

Amendment No.

CHAMBER ACTION

Senate

House

.

1 Representative Ahern offered the following:

2

3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Section 394.4574, Florida Statutes, is amended

6 to read:

7 394.4574 ~~Department~~ Responsibilities for coordination of  
8 services for a mental health resident who resides in an assisted  
9 living facility that holds a limited mental health license.—

10 (1) As used in this section, the term "mental health  
11 resident," ~~for purposes of this section,~~ means an individual who  
12 receives social security disability income due to a mental  
13 disorder as determined by the Social Security Administration or  
14 receives supplemental security income due to a mental disorder

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15 as determined by the Social Security Administration and receives  
16 optional state supplementation.

17 (2) Medicaid managed care plans are responsible for  
18 Medicaid enrolled mental health residents, and managing entities  
19 under contract with the department are responsible for mental  
20 health residents who are not enrolled in a Medicaid health plan.  
21 A Medicaid managed care plan or a managing entity shall ~~The~~  
22 ~~department must~~ ensure that:

23 (a) A mental health resident has been assessed by a  
24 psychiatrist, clinical psychologist, clinical social worker, or  
25 psychiatric nurse, or an individual who is supervised by one of  
26 these professionals, and determined to be appropriate to reside  
27 in an assisted living facility. The documentation must be  
28 provided to the administrator of the facility within 30 days  
29 after the mental health resident has been admitted to the  
30 facility. An evaluation completed upon discharge from a state  
31 mental hospital meets the requirements of this subsection  
32 related to appropriateness for placement as a mental health  
33 resident if it was completed within 90 days before ~~prior to~~  
34 admission to the facility.

35 (b) A cooperative agreement, as required in s. 429.075, is  
36 developed by ~~between~~ the mental health care services provider  
37 that serves a mental health resident and the administrator of  
38 the assisted living facility with a limited mental health  
39 license in which the mental health resident is living. ~~Any~~  
40 ~~entity that provides Medicaid prepaid health plan services shall~~

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41 ~~ensure the appropriate coordination of health care services with~~  
42 ~~an assisted living facility in cases where a Medicaid recipient~~  
43 ~~is both a member of the entity's prepaid health plan and a~~  
44 ~~resident of the assisted living facility. If the entity is at~~  
45 ~~risk for Medicaid targeted case management and behavioral health~~  
46 ~~services, the entity shall inform the assisted living facility~~  
47 ~~of the procedures to follow should an emergent condition arise.~~

48 (c) The community living support plan, as defined in s.  
49 429.02, has been prepared by a mental health resident and his or  
50 her a mental health case manager ~~of that resident~~ in  
51 consultation with the administrator of the facility or the  
52 administrator's designee. The plan must be completed and  
53 provided to the administrator of the assisted living facility  
54 with a limited mental health license in which the mental health  
55 resident lives within 30 days after the resident's admission.  
56 The support plan and the agreement may be in one document.

57 (d) The assisted living facility with a limited mental  
58 health license is provided with documentation that the  
59 individual meets the definition of a mental health resident.

60 (e) The mental health services provider assigns a case  
61 manager to each mental health resident for whom the entity is  
62 responsible ~~who lives in an assisted living facility with a~~  
63 ~~limited mental health license.~~ The case manager shall coordinate  
64 ~~is responsible for coordinating~~ the development ~~of~~ and  
65 implementation of the community living support plan defined in  
66 s. 429.02. The plan must be updated at least annually, or when

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67 there is a significant change in the resident's behavioral  
68 health status, such as an inpatient admission or a change in  
69 medication, level of service, or residence. Each case manager  
70 shall keep a record of the date and time of any face-to-face  
71 interaction with the resident and make the record available to  
72 the responsible entity for inspection. The record must be  
73 retained for at least 2 years after the date of the most recent  
74 interaction.

75 (f) Adequate and consistent monitoring and implementation  
76 of community living support plans and cooperative agreements are  
77 conducted by the resident's case manager.

78 (g) Concerns are reported to the appropriate regulatory  
79 oversight organization if a regulated provider fails to deliver  
80 appropriate services or otherwise acts in a manner that has the  
81 potential to result in harm to the resident.

82 (3) The Secretary of Children and ~~Families~~ Family  
83 Services, in consultation with the Agency for Health Care  
84 Administration, shall ~~annually~~ require each district  
85 administrator to develop, with community input, a detailed  
86 annual plan that demonstrates ~~detailed plans that demonstrate~~  
87 how the district will ensure the provision of state-funded  
88 mental health and substance abuse treatment services to  
89 residents of assisted living facilities that hold a limited  
90 mental health license. This plan ~~These plans~~ must be consistent  
91 with the substance abuse and mental health district plan  
92 developed pursuant to s. 394.75 and must address case management

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93 services; access to consumer-operated drop-in centers; access to  
94 services during evenings, weekends, and holidays; supervision of  
95 the clinical needs of the residents; and access to emergency  
96 psychiatric care.

97 Section 2. Subsection (1) of section 400.0074, Florida  
98 Statutes, is amended, and paragraph (h) is added to subsection  
99 (2) of that section, to read:

100 400.0074 Local ombudsman council onsite administrative  
101 assessments.—

102 (1) In addition to any specific investigation conducted  
103 pursuant to a complaint, the local council shall conduct, at  
104 least annually, an onsite administrative assessment of each  
105 nursing home, assisted living facility, and adult family-care  
106 home within its jurisdiction. This administrative assessment  
107 must be comprehensive in nature and must ~~shall~~ focus on factors  
108 affecting residents' ~~the~~ rights, health, safety, and welfare ~~of~~  
109 ~~the residents~~. Each local council is encouraged to conduct a  
110 similar onsite administrative assessment of each additional  
111 long-term care facility within its jurisdiction.

112 (2) An onsite administrative assessment conducted by a  
113 local council shall be subject to the following conditions:

114 (h) The local council shall conduct an exit consultation  
115 with the facility administrator or administrator designee to  
116 discuss issues and concerns in areas affecting residents'  
117 rights, health, safety, and welfare and, if needed, make  
118 recommendations for improvement.

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119 Section 3. Subsection (2) of section 400.0078, Florida  
120 Statutes, is amended to read:

121 400.0078 Citizen access to State Long-Term Care Ombudsman  
122 Program services.—

123 (2) ~~Every resident or representative of a resident shall~~  
124 ~~receive,~~ Upon admission to a long-term care facility, each  
125 resident or representative of a resident must receive  
126 information regarding the purpose of the State Long-Term Care  
127 Ombudsman Program, the statewide toll-free telephone number for  
128 receiving complaints, information that retaliatory action cannot  
129 be taken against a resident for presenting grievances or for  
130 exercising any other resident right, and other relevant  
131 information regarding how to contact the program. Each resident  
132 or his or her representative ~~Residents or their representatives~~  
133 must be furnished additional copies of this information upon  
134 request.

135 Section 4. Paragraph (c) of subsection (4) of section  
136 409.212, Florida Statutes, is amended to read:

137 409.212 Optional supplementation.—

138 (4) In addition to the amount of optional supplementation  
139 provided by the state, a person may receive additional  
140 supplementation from third parties to contribute to his or her  
141 cost of care. Additional supplementation may be provided under  
142 the following conditions:

143 (c) The additional supplementation shall not exceed four  
144 ~~two~~ times the provider rate recognized under the optional state

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145 supplementation program.

146 Section 5. Subsection (13) of section 429.02, Florida  
147 Statutes, is amended to read:

148 429.02 Definitions.—When used in this part, the term:

149 (13) "Limited nursing services" means acts that may be  
150 performed by a person licensed under ~~pursuant to~~ part I of  
151 chapter 464 ~~by persons licensed thereunder while carrying out~~  
152 ~~their professional duties but limited to those acts which the~~  
153 ~~department specifies by rule. Acts which may be specified by~~  
154 ~~rule as allowable~~ Limited nursing services shall be for persons  
155 who meet the admission criteria established by the department  
156 for assisted living facilities and shall not be complex enough  
157 to require 24-hour nursing supervision and may include such  
158 services as the application and care of routine dressings, and  
159 care of casts, braces, and splints.

160 Section 6. Paragraphs (b) and (c) of subsection (3) of  
161 section 429.07, Florida Statutes, are amended to read:

162 429.07 License required; fee.—

163 (3) In addition to the requirements of s. 408.806, each  
164 license granted by the agency must state the type of care for  
165 which the license is granted. Licenses shall be issued for one  
166 or more of the following categories of care: standard, extended  
167 congregate care, limited nursing services, or limited mental  
168 health.

