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LEGISLATIVE ACTION

Senate

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House

Senator Latvala moved the following:

Senate Amendment (with title amendment)

Delete lines 1471 - 1817

and insert:

(5) A client admitted to a transitional living facility must be admitted upon prescription by a licensed physician, physician assistant, or advanced registered nurse practitioner and must remain under the care of a licensed physician, physician assistant, or advanced registered nurse practitioner for the duration of the client's stay in the facility.

(6) A transitional living facility may not admit a client whose primary admitting diagnosis is mental illness or an intellectual or a developmental disability.



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14 (7) An individual may not be admitted to a transitional
15 living facility if the individual:

16 (a) Presents significant risk of infection to other clients
17 or personnel. A health care practitioner must provide
18 documentation that the individual is free of apparent signs and
19 symptoms of communicable disease;

20 (b) Is a danger to self or others as determined by a
21 physician, physician assistant, advanced registered nurse
22 practitioner, or mental health practitioner licensed under
23 chapter 490 or chapter 491, unless the facility provides
24 adequate staffing and support to ensure patient safety;

25 (c) Is bedridden; or

26 (d) Requires 24-hour nursing supervision.

27 (8) If the client meets the admission criteria, the medical
28 or nursing director of the facility must complete an initial
29 evaluation of the client's functional skills, behavioral status,
30 cognitive status, educational or vocational potential, medical
31 status, psychosocial status, sensorimotor capacity, and other
32 related skills and abilities within the first 72 hours after the
33 client's admission to the facility. An initial comprehensive
34 treatment plan that delineates services to be provided and
35 appropriate sources for such services must be implemented within
36 the first 4 days after admission.

37 (9) Each transitional living facility shall develop a
38 discharge plan for each client before or upon admission to the
39 facility. The discharge plan must identify the intended
40 discharge site and possible alternative discharge sites. For
41 each discharge site identified, the discharge plan must identify
42 the skills, behaviors, and other conditions that the client must



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43 achieve to be appropriate for discharge. Discharge plans must be
44 reviewed and updated as necessary, but no less often than once
45 monthly.

46 (10) As soon as practicable, a transitional living facility
47 shall discharge a client when he or she no longer requires any
48 of the specialized services described in s. 400.9971(7) or is
49 not making measurable progress in accordance with his or her
50 comprehensive treatment plan, or if the transitional living
51 facility is no longer the most appropriate, least restrictive
52 treatment option.

53 (11) Each transitional living facility shall provide at
54 least 30 days' notice to clients of transfer or discharge plans,
55 including the location of an acceptable transfer location if the
56 client is unable to live independently. This requirement does
57 not apply if a client voluntarily terminates residency.

58 Section 38. Section 400.9974, Florida Statutes, is created
59 to read:

60 400.9974 Client comprehensive treatment plans; client
61 services.-

62 (1) Each transitional living facility shall develop a
63 comprehensive treatment plan for each client as soon as
64 possible, but no later than 30 days following development of the
65 initial comprehensive treatment plan. Comprehensive treatment
66 plans must be reviewed and updated if the client fails to meet
67 projected improvements in the plan or if a significant change in
68 the client's condition occurs. Comprehensive treatment plans
69 must be reviewed and updated at least once monthly.

70 Comprehensive treatment plans must be developed by an
71 interdisciplinary team consisting of the case manager, the



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72 program director, the nurse, and appropriate therapists. The
73 client or, if appropriate, the client's representative must be
74 included in developing the comprehensive treatment plan.

75 (2) The comprehensive treatment plan must include the
76 following:

77 (a) The physician's, physician assistant's, or advanced
78 registered nurse practitioner's orders and the client's
79 diagnosis, medical history, physical examination, and
80 rehabilitative or restorative needs.

81 (b) A preliminary nursing evaluation with physician's,
82 physician assistant's, or advanced registered nurse
83 practitioner's orders for immediate care, completed on
84 admission.

85 (c) A comprehensive, accurate, reproducible, and
86 standardized assessment of the client's functional capability;
87 the treatments designed to achieve skills, behaviors, and other
88 conditions necessary to return to the community; and specific
89 measurable goals.

90 (d) Steps necessary for the client to achieve transition to
91 the community and estimated length of time to achieve the goals.

92 (3) The client or, if appropriate, the client's
93 representative must consent to the continued treatment at the
94 transitional living facility. Consent may be for a period of up
95 to 3 months. If such consent is not given, the transitional
96 living facility shall discharge the client as soon as
97 practicable.

98 (4) Each client must receive the professional program
99 services needed to implement the client's comprehensive
100 treatment plan.



