330.727(d)
 - 15) Section 330.727(e)
 - 16) Section 330.780
 - 17) Section 330.785(b)
 - 18) Section 330.790
 - 19) Section 330.911
 - 20) Section 330.4240(a)
 - 21) Section 330.4240(d)
 - 22) Section 330.4240(e)
 - 23) Section 330.794
- k) *If a licensee has paid a civil monetary penalty imposed pursuant to the Medicare and Medicaid Certification Program for the equivalent federal violation giving rise to a fine under Section 3-305 of the Act and this Section 330.282, or provides the Department with a copy of a letter to the Centers for Medicare and Medicaid Services (CMMS) of its binding intent to waive its rights to a federal hearing to contest a civil monetary penalty for the equivalent federal violation, the Department shall offset the fine by the amount of the civil monetary penalty. The offset may not reduce the fine by more than 75% of the original fine, however. (Section 3-305(10) of the Act) The meaning of "equivalent federal violation" shall be determined by the Department. Upon request by the Department, the facility shall provide proof to the Department of the federal civil monetary penalty when the payment is due.*

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 1) *When the Department finds that a provision of Article II has been violated with regard to a particular resident, the Department shall issue an order requiring the facility to reimburse the resident for injuries incurred, or \$100, which is greater. In the case of a violation involving any action other than theft of money belonging to a resident, reimbursement shall be ordered only if a provision of Article II has been violated with regard to that or any other resident of the facility within the 2 years immediately preceding the violation in question. (Section 3-305(6) of the Act)*

(Source: Emergency amendment at 46 Ill. Reg. _____, effective JUL 15 2022 for a maximum of 150 days)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

**Section 330.340 Incorporated and Referenced Materials
EMERGENCY**

- a) The following standards and guidelines are incorporated in this Part:
- 1) For existing facilities (see Subpart O), National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code, Appendix B (1981) and Standard No. 70: National Electric Code (1981), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 01269.
 - 2) For new facilities (see Subpart M), the following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 01269:
 - A) NFPA 17A, Standard for Wet Chemical Extinguishing Systems – 2002 Edition
 - B) NFPA 20, Standard for the Installation of Stationary Pumps for Fire Protection – 1999 Edition
 - C) NFPA 22, Standard for Water Tanks for Private Fire Protection – 1998 Edition
 - D) NFPA 24, Standard for the Installation of Private Fire Service Mains and Their Appurtenances – 2002 Edition
 - E) NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites – 2001 Edition
 - F) NFPA 70B, Recommended Practice for Electrical Equipment Maintenance – 2002 Edition
 - G) NFPA 70E, Standard for Electrical Safety Requirements for Employee Workplaces – 2000 Edition
 - H) NFPA 80A, Recommended Practice for Protection of Buildings from Exterior Fire Exposures – 2001 Edition
 - I) NFPA 101, Life Safety Code – 2000 Edition

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- J) NFPA 105, Recommended Practice for the Installation of Smoke-Control Door Assemblies – 1999 Edition
- 3) For new and existing facilities (see Section 330.1510) NFPA 99: Standard for Health Care Facilities – 2002 Edition
- 4) The following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services may be obtained from the National Technical Information Services (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161:
 - A) Guideline for Hand Hygiene in Health-Care Settings available at: <https://www.cdc.gov/infectioncontrol/guidelines/handhygiene/index.html> (October 2002)
 - B) Guidelines for Preventing Healthcare-Associated Pneumonia, which can be found at <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm> (2003)
 - C) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (May 2022), available at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
 - D) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (October 25, 2019), available in two parts at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-H.pdf> and <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>
 - E) The following publication may be obtained at the Centers for Disease Control and Prevention website: Toolkit for Controlling Legionella in Common Sources of Exposure (January 13, 2021), available at <https://www.cdc.gov/legionella/downloads/Control-Toolkit-All-Modules.pdf>
 - F) Guideline for Prevention of Catheter-Associated Urinary Tract Infections, available at

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/cauti-guidelines-H.pdf> (June 6, 2019)