169 (b) An extended congregate care license shall be issued to  
170 each facility that has been licensed as an assisted living

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171 facility for 2 or more years and that provides services  
172 ~~facilities providing~~, directly or through contract, ~~services~~  
173 beyond those authorized in paragraph (a), including services  
174 performed by persons licensed under part I of chapter 464 and  
175 supportive services, as defined by rule, to persons who would  
176 otherwise be disqualified from continued residence in a facility  
177 licensed under this part. An extended congregate care license  
178 may be issued to a facility that has a provisional extended  
179 congregate care license and meets the requirements for licensure  
180 under subparagraph 2. The primary purpose of extended congregate  
181 care services is to allow residents the option of remaining in a  
182 familiar setting from which they would otherwise be disqualified  
183 for continued residency as they become more impaired. A facility  
184 licensed to provide extended congregate care services may also  
185 admit an individual who exceeds the admission criteria for a  
186 facility with a standard license, if he or she is determined  
187 appropriate for admission to the extended congregate care  
188 facility.

189 1. In order for extended congregate care services to be  
190 provided, the agency must first determine that all requirements  
191 established in law and rule are met and must specifically  
192 designate, on the facility's license, that such services may be  
193 provided and whether the designation applies to all or part of  
194 the facility. This ~~Such~~ designation may be made at the time of  
195 initial licensure or relicensure, or upon request in writing by  
196 a licensee under this part and part II of chapter 408. The

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197 notification of approval or the denial of the request shall be  
198 made in accordance with part II of chapter 408. Each existing  
199 facility that qualifies ~~facilities qualifying~~ to provide  
200 extended congregate care services must have maintained a  
201 standard license and may not have been subject to administrative  
202 sanctions during the previous 2 years, or since initial  
203 licensure if the facility has been licensed for less than 2  
204 years, for any of the following reasons:

- 205 a. A class I or class II violation;
- 206 b. Three or more repeat or recurring class III violations  
207 of identical or similar resident care standards from which a  
208 pattern of noncompliance is found by the agency;
- 209 c. Three or more class III violations that were not  
210 corrected in accordance with the corrective action plan approved  
211 by the agency;
- 212 d. Violation of resident care standards which results in  
213 requiring the facility to employ the services of a consultant  
214 pharmacist or consultant dietitian;
- 215 e. Denial, suspension, or revocation of a license for  
216 another facility licensed under this part in which the applicant  
217 for an extended congregate care license has at least 25 percent  
218 ownership interest; or
- 219 f. Imposition of a moratorium pursuant to this part or  
220 part II of chapter 408 or initiation of injunctive proceedings.

221  
222 The agency may deny or revoke a facility's extended congregate

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223 care license for not meeting the criteria for an extended  
224 congregate care license as provided in this subparagraph.

225 2. If an assisted living facility has been licensed for  
226 less than 2 years, the initial extended congregate care license  
227 must be provisional and may not exceed 6 months. Within the  
228 first 3 months after the provisional license is issued, the  
229 licensee shall notify the agency, in writing, when it has  
230 admitted at least one extended congregate care resident, after  
231 which an unannounced inspection shall be made to determine  
232 compliance with the requirements of an extended congregate care  
233 license. Failure to admit an extended congregate care resident  
234 within the first 3 months shall render the extended congregate  
235 care license void. A licensee with a provisional extended  
236 congregate care license that demonstrates compliance with all  
237 the requirements of an extended congregate care license during  
238 the inspection shall be issued an extended congregate care  
239 license. In addition to sanctions authorized under this part, if  
240 violations are found during the inspection and the licensee  
241 fails to demonstrate compliance with all assisted living  
242 facility requirements during a followup inspection, the licensee  
243 shall immediately suspend extended congregate care services, and  
244 the provisional extended congregate care license expires. The  
245 agency may extend the provisional license for not more than 1  
246 month in order to complete a followup visit.

247 3.2. A facility that is licensed to provide extended  
248 congregate care services shall maintain a written progress

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249 report on each person who receives services which describes the  
250 type, amount, duration, scope, and outcome of services that are  
251 rendered and the general status of the resident's health. A  
252 registered nurse, or appropriate designee, representing the  
253 agency shall visit the facility at least twice a year ~~quarterly~~  
254 to monitor residents who are receiving extended congregate care  
255 services and to determine if the facility is in compliance with  
256 this part, part II of chapter 408, and relevant rules. One of  
257 the visits may be in conjunction with the regular survey. The  
258 monitoring visits may be provided through contractual  
259 arrangements with appropriate community agencies. A registered  
260 nurse shall serve as part of the team that inspects the  
261 facility. The agency may waive one of the required yearly  
262 monitoring visits for a facility that has:

263 a. Held an extended congregate care license for at least  
264 24 months; ~~been licensed for at least 24 months to provide~~  
265 ~~extended congregate care services, if, during the inspection,~~  
266 ~~the registered nurse determines that extended congregate care~~  
267 ~~services are being provided appropriately, and if the facility~~  
268 ~~has~~

269 b. No class I or class II violations and no uncorrected  
270 class III violations; ~~and-~~

271 c. No ombudsman council complaints that resulted in a  
272 citation for licensure. ~~The agency must first consult with the~~  
273 ~~long term care ombudsman council for the area in which the~~  
274 ~~facility is located to determine if any complaints have been~~

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275 ~~made and substantiated about the quality of services or care.~~  
276 ~~The agency may not waive one of the required yearly monitoring~~  
277 ~~visits if complaints have been made and substantiated.~~

278 ~~4.3.~~ A facility that is licensed to provide extended  
279 congregate care services must:

280 a. Demonstrate the capability to meet unanticipated  
281 resident service needs.

282 b. Offer a physical environment that promotes a homelike  
283 setting, provides for resident privacy, promotes resident  
284 independence, and allows sufficient congregate space as defined  
285 by rule.

286 c. Have sufficient staff available, taking into account  
287 the physical plant and firesafety features of the building, to  
288 assist with the evacuation of residents in an emergency.

289 d. Adopt and follow policies and procedures that maximize  
290 resident independence, dignity, choice, and decisionmaking to  
291 permit residents to age in place, so that moves due to changes  
292 in functional status are minimized or avoided.

293 e. Allow residents or, if applicable, a resident's  
294 representative, designee, surrogate, guardian, or attorney in  
295 fact to make a variety of personal choices, participate in  
296 developing service plans, and share responsibility in  
297 decisionmaking.

298 f. Implement the concept of managed risk.

299 g. Provide, directly or through contract, the services of  
300 a person licensed under part I of chapter 464.

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301 h. In addition to the training mandated in s. 429.52,  
302 provide specialized training as defined by rule for facility  
303 staff.

304 ~~5.4.~~ A facility that is licensed to provide extended  
305 congregate care services is exempt from the criteria for  
306 continued residency set forth in rules adopted under s. 429.41.  
307 A licensed facility must adopt its own requirements within  
308 guidelines for continued residency set forth by rule. However,  
309 the facility may not serve residents who require 24-hour nursing  
310 supervision. A licensed facility that provides extended  
311 congregate care services must also provide each resident with a  
312 written copy of facility policies governing admission and  
313 retention.

314 ~~5. The primary purpose of extended congregate care~~  
315 ~~services is to allow residents, as they become more impaired,~~  
316 ~~the option of remaining in a familiar setting from which they~~  
317 ~~would otherwise be disqualified for continued residency. A~~  
318 ~~facility licensed to provide extended congregate care services~~  
319 ~~may also admit an individual who exceeds the admission criteria~~  
320 ~~for a facility with a standard license, if the individual is~~  
321 ~~determined appropriate for admission to the extended congregate~~  
322 ~~care facility.~~

323 6. Before the admission of an individual to a facility  
324 licensed to provide extended congregate care services, the  
325 individual must undergo a medical examination as provided in s.  
326 429.26(4) and the facility must develop a preliminary service

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327 plan for the individual.

328 7. ~~If~~ When a facility can no longer provide or arrange for  
329 services in accordance with the resident's service plan and  
330 needs and the facility's policy, the facility must ~~shall~~ make  
331 arrangements for relocating the person in accordance with s.  
332 429.28(1)(k).

333 ~~8. Failure to provide extended congregate care services~~  
334 ~~may result in denial of extended congregate care license~~  
335 ~~renewal.~~

336 (c) A limited nursing services license shall be issued to  
337 a facility that provides services beyond those authorized in  
338 paragraph (a) and as specified in this paragraph.