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101 (5) The licensee must employ qualified professional staff
102 to carry out and monitor the various professional interventions
103 in accordance with the stated goals and objectives of every
104 client's comprehensive treatment plan.

105 (6) Each client must receive a continuous treatment program
106 that includes appropriate, consistent implementation of a
107 program of specialized and general training, treatment, health
108 services, and related services and that is directed toward:

109 (a) The acquisition of the behaviors and skills necessary
110 for the client to function with as much self-determination and
111 independence as possible;

112 (b) The prevention or deceleration of regression or loss of
113 current optimal functional status; and

114 (c) The management of behavioral issues that preclude
115 independent functioning in the community.

116 Section 39. Section 400.9975, Florida Statutes, is created
117 to read:

118 400.9975 Licensee responsibilities.-

119 (1) The licensee shall ensure that each client:

120 (a) Lives in a safe environment free from abuse, neglect,
121 and exploitation.

122 (b) Is treated with consideration and respect and with due
123 recognition of personal dignity, individuality, and the need for
124 privacy.

125 (c) Retains and uses his or her own clothes and other
126 personal property in his or her immediate living quarters, so as
127 to maintain individuality and personal dignity, except when the
128 licensee can demonstrate that such retention and use would be
129 unsafe, impractical, or an infringement upon the rights of other



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130 clients.

131 (d) Has unrestricted private communication, including
132 receiving and sending unopened correspondence, access to a
133 telephone, and visiting with any person of his or her choice.
134 Upon request, the licensee shall make provisions to modify
135 visiting hours for caregivers and guests. The facility shall
136 restrict communication in accordance with any court order or
137 written instruction of a client's representative. Any
138 restriction on a client's communication for therapeutic reasons
139 shall be documented and reviewed at least weekly and shall be
140 removed as soon as it is no longer clinically indicated. The
141 basis for the restriction shall be explained to the client and,
142 if applicable, the client's representative. The client shall
143 nonetheless retain the right to call the abuse hotline, the
144 agency, and Disability Rights Florida at any and all times.

145 (e) Has the opportunity to participate in and benefits from
146 community services and activities to achieve the highest
147 possible level of independence, autonomy, and interaction within
148 the community.

149 (f) Has the opportunity to manage his or her financial
150 affairs unless the client or, if applicable, the client's
151 representative authorizes the administrator of the facility to
152 provide safekeeping for funds as provided in this part.

153 (g) Has reasonable opportunity for regular exercise several
154 times a week and to be outdoors at regular and frequent
155 intervals except when prevented by inclement weather.

156 (h) Has the opportunity to exercise civil and religious
157 liberties, including the right to independent personal
158 decisions. No religious belief or practice, including attendance



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159 at religious services, shall be imposed upon any client.
160 (i) Has access to adequate and appropriate health care
161 consistent with established and recognized standards within the
162 community.
163 (j) Has the ability to present grievances and recommend
164 changes in policies, procedures, and services to the staff of
165 the licensee, governing officials, or any other person without
166 restraint, interference, coercion, discrimination, or reprisal.
167 Each licensee shall establish a grievance procedure to
168 facilitate a client's ability to present grievances, including a
169 system for investigating, tracking, managing, and responding to
170 complaints by persons receiving services or individuals acting
171 on their behalf, and an appeals process. This process must
172 include access to Disability Rights Florida and other advocates
173 and the right to be a member of, be active in, and associate
174 with advocacy or special interest groups.
175 (2) The licensee shall:
176 (a) Promote participation of each client's representative
177 in the process of providing treatment to the client unless the
178 representative's participation is unobtainable or inappropriate.
179 (b) Answer communications from each client's family,
180 guardians, and friends promptly and appropriately.
181 (c) Promote visits by individuals with a relationship to
182 the client at any reasonable hour, without requiring prior
183 notice, or in any area of the facility which provides direct
184 client care services to the client, consistent with the client's
185 and other clients' privacy, unless the interdisciplinary team
186 determines that such a visit would not be appropriate.
187 (d) Promote leave from the facility for visits, trips, or



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188 vacations.

189 (e) Promptly notify the client's representative of any
190 significant incidents or changes in the client's condition,
191 including, but not limited to, serious illness, accident, abuse,
192 unauthorized absence, or death.

193 (3) The administrator of a facility shall ensure that a
194 written notice of licensee responsibilities is posted in a
195 prominent place in each building where clients reside, and is
196 read, or explained, to clients who cannot read. This notice must
197 include the statewide toll-free telephone number for reporting
198 complaints to the agency, must be provided to clients in a
199 manner that is clearly legible, and must include the words: "To
200 report a complaint regarding the services you receive, please
201 call toll-free ...[telephone number]... or Disability Rights
202 Florida ...[telephone number]..."; and the statewide toll-free
203 telephone number for the central abuse hotline must be provided
204 to clients in a manner that is clearly legible and must include
205 the words: "To report abuse, neglect, or exploitation, please
206 call toll-free ...[telephone number where complaints may be
207 lodged]...." The licensee must ensure a client's access to a
208 telephone where telephone numbers required in this subsection
209 are readily available to call the agency, central abuse hotline,
210 or Disability Rights Florida.