- G) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html> (February 2, 2022)
 - H) Interim Guidance for Managing Healthcare Personnel with SARSCoV-2 Infection or Exposure to SARS-CoV-2, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-riskassessment-hcp.html> (February 2, 2022)
 - I) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-controlrecommendations.html> (February 2, 2022)
- 5) American College of Obstetricians and Gynecologists, Guidelines for Women's Health Care, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 330.4220.)
 - 6) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE): ASHRAE Guideline 12-2020, "Managing the Risk of Legionellosis Associated with Building Water Systems" (March 30, 2021), which may be obtained from the American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329.
- b) All incorporations by reference of federal guidelines and the standards of nationally recognized organizations refer to the standards on the date specified and do not include any amendments or editions subsequent to the date specified.
 - c) The following statutes and State regulations are referenced in this Part:
 - 1) Federal statutes:
 - A) Civil Rights Act of 1964 (42 USC2000e et seq.)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- B) Social Security Act (42 USC 301 et seq., 1395 et seq. and 1396 et seq.)
 - C) Controlled Substances Act (2 USC 802)
- 2) State of Illinois statutes:
- A) Child Care Act of 1969 [225 ILCS 10]
 - B) Court of Claims Act [705 ILCS 505]
 - C) Illinois Dental Practice Act [225 ILCS 25]
 - D) Election Code [10 ILCS 5]
 - E) Freedom of Information Act [5 ILCS 140]
 - F) General Not For Profit Corporation Act of 1986 [805 ILCS 105]
 - G) Hospital Licensing Act [210 ILCS 85]
 - H) Illinois Health Facilities Planning Act [20 ILCS 3960]
 - I) Illinois Municipal Code [65 ILCS 5]
 - J) Life Care Facilities Act [210 ILCS 40]
 - K) Local Governmental and Governmental Employees Tort Immunity Act [745 ILCS 10]
 - L) Medical Practice Act of 1987 [225 ILCS 60]
 - M) Mental Health and Developmental Disabilities Code [405 ILCS 5]
 - N) Nurse Practice Act [225 ILCS 65]
 - O) Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70]
 - P) Nursing Home Care Act [210 ILCS 45]
 - Q) Illinois Occupational Therapy Practice Act [225 ILCS 75]

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- R) Pharmacy Practice Act [225 ILCS 85]
- S) Illinois Physical Therapy Act [225 ILCS 90]
- T) Private Sewage Disposal Licensing Act [225 ILCS 225]
- U) Probate Act of 1975 [755 ILCS 5]
- V) Illinois Public Aid Code [305 ILCS 5]
- W) Illinois Administrative Procedure Act [5 ILCS 100]
- X) Clinical Psychologist Licensing Act [225 ILCS 15]
- Y) Dietitian Nutritionist Practice Act [225 ILCS 30]
- Z) Health Care Worker Background Check Act [225 ILCS 46]
- AA) Clinical Social Work and Social Work Practice Act [225 ILCS 20]
- BB) Living Will Act [755 ILCS 35]
- CC) Powers of Attorney for Health Care Law [755 ILCS 45/Art. IV]
- DD) Health Care Surrogate Act [755 ILCS 40]
- EE) Health Care Right of Conscience Act [745 ILCS 70]
- FF) Abused and Neglected Long-Term Care Facility Residents Reporting Act [210 ILCS 30]
- GG) Supportive Residences Licensing Act [210 ILCS 65]
- HH) Community Living Facilities Licensing Act [210 ILCS 35]
- II) Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]
- JJ) Counties Code [55 ILCS 5]

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- KK) Alzheimer's Disease and Related Dementias Special Care Disclosure Act [210 ILCS 4]
 - LL) Local Government and Government Employees Tort Immunity Act [745 ILCS 10]
 - MM) Illinois Act on the Aging [20 ILCS 105]
 - NN) Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110]
 - OO) Assisted Living and Shared Housing Act [210 ILCS 9]
 - PP) Alternative Health Care Delivery Act [210 ILCS 3]
 - QQ) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
 - RR) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
 - SS) Physician Assistant Practice Act of 1987 [225 ILCS 95]
 - TT) Language Assistance Services Act [210 ILCS 87]
- 3) State of Illinois rules:
- A) Illinois Accessibility Code (71 Ill. Adm. Code 400)
 - B) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - C) Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)
 - D) Food Code (77 Ill. Adm. Code 750)
 - E) Illinois Plumbing Code (77 Ill. Adm. Code 890)
 - F) Private Sewage Disposal Code (77 Ill. Adm. Code 905)
 - G) Drinking Water Systems Code (77 Ill. Adm. Code 900)
 - H) Water Well Construction Code (77 Ill. Adm. Code 920)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- I) Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)
- J) Access to Public Records of the Department of Public Health (2 Ill. Adm. Code 1127)
- K) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
- L) Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)
- M) Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)
- N) Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)
- O) Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395)
- P) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- Q) Health Care Worker Background Check Code (77 Ill. Adm. Code 955)
- R) Language Assistance Services Code (77 Ill. Adm. Code 940)
- S) Alcoholism and Substance Abuse Treatment and Intervention Licenses (77 Ill. Adm. Code 2060)
- T) Fire Prevention and Safety (41 Ill. Adm. Code 100)

(Source: Emergency amendment at 46 Ill. Reg. _____, effective JUL 15 2022, for a maximum of 150 days)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