339 1. In order for limited nursing services to be provided in  
340 a facility licensed under this part, the agency must first  
341 determine that all requirements established in law and rule are  
342 met and must specifically designate, on the facility's license,  
343 that such services may be provided. This ~~Such~~ designation may be  
344 made at the time of initial licensure or licensure renewal  
345 ~~relicensure~~, or upon request in writing by a licensee under this  
346 part and part II of chapter 408. Notification of approval or  
347 denial of such request shall be made in accordance with part II  
348 of chapter 408. An existing facility that qualifies ~~facilities~~  
349 ~~qualifying~~ to provide limited nursing services must ~~shall~~ have  
350 maintained a standard license and may not have been subject to  
351 administrative sanctions that affect the health, safety, and  
352 welfare of residents for the previous 2 years or since initial

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353 licensure if the facility has been licensed for less than 2  
354 years.

355 2. A facility ~~Facilities~~ that is ~~are~~ licensed to provide  
356 limited nursing services shall maintain a written progress  
357 report on each person who receives such nursing services. The~~7~~  
358 ~~which~~ report must describe ~~describes~~ the type, amount, duration,  
359 scope, and outcome of services that are rendered and the general  
360 status of the resident's health. A registered nurse representing  
361 the agency shall visit the facility ~~such facilities~~ at least  
362 annually ~~twice a year~~ to monitor residents who are receiving  
363 limited nursing services and to determine if the facility is in  
364 compliance with applicable provisions of this part, part II of  
365 chapter 408, and related rules. The monitoring visits may be  
366 provided through contractual arrangements with appropriate  
367 community agencies. A registered nurse shall also serve as part  
368 of the team that inspects such facility. Visits may be in  
369 conjunction with other agency inspections. The agency may waive  
370 the required yearly monitoring visit for a facility that has:

371 a. Had a limited nursing services license for at least 24  
372 months;

373 b. No class I or class II violations and no uncorrected  
374 class III violations; and

375 c. No ombudsman council complaints that resulted in a  
376 citation for licensure.

377 3. A person who receives limited nursing services under  
378 this part must meet the admission criteria established by the

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379 agency for assisted living facilities. When a resident no longer  
380 meets the admission criteria for a facility licensed under this  
381 part, arrangements for relocating the person shall be made in  
382 accordance with s. 429.28(1)(k), unless the facility is licensed  
383 to provide extended congregate care services.

384 Section 7. Section 429.075, Florida Statutes, is amended  
385 to read:

386 429.075 Limited mental health license.—An assisted living  
387 facility that serves one ~~three~~ or more mental health residents  
388 must obtain a limited mental health license.

389 (1) To obtain a limited mental health license, a facility  
390 must hold a standard license as an assisted living facility,  
391 must not have any current uncorrected ~~deficiencies or~~  
392 violations, and must ensure that, within 6 months after  
393 receiving a limited mental health license, the facility  
394 administrator and the staff of the facility who are in direct  
395 contact with mental health residents must complete training of  
396 no less than 6 hours related to their duties. This ~~Such~~  
397 designation may be made at the time of initial licensure or  
398 relicensure or upon request in writing by a licensee under this  
399 part and part II of chapter 408. Notification of approval or  
400 denial of such request shall be made in accordance with this  
401 part, part II of chapter 408, and applicable rules. This  
402 training must ~~will~~ be provided by or approved by the Department  
403 of Children and Families ~~Family Services~~.

404 (2) A facility that is ~~Facilities~~ licensed to provide

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405 services to mental health residents must ~~shall~~ provide  
406 appropriate supervision and staffing to provide for the health,  
407 safety, and welfare of such residents.

408 (3) A facility that has a limited mental health license  
409 must:

410 (a) Have a copy of each mental health resident's community  
411 living support plan and the cooperative agreement with the  
412 mental health care services provider or provide written evidence  
413 that a request for the community living support plan and the  
414 cooperative agreement was sent to the Medicaid managed care plan  
415 or managing entity under contract with the Department of  
416 Children and Families within 72 hours after admission. The  
417 support plan and the agreement may be combined.

418 (b) Have documentation ~~that is~~ provided by the Department  
419 of Children and Families ~~Family Services~~ that each mental health  
420 resident has been assessed and determined to be able to live in  
421 the community in an assisted living facility that has ~~with~~ a  
422 limited mental health license or provide written evidence that a  
423 request for documentation was sent to the Department of Children  
424 and Families within 72 hours after admission.

425 (c) Make the community living support plan available for  
426 inspection by the resident, the resident's legal guardian or  
427 ~~the resident's~~ health care surrogate, and other individuals who  
428 have a lawful basis for reviewing this document.

429 (d) Assist the mental health resident in carrying out the  
430 activities identified in the individual's community living

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431 support plan.

432 (4) A facility that has ~~with~~ a limited mental health  
433 license may enter into a cooperative agreement with a private  
434 mental health provider. For purposes of the limited mental  
435 health license, the private mental health provider may act as  
436 the case manager.

437 Section 8. Section 429.14, Florida Statutes, is amended to  
438 read:

439 429.14 Administrative penalties.—

440 (1) In addition to the requirements of part II of chapter  
441 408, the agency may deny, revoke, and suspend any license issued  
442 under this part and impose an administrative fine in the manner  
443 provided in chapter 120 against a licensee for a violation of  
444 any provision of this part, part II of chapter 408, or  
445 applicable rules, or for any of the following actions by a  
446 licensee, ~~for the actions of~~ any person subject to level 2  
447 background screening under s. 408.809, or ~~for the actions of~~ any  
448 facility staff ~~employee~~:

449 (a) An intentional or negligent act seriously affecting  
450 the health, safety, or welfare of a resident of the facility.

451 (b) A ~~The~~ determination by the agency that the owner lacks  
452 the financial ability to provide continuing adequate care to  
453 residents.

454 (c) Misappropriation or conversion of the property of a  
455 resident of the facility.

456 (d) Failure to follow the criteria and procedures provided

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457 under part I of chapter 394 relating to the transportation,  
458 voluntary admission, and involuntary examination of a facility  
459 resident.

460 (e) A citation ~~for~~ ~~of~~ any of the following violations  
461 ~~deficiencies~~ as specified in s. 429.19:

462 1. One or more cited class I violations ~~deficiencies~~.

463 2. Three or more cited class II violations ~~deficiencies~~.

464 3. Five or more cited class III violations ~~deficiencies~~

465 that have been cited on a single survey and have not been  
466 corrected within the times specified.

467 (f) Failure to comply with the background screening  
468 standards of this part, s. 408.809(1), or chapter 435.

469 (g) Violation of a moratorium.

470 (h) Failure of the license applicant, the licensee during  
471 relicensure, or a licensee that holds a provisional license to  
472 meet the minimum license requirements of this part, or related  
473 rules, at the time of license application or renewal.

474 (i) An intentional or negligent life-threatening act in  
475 violation of the uniform firesafety standards for assisted  
476 living facilities or other firesafety standards which ~~that~~  
477 threatens the health, safety, or welfare of a resident of a  
478 facility, as communicated to the agency by the local authority  
479 having jurisdiction or the State Fire Marshal.

480 (j) Knowingly operating any unlicensed facility or  
481 providing without a license any service that must be licensed  
482 under this chapter or chapter 400.

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483 (k) Any act constituting a ground upon which application  
484 for a license may be denied.

485 (2) Upon notification by the local authority having  
486 jurisdiction or by the State Fire Marshal, the agency may deny  
487 or revoke the license of an assisted living facility that fails  
488 to correct cited fire code violations that affect or threaten  
489 the health, safety, or welfare of a resident of a facility.

490 (3) The agency may deny or revoke a license of an ~~to any~~  
491 applicant or a controlling interest as defined in part II of  
492 chapter 408 which has or had a 25 percent ~~25 percent~~ or greater  
493 financial or ownership interest in any other facility that is  
494 licensed under this part, or in any entity licensed by this  
495 state or another state to provide health or residential care, if  
496 that ~~which~~ facility or entity during the 5 years prior to the  
497 application for a license closed due to financial inability to  
498 operate; had a receiver appointed or a license denied,  
499 suspended, or revoked; was subject to a moratorium; or had an  
500 injunctive proceeding initiated against it.