211 (4) A licensee or employee of a facility may not serve
212 notice upon a client to leave the premises or take any other
213 retaliatory action against any person solely due to the
214 following:

215 (a) The client or other person files an internal or
216 external complaint or grievance regarding the facility.



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217 (b) The client or other person appears as a witness in any
218 hearing inside or outside the facility.

219 (5) Before or at the time of admission, the client and the
220 client's representative shall be provided with a copy of the
221 licensee's responsibilities as provided in this section,
222 including grievance procedures and the telephone numbers
223 provided in this section.

224 (6) The licensee must develop and implement policies and
225 procedures governing the release of any client information,
226 including consent necessary from the client or the client's
227 representative.

228 Section 40. Section 400.9976, Florida Statutes, is created
229 to read:

230 400.9976 Medication practices.—

231 (1) An individual medication administration record must be
232 maintained for each client. Each dose of medication, including a
233 self-administered dose, shall be properly recorded in the
234 client's record. Each client who self-administers medication
235 shall be given a pill organizer. Medication must be placed in
236 the pill organizer by a nurse. A nurse shall document the date
237 and time medication is placed into each client's pill organizer.
238 All medications must be administered in compliance with the
239 physician's orders.

240 (2) If the interdisciplinary team determines that self-
241 administration of medications is an appropriate objective, and
242 if the physician, physician assistant, or advanced registered
243 nurse practitioner does not specify otherwise, a client must be
244 taught to self-administer his or her medication without a staff
245 person. This includes all forms of administration, including



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246 orally, via injection, and via suppository. The client's
247 physician, physician assistant, or advanced registered nurse
248 practitioner must be informed of the interdisciplinary team's
249 decision that self-administration of medications is an objective
250 for the client. A client may not self-administer medication
251 until he or she demonstrates the competency to take the correct
252 medication in the correct dosage at the correct time, to respond
253 to missed doses, and to contact an appropriate person with
254 questions.

255 (3) Medication administration discrepancies and adverse
256 drug reactions must be recorded and reported immediately to a
257 physician, physician assistant, or advanced registered nurse
258 practitioner.

259 Section 41. Section 400.9977, Florida Statutes, is created
260 to read:

261 400.9977 Protection from abuse, neglect, mistreatment, and
262 exploitation.—The licensee must develop and implement policies
263 and procedures for the screening and training of employees; the
264 protection of clients; and the prevention, identification,
265 investigation, and reporting of abuse, neglect, and
266 exploitation. This includes the licensee's identification of
267 clients whose personal histories render them at risk for abusing
268 other clients, development of intervention strategies to prevent
269 occurrences, monitoring for changes that would trigger abusive
270 behavior, and reassessment of the interventions on a regular
271 basis. A licensee shall implement procedures to:

272 (1) Screen potential employees for a history of abuse,
273 neglect, or mistreatment of clients. The screening shall include
274 an attempt to obtain information from previous employers and



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275 current employers and verification with the appropriate
276 licensing boards.

277 (2) Train employees, through orientation and ongoing
278 sessions, on issues related to abuse prohibition practices,
279 including identification of abuse, neglect, mistreatment, and
280 exploitation, appropriate interventions to deal with aggressive
281 or catastrophic reactions of clients, the process to report
282 allegations without fear of reprisal, and recognition of signs
283 of frustration and stress that may lead to abuse.

284 (3) Provide clients, families, and staff with information
285 on how and to whom they may report concerns, incidents, and
286 grievances without the fear of retribution and provide feedback
287 regarding the concerns that have been expressed. A licensee must
288 identify, correct, and intervene in situations in which abuse,
289 neglect, mistreatment, or exploitation is likely to occur,
290 including:

291 (a) Evaluating the physical environment of the facility to
292 identify characteristics that may make abuse or neglect more
293 likely to occur, such as secluded areas.

294 (b) Providing sufficient staff on each shift to meet the
295 needs of the clients, and ensuring that the staff assigned have
296 knowledge of the individual clients' care needs. The licensee
297 shall identify inappropriate behaviors of its staff, such as
298 using derogatory language, rough handling, ignoring clients
299 while giving care, and directing clients who need toileting
300 assistance to urinate or defecate in their beds.