**Section 330.790 Infection Control
EMERGENCY**

- a) Each facility shall establish and follow policies and procedures for investigating, controlling, preventing, and testing for infections in the facility. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. All staff shall be trained on the policies and procedures, and training records maintained for three years. Activities shall be monitored to ensure that these policies and procedures are followed. Infection control policies and procedures shall be maintained in the facility and made available upon request to facility staff, the resident and the resident's family or resident's representative, the Department, and the certified local health department.
- b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically, but not less than annually, review the results of investigations and activities to control infections. Upon request, the facility shall provide the Department with the group's recommendations to control infections within the facility.
- c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):
 - 1) Guideline for Hand Hygiene in Health-Care Settings
 - 2) Guidelines for Preventing Healthcare-Associated Pneumonia
 - 3) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
 - 4) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services
 - 5) Toolkit for Controlling Legionella in Common Sources of Exposure
 - 6) Guideline for Prevention of Catheter-Associated Urinary Tract Infections,
 - 7) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 8) Interim Guidance for Managing Healthcare Personnel with SARSCoV-2 Infection or Exposure to SARS-CoV-2
 - 9) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- d) Each facility shall conduct testing of residents and staff, including individuals providing services under arrangement and volunteers, for the control or detection of communicable diseases when:
- 1) The facility is experiencing an outbreak; or
 - 2) Directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, epidemics, or pandemics
- e) **COVID-19 Testing and Documentation**
The facility shall test residents and facility staff, which includes any person who is employed by, volunteers for, or is contracted to provide services for a facility, or is employed by an entity that is contracted to provide services to a facility, for COVID-19. At a minimum, the facility shall:
- 1) Prioritize and conduct immediate testing of residents or staff with symptoms of COVID-19;
 - 2) If a resident or staff in the facility tests positive for COVID-19, follow either a unit-based or broad-based approach for testing residents and staff, regardless of vaccination status. Testing shall include all residents and staff who have not tested positive in the past 90 days.
 - A) If a unit-based approach is used, the facility shall test all residents and staff immediately (but not earlier than two days after the exposure) in the unit (or department) where the staff worked, or the resident resided. Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days.
 - B) If a broad-based approach is used, the facility shall test all residents and facility staff immediately (but not earlier than two days after the exposure). Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days.

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 3) Documentation
 - A) For residents, document in each resident's record any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;
 - B) For staff members, document in each staff member's confidential medical file (as distinct from the staff member's personnel file) any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;
 - C) For volunteers and individuals providing services under an arrangement, document in each individual's confidential medical file any time a test was completed, including the result of the test or whether testing was contraindicated (in the event that no confidential medical file is maintained, the agreement for the services that are being provided under arrangement as well as the program for volunteers shall include a process for documenting these results);
 - D) Facilities that are not required to report COVID-19 aggregate testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at <https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744>.
- 4) Upon confirmation that a resident or staff member tests positive with COVID-19, or if a resident or staff member displays symptoms consistent with COVID-19, take immediate steps to prevent the transmission of COVID-19, including but not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment;
- 5) Have written procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested, including a requirement that all volunteers shall agree to testing,
- f) Each facility shall make arrangements with a testing laboratory to process any specimens collected under subsections (d) and (e) and ensure that complete information is submitted with each specimen, including name, address, date of

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

birth, sex, race, and ethnicity.

- g) Each facility shall keep a record of testing done under subsections (d) and (e), available to the Department upon request.

(Source: Emergency amendment at 46 Ill. Reg. _____, effective JUL 15 2022 for a maximum of 150 days)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

**Section 330.794 COVID-19 Vaccination of Facility Staff
EMERGENCY**

- a) For the purposes of this Section:
- 1) "Staff" or "staff person" means any person who is employed by, volunteers for, or is contracted to provide services for a facility, or is employed by an entity that is contracted to provide services to a facility, and is in close contact (fewer than 6 feet) with other persons in the facility for more than 15 minutes at least once a week on a regular basis as determined by the facility. The term "staff" or "staff person" does not include any person who is present at the facility for only a short period of time and whose moments of close physical proximity to others on-site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).
 - 2) "COVID-19 vaccine" means a vaccine for COVID-19 that has been authorized for emergency use, licensed, or otherwise approved by the U.S. Food and Drug Administration (FDA).
 - 3) An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA, or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.
- b) Each facility shall require all staff to be fully vaccinated against COVID-19 or be tested in a manner consistent with the requirements of subsection (c).
- 1) New facility staff shall receive or have received, at a minimum, the first dose of a two-dose vaccine series or a single dose vaccine no later than 10 days after their start date at the facility, and if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days after administration of their first dose, or be tested consistent with the requirements of subsection (c).
 - 2) Each facility shall require staff who are fully vaccinated against COVID-19 to submit proof of full vaccination against COVID-19. Proof of vaccination may be met by providing to the facility one of the following:
 - A) A Centers for Disease Control and Prevention (CDC) COVID-19