501 (4) The agency shall deny or revoke the license of an  
502 assisted living facility if:

503 (a) There are two moratoria, issued pursuant to this part  
504 or part II of chapter 408, within a 2-year period which are  
505 imposed by final order;

506 (b) The facility is cited for two or more class I  
507 violations arising from unrelated circumstances during the same  
508 survey or investigation; or

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509        (c) The facility is cited for two or more class I  
510 violations arising from separate surveys or investigations  
511 within a 2-year period ~~that has two or more class I violations~~  
512 ~~that are similar or identical to violations identified by the~~  
513 ~~agency during a survey, inspection, monitoring visit, or~~  
514 ~~complaint investigation occurring within the previous 2 years.~~

515        (5) An action taken by the agency to suspend, deny, or  
516 revoke a facility's license under this part or part II of  
517 chapter 408, in which the agency claims that the facility owner  
518 or an employee of the facility has threatened the health,  
519 safety, or welfare of a resident of the facility, must be heard  
520 by the Division of Administrative Hearings of the Department of  
521 Management Services within 120 days after receipt of the  
522 facility's request for a hearing, unless that time limitation is  
523 waived by both parties. The administrative law judge shall ~~must~~  
524 render a decision within 30 days after receipt of a proposed  
525 recommended order.

526        (6) As provided under s. 408.814, the agency shall impose  
527 an immediate moratorium on an assisted living facility that  
528 fails to provide the agency with access to the facility or  
529 prohibits the agency from conducting a regulatory inspection.  
530 The licensee may not restrict agency staff from accessing and  
531 copying records or from conducting confidential interviews with  
532 facility staff or any individual who receives services from the  
533 facility ~~provide to the Division of Hotels and Restaurants of~~  
534 ~~the Department of Business and Professional Regulation, on a~~

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535 ~~monthly basis, a list of those assisted living facilities that~~  
536 ~~have had their licenses denied, suspended, or revoked or that~~  
537 ~~are involved in an appellate proceeding pursuant to s. 120.60~~  
538 ~~related to the denial, suspension, or revocation of a license.~~

539 (7) Agency notification of a license suspension or  
540 revocation, or denial of a license renewal, shall be posted and  
541 visible to the public at the facility.

542 (8) If a facility is required to relocate some or all of  
543 its residents due to agency action, that facility is exempt from  
544 the 45-days' notice requirement imposed under s. 429.28(1)(k).  
545 This subsection does not exempt the facility from any deadlines  
546 for corrective action set by the agency.

547 Section 9. Paragraphs (a) and (b) of subsection (2) of  
548 section 429.178, Florida Statutes, are amended to read:

549 429.178 Special care for persons with Alzheimer's disease  
550 or other related disorders.—

551 (2)(a) An individual who is employed by a facility that  
552 provides special care for residents who have ~~with~~ Alzheimer's  
553 disease or other related disorders, and who has regular contact  
554 with such residents, must complete up to 4 hours of initial  
555 dementia-specific training developed or approved by the  
556 department. The training must ~~shall~~ be completed within 3 months  
557 after beginning employment and satisfy ~~shall satisfy~~ the core  
558 training requirements of s. 429.52(3)(g) ~~429.52(2)(g)~~.

559 (b) A direct caregiver who is employed by a facility that  
560 provides special care for residents who have ~~with~~ Alzheimer's

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561 disease or other related disorders, and ~~who~~ provides direct care  
562 to such residents, must complete the required initial training  
563 and 4 additional hours of training developed or approved by the  
564 department. The training must ~~shall~~ be completed within 9 months  
565 after beginning employment and satisfy ~~shall satisfy~~ the core  
566 training requirements of s. 429.52(3)(g) ~~429.52(2)(g)~~.

567 Section 10. Section 429.19, Florida Statutes, is amended  
568 to read:

569 429.19 Violations; imposition of administrative fines;  
570 grounds.—

571 (1) In addition to the requirements of part II of chapter  
572 408, the agency shall impose an administrative fine in the  
573 manner provided in chapter 120 for the violation of any  
574 provision of this part, part II of chapter 408, and applicable  
575 rules by an assisted living facility, for the actions of any  
576 person subject to level 2 background screening under s. 408.809,  
577 for the actions of any facility employee, or for an intentional  
578 or negligent act seriously affecting the health, safety, or  
579 welfare of a resident of the facility.

580 (2) Each violation of this part and adopted rules must  
581 ~~shall~~ be classified according to the nature of the violation and  
582 the gravity of its probable effect on facility residents. The  
583 scope of a violation may be cited as an isolated, patterned, or  
584 widespread deficiency. An isolated deficiency is a deficiency  
585 affecting one or a very limited number of residents, or  
586 involving one or a very limited number of staff, or a situation

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587 that occurred only occasionally or in a very limited number of  
588 locations. A patterned deficiency is a deficiency in which more  
589 than a very limited number of residents are affected, or more  
590 than a very limited number of staff are involved, or the  
591 situation has occurred in several locations, or the same  
592 resident or residents have been affected by repeated occurrences  
593 of the same deficient practice but the effect of the deficient  
594 practice is not found to be pervasive throughout the facility. A  
595 widespread deficiency is a deficiency in which the problems  
596 causing the deficiency are pervasive in the facility or  
597 represent systemic failure that has affected or has the  
598 potential to affect a large portion of the facility's residents.

599 The agency shall indicate the classification on the written  
600 notice of the violation as follows:

601 (a) Class "I" violations are defined in s. 408.813. The  
602 agency shall impose an administrative fine for a cited class I  
603 violation of \$5,000 for an isolated deficiency; \$7,500 for a  
604 patterned deficiency; and \$10,000 for a widespread deficiency.  
605 If the agency has knowledge of a class I violation which  
606 occurred within 12 months before an inspection, a fine must be  
607 levied for that violation, regardless of whether the  
608 noncompliance is corrected before the inspection in an amount  
609 not less than \$5,000 and not exceeding \$10,000 for each  
610 violation.

611 (b) Class "II" violations are defined in s. 408.813. The  
612 agency shall impose an administrative fine for a cited class II

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613 violation of \$1,000 for an isolated deficiency; \$3,000 for a  
614 patterned deficiency; and \$5,000 for a widespread deficiency in  
615 an amount not less than \$1,000 and not exceeding \$5,000 for each  
616 violation.

617 (c) Class "III" violations are defined in s. 408.813. The  
618 agency shall impose an administrative fine for a cited class III  
619 violation of \$500 for an isolated deficiency; \$750 for a  
620 patterned deficiency; and \$1,000 for a widespread deficiency in  
621 an amount not less than \$500 and not exceeding \$1,000 for each  
622 violation.

623 (d) Class "IV" violations are defined in s. 408.813. The  
624 agency shall impose an administrative fine for a cited class IV  
625 violation of \$100 for an isolated deficiency; \$150 for a  
626 patterned deficiency; and \$200 for a widespread deficiency in an  
627 amount not less than \$100 and not exceeding \$200 for each  
628 violation.

629 (e) Any fine imposed for a class I violation or a class II  
630 violation must be doubled if a facility was previously cited for  
631 one or more class I or class II violations during the agency's  
632 last licensure inspection or any inspection or complaint  
633 investigation since the last licensure inspection.

634 (f) Notwithstanding ss. 408.813(2)(c) and 408.832, if a  
635 facility is cited for 10 or more class III violations during an  
636 inspection or survey, the agency shall impose a fine for each  
637 violation.

638 (g) Regardless of the class of violation cited, instead of

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639 the fine amounts listed in paragraphs (a)-(d), the agency shall  
640 impose an administrative fine of \$500 if a facility is found not  
641 to be in compliance with the background screening requirements  
642 as provided in s. 408.809.

643 ~~(3) For purposes of this section, in determining if a~~  
644 ~~penalty is to be imposed and in fixing the amount of the fine,~~  
645 ~~the agency shall consider the following factors:~~

646 ~~(a) The gravity of the violation, including the~~  
647 ~~probability that death or serious physical or emotional harm to~~  
648 ~~a resident will result or has resulted, the severity of the~~  
649 ~~action or potential harm, and the extent to which the provisions~~  
650 ~~of the applicable laws or rules were violated.~~

651 ~~(b) Actions taken by the owner or administrator to correct~~  
652 ~~violations.~~

653 ~~(c) Any previous violations.~~

654 ~~(d) The financial benefit to the facility of committing or~~  
655 ~~continuing the violation.~~

656 ~~(e) The licensed capacity of the facility.~~

657 (3)(4) Each day of continuing violation after the date  
658 established by the agency fixed for correction termination of  
659 the violation, as ordered by the agency, constitutes an  
660 additional, separate, and distinct violation.