301 (c) Assessing, planning care for, and monitoring clients
302 with needs and behaviors that might lead to conflict or neglect,
303 such as clients with a history of aggressive behaviors, clients



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304 who have behaviors such as entering other clients' rooms,
305 clients with self-injurious behaviors, clients with
306 communication disorders, and clients who require heavy nursing
307 care or are totally dependent on staff.

308 (4) Identify events, such as suspicious bruising of
309 clients, occurrences, patterns, and trends that may constitute
310 abuse and determine the direction of the investigation.

311 (5) Investigate different types of incidents, identify the
312 staff member responsible for the initial reporting, investigate
313 alleged violations, and report results to the proper
314 authorities. The licensee must analyze the occurrences to
315 determine what changes are needed, if any, to policies and
316 procedures to prevent further occurrences and to take all
317 necessary corrective action depending on the results of the
318 investigation.

319 (6) Protect clients from harm during an investigation.

320 (7) Report all alleged violations and all substantiated
321 incidents, as required under chapters 39 and 415, to the
322 licensing authorities and all other agencies as required, and to
323 report any knowledge it has of any actions by a court of law
324 that would indicate an employee is unfit for service.

325 Section 42. Section 400.9978, Florida Statutes, is created
326 to read:

327 400.9978 Restraints and seclusion; client safety.—

328 (1) Each facility shall provide a therapeutic milieu that
329 supports a culture of individual empowerment and responsibility.
330 The health and safety of the client shall be the primary concern
331 at all times.

332 (2) The use of physical restraints must be ordered and



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333 documented by a physician, physician assistant, or advanced
334 registered nurse practitioner and must be consistent with
335 policies and procedures adopted by the facility. The client or,
336 if applicable, the client's representative must be informed of
337 the facility's physical restraint policies and procedures at the
338 time of the client's admission.

339 (3) The use of chemical restraints is limited to prescribed
340 dosages of medications as ordered by a physician, physician
341 assistant, or advanced registered nurse practitioner and must be
342 consistent with the client's diagnosis and the policies and
343 procedures adopted by the facility. The client and, if
344 applicable, the client's representative must be informed of the
345 facility's chemical restraint policies and procedures at the
346 time of the client's admission.

347 (4) Based on a physician's, physician assistant's, or
348 advanced registered nurse practitioner's assessment, if a client
349 exhibits symptoms that present an immediate risk of injury or
350 death to self or others, a physician, physician assistant, or
351 advanced registered nurse practitioner may issue an emergency
352 treatment order to immediately administer rapid response
353 psychotropic medications or other chemical restraints. Each
354 emergency treatment order must be documented and maintained in
355 the client's record.

356 (a) An emergency treatment order is effective for no more
357 than 24 hours.

358 (b) Whenever a client is medicated in accordance with this
359 subsection, the client's representative or responsible party and
360 the client's physician, physician assistant, or advanced
361 registered nurse practitioner must be notified as soon as



362 practicable.

363 (5) A client who is prescribed and receiving a medication
364 that can serve as a chemical restraint for a purpose other than
365 an emergency treatment order must be evaluated by his or her
366 physician, physician assistant, or advanced registered nurse
367 practitioner at least monthly to assess the following:

368
369 ===== T I T L E A M E N D M E N T =====

370 And the title is amended as follows:

371 Delete lines 132 - 151

372 and insert:

373 extending certain medical practice privileges, duties,
374 and responsibilities to physician assistants and
375 advanced registered nurse practitioners; providing
376 requirements for transitional living facilities
377 relating to client admission, transfer, and discharge;
378 creating s. 400.9974, F.S.; extending certain medical
379 practice privileges, duties, and responsibilities to
380 physician assistants and advanced registered nurse
381 practitioners; requiring a comprehensive treatment
382 plan to be developed for each client; providing plan
383 requirements; creating s. 400.9975, F.S.; providing
384 licensee responsibilities; providing notice
385 requirements; prohibiting a licensee or employee of a
386 facility from serving notice upon a client to leave
387 the premises or take other retaliatory action;
388 requiring the client and client's representative to be
389 provided with certain information; requiring the
390 licensee to develop and implement certain policies and



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391 procedures; creating s. 400.9976, F.S.; extending
392 certain medical practice privileges, duties, and
393 responsibilities to physician assistants and advanced
394 registered nurse practitioners; providing licensee
395 requirements relating to medication practices;
396 creating s. 400.9977, F.S.; providing requirements for
397 the screening of potential employees and monitoring of
398 employees for the protection of clients; requiring
399 licensees to implement certain procedures; creating s.
400 400.9978, F.S.; extending certain medical practice
401 privileges, duties, and responsibilities to physician
402 assistants and advanced registered nurse
403 practitioners; requiring a facility to provide a