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- vaccination record card or photo of the card;
- B) Documentation of vaccination from a health care provider or electronic health record; or
 - C) State immunization records.
- 3) Each facility shall make available opportunities for staff to be fully vaccinated against COVID-19, either directly at the facility or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.
 - 4) Each facility shall exempt individual staff members from the requirement that all staff be fully vaccinated against COVID-19 if:
 - A) Vaccination is medically contraindicated, including any individual staff member who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation; or
 - B) Vaccination would require the individual staff member to violate or forgo a sincerely held religious belief, practice, or observance.
 - 5) Staff that fall within the exemption in subsection (b)(4) shall undergo the testing requirements set forth in subsection (c).
 - 6) Facilities may adopt more stringent policies requiring all staff to be vaccinated. Nothing in the Section supersedes or modifies the date such policies are designated by the facility to take effect.
- c) Except as provided in subsection (c)(7), each facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, weekly, at a minimum. Staff who are not fully vaccinated against COVID-19 and not tested as required by this subsection shall not be permitted to enter or work at the facility.
- 1) The COVID-19 test shall either have Emergency Use Authorization by the FDA or be operated pursuant to the Laboratory Developed Test requirements of the U.S. Centers for Medicare and Medicaid Services.
 - 2) Testing for staff who are not fully vaccinated against COVID-19 must be conducted on-site at the facility, or the facility must obtain proof or

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

confirmation from the staff member of a negative test result obtained elsewhere.

- 3) A laboratory RT-PCR test is the preferred test for COVID-19 infection; however, point-of-care (POC) antigen testing is acceptable. For a facility to conduct these tests with their own staff and equipment, the facility must have, at a minimum, a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.
 - 4) If a staff person tests positive for COVID-19, the facility shall exclude the staff person from the facility, and the staff person shall be subject to all applicable isolation and quarantine rules and facility policies.
 - 5) In the event COVID-19 RT-PCR or POC antigen testing is not available, staff may use at-home or self-tests if the tests are observed and verified by a health care provider, and reportable as required in subsection (g).
 - 6) Staff who are not fully vaccinated may be permitted to enter or work at the facility while they are waiting to receive the results of their weekly test.
 - 7) When the facility is located in a county of high or substantial transmission, as indicated by the CDC COVID 19 Integrated County View, available at <https://covid.cdc.gov/covid-data-tracker/#county-view>, the facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, twice weekly, with tests administered at least two days apart as long as the county in which the facility is located remains in a high or substantial transmission status.
- d) Each facility shall ensure that all individuals who administer the COVID-19 vaccines on site for staff pursuant to this Section are qualified and trained to administer the vaccine in accordance with all applicable federal and State laws and rules.
 - e) Each facility shall post conspicuous signage throughout the facility notifying staff that the facility makes available opportunities for staff to be fully vaccinated against COVID-19. The signs shall be on 8.5 by 11-inch white paper, with text in Calibri (body) font and 26-point type in black letters.
 - f) Each facility shall provide its unvaccinated staff a minimum of 90 minutes of clear and accurate instruction covering vaccine education, effectiveness, benefits, risks, common reactions, hesitancy, and misinformation. Records of training shall be made available to the Department upon request. Examples of Department-

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

approved training and educational resources include those offered for health care professionals by the:

- 1) Illinois Department of Public Health WebEx webinar recording: Vaccine Protection: Caring Communities Working Together available at: <https://illinois.webex.com/illinois/lsr.php?RCID=45ae739d9a0b1c34e884c1608fef2fd9>;
 - 2) CDC, available at <https://www2.cdc.gov/vaccines/ed/covid19/>; and
 - 3) Immunization Action Coalition (IAC), available at <https://www.immunize.org/covid-19/>.
- g) Each facility shall maintain a record of fully vaccinated staff, unvaccinated staff, and weekly testing. Facilities that are not required to report COVID-19 aggregate vaccination and testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at <https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744>.
- h) The facility shall maintain documentation in each staff person's confidential medical file, in accordance with federal and State privacy laws, regarding COVID-19 vaccinations and tests, including the following:
- 1) Proof of vaccination for the staff person;
 - 2) The results of COVID-19 tests for each staff person; and
 - 3) Written declination of the vaccination if offered by the facility.
- i) Nothing in this emergency amendment prohibits any facility from implementing vaccination or testing requirements for staff, residents, and visitors that exceed the requirements of this Section.
- j) Failure to comply with any of the requirements set forth in this Section creates a substantial probability of risk of death or serious mental or physical harm and shall result in a Type "A" violation as defined in Section 330.274(b)(1). Violations of the requirements of this Section shall have the status of "high-risk designation."

(Source: Emergency rule added at 46 Ill. Reg. _____, effective JUL 15 2022, for a maximum of 150 days)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.