661 (4)(5) An Any action taken to correct a violation shall be  
662 documented in writing by the owner or administrator of the  
663 facility and verified through followup visits by agency  
664 personnel. The agency may impose a fine and, in the case of an

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665 owner-operated facility, revoke or deny a facility's license  
666 when a facility administrator fraudulently misrepresents action  
667 taken to correct a violation.

668 ~~(5)-(6)~~ A Any facility whose owner fails to apply for a  
669 change-of-ownership license in accordance with part II of  
670 chapter 408 and operates the facility under the new ownership is  
671 subject to a fine of \$5,000.

672 ~~(6)-(7)~~ In addition to any administrative fines imposed,  
673 the agency may assess a survey fee, equal to the lesser of one  
674 half of the facility's biennial license and bed fee or \$500, to  
675 cover the cost of conducting initial complaint investigations  
676 that result in the finding of a violation that was the subject  
677 of the complaint or monitoring visits conducted under s.  
678 429.28(3)(c) to verify the correction of the violations.

679 ~~(7)-(8)~~ During an inspection, the agency shall make a  
680 reasonable attempt to discuss each violation with the owner or  
681 administrator of the facility, prior to written notification.

682 ~~(8)-(9)~~ The agency shall develop and disseminate an annual  
683 list of all facilities sanctioned or fined for violations of  
684 state standards, the number and class of violations involved,  
685 the penalties imposed, and the current status of cases. The list  
686 shall be disseminated, at no charge, to the Department of  
687 Elderly Affairs, the Department of Health, the Department of  
688 Children and Families ~~Family Services~~, the Agency for Persons  
689 with Disabilities, the area agencies on aging, the Florida  
690 Statewide Advocacy Council, and the state and local ombudsman

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691 councils. The Department of Children and Families ~~Family~~  
692 ~~Services~~ shall disseminate the list to service providers under  
693 contract to the department who are responsible for referring  
694 persons to a facility for residency. The agency may charge a fee  
695 commensurate with the cost of printing and postage to other  
696 interested parties requesting a copy of this list. This  
697 information may be provided electronically or through the  
698 agency's website ~~Internet site~~.

699 Section 11. Subsection (3) and paragraph (c) of subsection  
700 (4) of section 429.256, Florida Statutes, are amended to read:

701 429.256 Assistance with self-administration of  
702 medication.—

703 (3) Assistance with self-administration of medication  
704 includes:

705 (a) Taking the medication, in its previously dispensed,  
706 properly labeled container, including an insulin syringe that is  
707 prefilled with the proper dosage by a pharmacist and an insulin  
708 pen that is prefilled by the manufacturer, from where it is  
709 stored, and bringing it to the resident.

710 (b) In the presence of the resident, reading the label,  
711 opening the container, removing a prescribed amount of  
712 medication from the container, and closing the container.

713 (c) Placing an oral dosage in the resident's hand or  
714 placing the dosage in another container and helping the resident  
715 by lifting the container to his or her mouth.

716 (d) Applying topical medications.

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717 (e) Returning the medication container to proper storage.

718 (f) Keeping a record of when a resident receives  
719 assistance with self-administration under this section.

720 (g) Assisting with the use of a nebulizer, including  
721 removing the cap of a nebulizer, opening the unit dose of  
722 nebulizer solution, and pouring the prescribed premeasured dose  
723 of medication into the dispensing cup of the nebulizer.

724 (h) Using a glucometer to perform blood-glucose level  
725 checks.

726 (i) Assisting with putting on and taking off antiembolism  
727 stockings.

728 (j) Assisting with applying and removing an oxygen cannula  
729 but not with titrating the prescribed oxygen settings.

730 (k) Assisting with the use of a continuous positive airway  
731 pressure device but not with titrating the prescribed setting of  
732 the device.

733 (l) Assisting with measuring vital signs.

734 (m) Assisting with colostomy bags.

735 (4) Assistance with self-administration does not include:

736 ~~(c) Administration of medications through intermittent~~  
737 ~~positive pressure breathing machines or a nebulizer.~~

738 Section 12. Subsection (3) of section 429.27, Florida  
739 Statutes, is amended to read:

740 429.27 Property and personal affairs of residents.—

741 (3) A facility, upon mutual consent with the resident,  
742 shall provide for the safekeeping in the facility of personal

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743 effects not in excess of \$500 and funds of the resident not in  
744 excess of \$500 ~~\$200~~ cash, and shall keep complete and accurate  
745 records of all such funds and personal effects received. If a  
746 resident is absent from a facility for 24 hours or more, the  
747 facility may provide for the safekeeping of the resident's  
748 personal effects in excess of \$500.

749 Section 13. Paragraph (a) of subsection (3) and  
750 subsections (2), (5), and (6) of section 429.28, Florida  
751 Statutes, are amended to read:

752 429.28 Resident bill of rights.-

753 (2) The administrator of a facility shall ensure that a  
754 written notice of the rights, obligations, and prohibitions set  
755 forth in this part is posted in a prominent place in each  
756 facility and read or explained to residents who cannot read. The  
757 ~~This~~ notice must ~~shall~~ include the name, address, and telephone  
758 numbers of the local ombudsman council, the ~~and~~ central abuse  
759 hotline, and, if ~~when~~ applicable, Disability Rights Florida the  
760 Advocacy Center for Persons with Disabilities, Inc., and the  
761 Florida local advocacy council, where complaints may be lodged.  
762 The notice must state that a complaint made to the Office of  
763 State Long-Term Care Ombudsman or a local long-term care  
764 ombudsman council, the names and identities of the residents  
765 involved in the complaint, and the identity of complainants are  
766 kept confidential pursuant to s. 400.0077 and that retaliatory  
767 action cannot be taken against a resident for presenting  
768 grievances or for exercising any other resident right. The

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769 facility must ensure a resident's access to a telephone to call  
770 the local ombudsman council, central abuse hotline, and  
771 Disability Rights Florida Advocacy Center for Persons with  
772 Disabilities, Inc., and the Florida local advocacy council.

773 (3) (a) The agency shall conduct a survey to determine  
774 general compliance with facility standards and compliance with  
775 residents' rights as a prerequisite to initial licensure or  
776 licensure renewal. The agency shall adopt rules for uniform  
777 standards and criteria that will be used to determine compliance  
778 with facility standards and compliance with residents' rights.

779 (5) A ~~No~~ facility or employee of a facility may not serve  
780 notice upon a resident to leave the premises or take any other  
781 retaliatory action against any person who:

782 (a) Exercises any right set forth in this section.

783 (b) Appears as a witness in any hearing, inside or outside  
784 the facility.

785 (c) Files a civil action alleging a violation of the  
786 provisions of this part or notifies a state attorney or the  
787 Attorney General of a possible violation of such provisions.

788 (6) A ~~Any~~ facility that ~~which~~ terminates the residency of  
789 an individual who participated in activities specified in  
790 subsection (5) must ~~shall~~ show good cause in a court of  
791 competent jurisdiction. If good cause is not shown, the agency  
792 shall impose a fine of \$2,500 in addition to any other penalty  
793 assessed against the facility.

794 Section 14. Section 429.34, Florida Statutes, is amended

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795 to read:

796 429.34 Right of entry and inspection.—

797 (1) In addition to the requirements of s. 408.811, any  
798 duly designated officer or employee of the department, the  
799 Department of Children and Families ~~Family Services~~, the  
800 Medicaid Fraud Control Unit of the Office of the Attorney  
801 General, the state or local fire marshal, or a member of the  
802 state or local long-term care ombudsman council has ~~shall have~~  
803 the right to enter unannounced upon and into the premises of any  
804 facility licensed pursuant to this part in order to determine  
805 the state of compliance with ~~the provisions of~~ this part, part  
806 II of chapter 408, and applicable rules. Data collected by the  
807 state or local long-term care ombudsman councils or the state or  
808 local advocacy councils may be used by the agency in  
809 investigations involving violations of regulatory standards. A  
810 person specified in this section who knows or has reasonable  
811 cause to suspect that a vulnerable adult has been or is being  
812 abused, neglected, or exploited shall immediately report such  
813 knowledge or suspicion to the central abuse hotline pursuant to  
814 chapter 415.

815 (2) The agency shall inspect each licensed assisted living  
816 facility at least once every 24 months to determine compliance  
817 with this chapter and related rules. If an assisted living  
818 facility is cited for one or more class I violations or two or  
819 more class II violations arising from separate surveys within a  
820 60-day period or due to unrelated circumstances during the same

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821 survey, the agency must conduct an additional licensure  
822 inspection within 6 months. In addition to any fines imposed on  
823 the facility under s. 429.19, the licensee shall pay a fee for  
824 the cost of the additional inspection equivalent to the standard  
825 assisted living facility license and per-bed fees, without  
826 exception for beds designated for recipients of optional state  
827 supplementation. The agency shall adjust the fee in accordance  
828 with s. 408.805.

829 Section 15. Subsection (2) of section 429.41, Florida  
830 Statutes, is amended to read:

831 429.41 Rules establishing standards.—

832 (2) In adopting any rules pursuant to this part, the  
833 department, in conjunction with the agency, shall make distinct  
834 standards for facilities based upon facility size; the types of  
835 care provided; the physical and mental capabilities and needs of  
836 residents; the type, frequency, and amount of services and care  
837 offered; and the staffing characteristics of the facility. Rules  
838 developed pursuant to this section may shall not restrict the  
839 use of shared staffing and shared programming in facilities that  
840 are part of retirement communities that provide multiple levels  
841 of care and otherwise meet the requirements of law and rule. If  
842 a continuing care facility licensed under chapter 651 or a  
843 retirement community offering multiple levels of care licenses a  
844 building or part of a building designated for independent living  
845 for assisted living, staffing requirements established in rule  
846 apply only to residents who receive personal, limited nursing,

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847 or extended congregate care services under this part. Such  
848 facilities shall retain a log listing the names and unit number  
849 for residents receiving these services. The log must be  
850 available to surveyors upon request. Except for uniform  
851 firesafety standards, the department shall adopt by rule  
852 separate and distinct standards for facilities with 16 or fewer  
853 beds and for facilities with 17 or more beds. The standards for  
854 facilities with 16 or fewer beds must ~~shall~~ be appropriate for a  
855 noninstitutional residential environment; however, ~~provided that~~  
856 the structure may not be ~~is no~~ more than two stories in height  
857 and all persons who cannot exit the facility unassisted in an  
858 emergency must reside on the first floor. The department, in  
859 conjunction with the agency, may make other distinctions among  
860 types of facilities as necessary to enforce the provisions of  
861 this part. Where appropriate, the agency shall offer alternate  
862 solutions for complying with established standards, based on  
863 distinctions made by the department and the agency relative to  
864 the physical characteristics of facilities and the types of care  
865 offered ~~therein~~.

866 Section 16. Subsections (1) through (11) of section  
867 429.52, Florida Statutes, are renumbered as subsections (2)  
868 through (12), respectively, present subsections (5) and (9) are  
869 amended, and a new subsection (1) is added to that section, to  
870 read:

871 429.52 Staff training and educational programs; core  
872 educational requirement.—

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873       (1) Effective October 1, 2014, each new assisted living  
874 facility employee who has not previously completed core training  
875 must attend a preservice orientation provided by the facility  
876 before interacting with residents. The preservice orientation  
877 must be at least 2 hours in duration and cover topics that help  
878 the employee provide responsible care and respond to the needs  
879 of facility residents. Upon completion, the employee and the  
880 administrator of the facility must sign a statement that the  
881 employee completed the required preservice orientation. The  
882 facility must keep the signed statement in the employee's  
883 personnel record.

884       (6)-(5) Staff involved with the management of medications  
885 and assisting with the self-administration of medications under  
886 s. 429.256 must complete a minimum of 6 ~~4~~ additional hours of  
887 training provided by a registered nurse, licensed pharmacist, or  
888 department staff. The department shall establish by rule the  
889 minimum requirements of this additional training.

890       (10)-(9) The training required by this section other than  
891 the preservice orientation must ~~shall~~ be conducted by persons  
892 registered with the department as having the requisite  
893 experience and credentials to conduct the training. A person  
894 seeking to register as a trainer must provide the department  
895 with proof of completion of the minimum core training education  
896 requirements, successful passage of the competency test  
897 established under this section, and proof of compliance with the  
898 continuing education requirement in subsection (5) ~~(4)~~.

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899 Section 17. Section 429.55, Florida Statutes, is created  
900 to read:

901 429.55 Consumer information website.—The Legislature finds  
902 that consumers need additional information on the quality of  
903 care and service in assisted living facilities in order to  
904 select the best facility for themselves or their loved ones.  
905 Therefore, the Agency for Health Care Administration shall  
906 create content that is easily accessible through the home page  
907 of the agency's website either directly or indirectly through  
908 links to one or more other established websites of the agency's  
909 choosing. The website must be searchable by facility name,  
910 license type, city, or zip code. By November 1, 2014, the agency  
911 shall include all content in its possession on the website and  
912 add content when received from facilities. At a minimum, the  
913 content must include:

914 (1) Information on each licensed assisted living facility,  
915 including, but not limited to:

916 (a) The name and address of the facility.

917 (b) The number and type of licensed beds in the facility.

918 (c) The types of licenses held by the facility.

919 (d) The facility's license expiration date and status.

920 (e) Proprietary or nonproprietary status of the licensee.

921 (f) Any affiliation with a company or other organization  
922 owning or managing more than one assisted living facility in  
923 this state.

924 (g) The total number of clients that the facility is

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925 licensed to serve and the most recently available occupancy  
926 levels.

927 (h) The number of private and semiprivate rooms offered.

928 (i) The bed-hold policy.

929 (j) The religious affiliation, if any, of the assisted  
930 living facility.

931 (k) The languages spoken by the staff.

932 (l) Availability of nurses.

933 (m) Forms of payment accepted, including, but not limited  
934 to, Medicaid, Medicaid long-term managed care, private  
935 insurance, health maintenance organization, United States  
936 Department of Veterans Affairs, CHAMPUS program, or workers'  
937 compensation coverage.

938 (n) Indication if the licensee is operating under  
939 bankruptcy protection.

940 (o) Recreational and other programs available.

941 (p) Special care units or programs offered.

942 (q) Whether the facility is a part of a retirement  
943 community that offers other services pursuant to this part or  
944 part III of this chapter, part II or part III of chapter 400, or  
945 chapter 651.

946 (r) Links to the State Long-Term Care Ombudsman Program  
947 website and the program's statewide toll-free telephone number.

948 (s) Links to the websites of the providers or their  
949 affiliates.

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950 (t) Other relevant information that the agency currently  
951 collects.

952 (2) Survey and violation information for the facility,  
953 including a list of the facility's violations committed during  
954 the previous 60 months, which on July 1, 2014, may include  
955 violations committed on or after July 1, 2009. The list shall be  
956 updated monthly and include for each violation:

957 (a) A summary of the violation, including all licensure,  
958 revisit, and complaint survey information, presented in a manner  
959 understandable by the general public.

960 (b) Any sanctions imposed by final order.

961 (c) The date the corrective action was confirmed by the  
962 agency.

963 (3) Links to inspection reports that the agency has on  
964 file.

965 (4) The agency may adopt rules to administer this section.

966 Section 18. The Legislature finds that consistent  
967 regulation of assisted living facilities benefits residents and  
968 operators of such facilities. To determine whether surveys are  
969 consistent between surveys and surveyors, the Office of Program  
970 Policy Analysis and Government Accountability shall conduct a  
971 study of intersurveyor reliability for assisted living  
972 facilities. By November 1, 2014, the Office of Program Policy  
973 Analysis and Government Accountability shall submit a report of  
974 its findings to the Governor, the President of the Senate, and  
975 the Speaker of the House of Representatives and make any

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976 recommendations for improving intersurveyor reliability.

977 Section 19. For fiscal year 2014-2015, the sums of  
978 \$151,322 in recurring funds and \$7,986 in nonrecurring funds  
979 from the Health Care Trust Fund are appropriated to the Agency  
980 for Health Care Administration, and two full-time equivalent  
981 positions with associated salary rate are authorized, for the  
982 purpose of carrying out the regulatory activities provided in  
983 this act.

984 Section 20. Section 395.001, Florida Statutes, is amended  
985 to read:

986 395.001 Legislative intent.—It is the intent of the  
987 Legislature to provide for the protection of public health and  
988 safety in the establishment, construction, maintenance, and  
989 operation of hospitals, ambulatory surgical centers, recovery  
990 care centers, and mobile surgical facilities by providing for  
991 licensure of same and for the development, establishment, and  
992 enforcement of minimum standards with respect thereto.

993 Section 21. Subsections (25) through (33) of section  
994 395.002, Florida Statutes, are renumbered as subsections (27)  
995 through (35), respectively, subsections (3), (16), and (23) are  
996 amended, and new subsections (25) and (26) are added to that  
997 section, to read:

998 395.002 Definitions.—As used in this chapter:

999 (3) "Ambulatory surgical center" or "mobile surgical  
1000 facility" means a facility the primary purpose of which is to  
1001 provide elective surgical care, to ~~in~~ which the patient is

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1002 admitted ~~to~~ and discharged ~~from such facility~~ within 24 hours  
1003 ~~the same working day and is not permitted to stay overnight,~~ and  
1004 which is not part of a hospital. However, a facility existing  
1005 for the primary purpose of performing terminations of pregnancy,  
1006 an office maintained by a physician for the practice of  
1007 medicine, or an office maintained for the practice of dentistry  
1008 shall not be construed to be an ambulatory surgical center,  
1009 provided that any facility or office which is certified or seeks  
1010 certification as a Medicare ambulatory surgical center shall be  
1011 licensed as an ambulatory surgical center pursuant to s.  
1012 395.003. Any structure or vehicle in which a physician maintains  
1013 an office and practices surgery, and which can appear to the  
1014 public to be a mobile office because the structure or vehicle  
1015 operates at more than one address, shall be construed to be a  
1016 mobile surgical facility.

1017 (16) "Licensed facility" means a hospital, ambulatory  
1018 surgical center, recovery care center, or mobile surgical  
1019 facility licensed in accordance with this chapter.

1020 (23) "Premises" means those buildings, beds, and equipment  
1021 located at the address of the licensed facility and all other  
1022 buildings, beds, and equipment for the provision of hospital,  
1023 ambulatory surgical, recovery, or mobile surgical care located  
1024 in such reasonable proximity to the address of the licensed  
1025 facility as to appear to the public to be under the dominion and  
1026 control of the licensee. For any licensee that is a teaching  
1027 hospital as defined in s. 408.07(45), reasonable proximity

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1028 includes any buildings, beds, services, programs, and equipment  
1029 under the dominion and control of the licensee that are located  
1030 at a site with a main address that is within 1 mile of the main  
1031 address of the licensed facility; and all such buildings, beds,  
1032 and equipment may, at the request of a licensee or applicant, be  
1033 included on the facility license as a single premises.

1034 (25) "Recovery care center" means a facility the primary  
1035 purpose of which is to provide recovery care services, to which  
1036 a patient is admitted and discharged within 72 hours, and which  
1037 is not part of a hospital.

1038 (26) "Recovery care services" means postsurgical and  
1039 postdiagnostic medical and general nursing care provided to  
1040 patients for whom acute care hospitalization is not required and  
1041 an uncomplicated recovery is reasonably expected. The term  
1042 includes postsurgical rehabilitation services. The term does not  
1043 include intensive care services, coronary care services, or  
1044 critical care services.

1045 Section 22. Subsection (1) of section 395.003, Florida  
1046 Statutes, is amended to read:

1047 395.003 Licensure; denial, suspension, and revocation.—

1048 (1) (a) The requirements of part II of chapter 408 apply to  
1049 the provision of services that require licensure pursuant to ss.  
1050 395.001-395.1065 and part II of chapter 408 and to entities  
1051 licensed by or applying for such licensure from the Agency for  
1052 Health Care Administration pursuant to ss. 395.001-395.1065. A  
1053 license issued by the agency is required in order to operate a

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1054 hospital, ambulatory surgical center, recovery care center, or  
1055 mobile surgical facility in this state.

1056 (b)1. It is unlawful for a person to use or advertise to  
1057 the public, in any way or by any medium whatsoever, any facility  
1058 as a "hospital," "ambulatory surgical center," "recovery care  
1059 center," or "mobile surgical facility" unless such facility has  
1060 first secured a license under the provisions of this part.

1061 2. This part does not apply to veterinary hospitals or to  
1062 commercial business establishments using the word "hospital,"  
1063 "ambulatory surgical center," "recovery care center," or "mobile  
1064 surgical facility" as a part of a trade name if no treatment of  
1065 human beings is performed on the premises of such  
1066 establishments.

1067 (c) Until July 1, 2006, additional emergency departments  
1068 located off the premises of licensed hospitals may not be  
1069 authorized by the agency.

1070 Section 23. Section 395.0171, Florida Statutes, is created  
1071 to read:

1072 395.0171 Recovery care center admissions; emergency and  
1073 transfer protocols; discharge planning and protocols.-

1074 (1) Admissions to a recovery care center shall be  
1075 restricted to patients who need recovery care services.

1076 (2) All patients must be certified by their attending or  
1077 referring physician or by a physician on staff at the facility  
1078 as medically stable and not in need of acute care  
1079 hospitalization before admission.

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1080       (3) A patient may be admitted for recovery care services  
1081 upon discharge from a hospital or an ambulatory surgery center.

1082 A patient may also be admitted postdiagnosis and posttreatment  
1083 for recovery care services.

1084       (4) A recovery care center must have emergency care and  
1085 transfer protocols, including transportation arrangements, and  
1086 referral or admission agreements with at least one hospital.

1087       (5) A recovery care center must have procedures for  
1088 discharge planning and discharge protocols.

1089       (6) The agency may adopt rules to implement this  
1090 subsection.

1091       Section 24. Subsections (2) and (8) of section 395.1055,  
1092 Florida Statutes, are amended, and subsection (10) is added to  
1093 that section, to read:

1094       395.1055 Rules and enforcement.—

1095       (2) Separate standards may be provided for general and  
1096 specialty hospitals, ambulatory surgical centers, recovery care  
1097 centers, mobile surgical facilities, and statutory rural  
1098 hospitals as defined in s. 395.602.

1099       (8) The agency may not adopt any rule governing the  
1100 design, construction, erection, alteration, modification,  
1101 repair, or demolition of any public or private hospital,  
1102 intermediate residential treatment facility, recovery care  
1103 center, or ambulatory surgical center. It is the intent of the  
1104 Legislature to preempt that function to the Florida Building  
1105 Commission and the State Fire Marshal through adoption and

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1106 maintenance of the Florida Building Code and the Florida Fire  
1107 Prevention Code. However, the agency shall provide technical  
1108 assistance to the commission and the State Fire Marshal in  
1109 updating the construction standards of the Florida Building Code  
1110 and the Florida Fire Prevention Code which govern hospitals,  
1111 intermediate residential treatment facilities, recovery care  
1112 centers, and ambulatory surgical centers.

1113 (10) The agency shall adopt rules for recovery care  
1114 centers which include fair and reasonable minimum standards for  
1115 ensuring that recovery care centers have:

1116 (a) A dietetic department, service, or other similarly  
1117 titled unit, either on the premises or under contract, which  
1118 shall be organized, directed, and staffed to ensure the  
1119 provision of appropriate nutritional care and quality food  
1120 service.

1121 (b) Procedures to ensure the proper administration of  
1122 medications. Such procedures shall address the prescribing,  
1123 ordering, preparing, and dispensing of medications and  
1124 appropriate monitoring of the effects of such medications on the  
1125 patient.

1126 (c) A pharmacy, pharmaceutical department, or  
1127 pharmaceutical service, or similarly titled unit, on the  
1128 premises or under contract.

1129 Section 25. Subsection (8) of section 395.10973, Florida  
1130 Statutes, is amended to read:

1131 395.10973 Powers and duties of the agency.—It is the

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1132 function of the agency to:

1133 (8) Enforce the special-occupancy provisions of the  
1134 Florida Building Code which apply to hospitals, intermediate  
1135 residential treatment facilities, recovery care centers, and  
1136 ambulatory surgical centers in conducting any inspection  
1137 authorized by this chapter and part II of chapter 408.

1138 Section 26. Subsection (3) of section 395.301, Florida  
1139 Statutes, is amended to read:

1140 395.301 Itemized patient bill; form and content prescribed  
1141 by the agency.—

1142 (3) On each itemized statement submitted pursuant to  
1143 subsection (1) there shall appear the words "A FOR-PROFIT (or  
1144 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL  
1145 CENTER or RECOVERY CARE CENTER) LICENSED BY THE STATE OF  
1146 FLORIDA" or substantially similar words sufficient to identify  
1147 clearly and plainly the ownership status of the licensed  
1148 facility. Each itemized statement must prominently display the  
1149 phone number of the medical facility's patient liaison who is  
1150 responsible for expediting the resolution of any billing dispute  
1151 between the patient, or his or her representative, and the  
1152 billing department.

1153 Section 27. Subsection (30) is added to section 408.802,  
1154 Florida Statutes, to read:

1155 408.802 Applicability.—The provisions of this part apply  
1156 to the provision of services that require licensure as defined  
1157 in this part and to the following entities licensed, registered,

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1158 or certified by the agency, as described in chapters 112, 383,  
1159 390, 394, 395, 400, 429, 440, 483, and 765:

1160 (30) Recovery care centers, as provided under part I of  
1161 chapter 395.

1162 Section 28. Subsection (29) is added to section 408.820,  
1163 Florida Statutes, to read:

1164 408.820 Exemptions.—Except as prescribed in authorizing  
1165 statutes, the following exemptions shall apply to specified  
1166 requirements of this part:

1167 (29) Recovery care centers, as provided under part I of  
1168 chapter 395, are exempt from s. 408.810(7)-(10).

1169 Section 29. Subsection (7) of section 394.4787, Florida  
1170 Statutes, is amended to read:

1171 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,  
1172 and 394.4789.—As used in this section and ss. 394.4786,  
1173 394.4788, and 394.4789:

1174 (7) "Specialty psychiatric hospital" means a hospital  
1175 licensed by the agency pursuant to s. 395.002(30) ~~395.002(28)~~  
1176 and part II of chapter 408 as a specialty psychiatric hospital.

1177 Section 30. Paragraph (a) of subsection (4) of section  
1178 409.97, Florida Statutes, is amended to read:

1179 409.97 State and local Medicaid partnerships.—

1180 (4) HOSPITAL RATE DISTRIBUTION.—

1181 (a) The agency is authorized to implement a tiered  
1182 hospital rate system to enhance Medicaid payments to all  
1183 hospitals when resources for the tiered rates are available from

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1184 general revenue and such contributions pursuant to subsection  
1185 (1) as are authorized under the General Appropriations Act.

1186 1. Tier 1 hospitals are statutory rural hospitals as  
1187 defined in s. 395.602, statutory teaching hospitals as defined  
1188 in s. 408.07(45), and specialty children's hospitals as defined  
1189 in s. 395.002(30) ~~395.002(28)~~.

1190 2. Tier 2 hospitals are community hospitals not included  
1191 in Tier 1 that provided more than 9 percent of the hospital's  
1192 total inpatient days to Medicaid patients and charity patients,  
1193 as defined in s. 409.911, and are located in the jurisdiction of  
1194 a local funding source pursuant to subsection (1).

1195 3. Tier 3 hospitals include all community hospitals.

1196 Section 31. Paragraph (b) of subsection (1) of section  
1197 409.975, Florida Statutes, is amended to read:

1198 409.975 Managed care plan accountability.—In addition to  
1199 the requirements of s. 409.967, plans and providers  
1200 participating in the managed medical assistance program shall  
1201 comply with the requirements of this section.

1202 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
1203 maintain provider networks that meet the medical needs of their  
1204 enrollees in accordance with standards established pursuant to  
1205 s. 409.967(2)(c). Except as provided in this section, managed  
1206 care plans may limit the providers in their networks based on  
1207 credentials, quality indicators, and price.

1208 (b) Certain providers are statewide resources and  
1209 essential providers for all managed care plans in all regions.

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1210 All managed care plans must include these essential providers in  
1211 their networks. Statewide essential providers include:

- 1212 1. Faculty plans of Florida medical schools.
- 1213 2. Regional perinatal intensive care centers as defined in  
1214 s. 383.16(2).
- 1215 3. Hospitals licensed as specialty children's hospitals as  
1216 defined in s. 395.002(30) ~~395.002(28)~~.
- 1217 4. Accredited and integrated systems serving medically  
1218 complex children that are comprised of separately licensed, but  
1219 commonly owned, health care providers delivering at least the  
1220 following services: medical group home, in-home and outpatient  
1221 nursing care and therapies, pharmacy services, durable medical  
1222 equipment, and Prescribed Pediatric Extended Care.

1223  
1224 Managed care plans that have not contracted with all statewide  
1225 essential providers in all regions as of the first date of  
1226 recipient enrollment must continue to negotiate in good faith.  
1227 Payments to physicians on the faculty of nonparticipating  
1228 Florida medical schools shall be made at the applicable Medicaid  
1229 rate. Payments for services rendered by regional perinatal  
1230 intensive care centers shall be made at the applicable Medicaid  
1231 rate as of the first day of the contract between the agency and  
1232 the plan. Payments to nonparticipating specialty children's  
1233 hospitals shall equal the highest rate established by contract  
1234 between that provider and any other Medicaid managed care plan.

1235 Section 32. Part XI of chapter 400, Florida Statutes,

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1236 consisting of sections 400.997 through 400.9985, is created to  
1237 read:

1238 PART XI

1239 TRANSITIONAL LIVING FACILITIES

1240 400.997 Legislative intent.—It is the intent of the  
1241 Legislature to provide for the licensure of transitional living  
1242 facilities and require the development, establishment, and  
1243 enforcement of basic standards by the Agency for Health Care  
1244 Administration to ensure quality of care and services to clients  
1245 in transitional living facilities. It is the policy of the state  
1246 that the least restrictive appropriate available treatment be  
1247 used based on the individual needs and best interest of the  
1248 client, consistent with optimum improvement of the client's  
1249 condition. The goal of a transitional living program for persons  
1250 who have brain or spinal cord injuries is to assist each person  
1251 who has such an injury to achieve a higher level of independent  
1252 functioning and to enable the person to reenter the community.  
1253 It is also the policy of the state that the restraint or  
1254 seclusion of a client is justified only as an emergency safety  
1255 measure used in response to danger to the client or others. It  
1256 is therefore the intent of the Legislature to achieve an ongoing  
1257 reduction in the use of restraint or seclusion in programs and  
1258 facilities that serve persons who have brain or spinal cord  
1259 injuries.

1260 400.9971 Definitions.—As used in this part, the term:

1261 (1) "Agency" means the Agency for Health Care

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1262 Administration.

1263 (2) "Chemical restraint" means a pharmacologic drug that  
1264 physically limits, restricts, or deprives a person of movement  
1265 or mobility, is used for client protection or safety, and is not  
1266 required for the treatment of medical conditions or symptoms.

1267 (3) "Client's representative" means the parent of a child  
1268 client or the client's guardian, designated representative,  
1269 designee, surrogate, or attorney in fact.

1270 (4) "Department" means the Department of Health.

1271 (5) "Physical restraint" means a manual method to restrict  
1272 freedom of movement of or normal access to a person's body, or a  
1273 physical or mechanical device, material, or equipment attached  
1274 or adjacent to the person's body that the person cannot easily  
1275 remove and that restricts freedom of movement of or normal  
1276 access to the person's body, including, but not limited to, a  
1277 half-bed rail, a full-bed rail, a geriatric chair, or a Posey  
1278 restraint. The term includes any device that is not specifically  
1279 manufactured as a restraint but is altered, arranged, or  
1280 otherwise used for this purpose. The term does not include  
1281 bandage material used for the purpose of binding a wound or  
1282 injury.

1283 (6) "Seclusion" means the physical segregation of a person  
1284 in any fashion or the involuntary isolation of a person in a  
1285 room or area from which the person is prevented from leaving.  
1286 Such prevention may be accomplished by imposition of a physical  
1287 barrier or by action of a staff member to prevent the person

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1288 from leaving the room or area. For purposes of this part, the  
1289 term does not mean isolation due to a person's medical condition  
1290 or symptoms.

1291 (7) "Transitional living facility" means a site where  
1292 specialized health care services are provided to persons who  
1293 have brain or spinal cord injuries, including, but not limited  
1294 to, rehabilitative services, behavior modification, community  
1295 reentry training, aids for independent living, and counseling.

1296 400.9972 License required; fee; application.-

1297 (1) The requirements of part II of chapter 408 apply to  
1298 the provision of services that require licensure pursuant to  
1299 this part and part II of chapter 408 and to entities licensed by  
1300 or applying for licensure from the agency pursuant to this part.  
1301 A license issued by the agency is required for the operation of  
1302 a transitional living facility in this state. However, this part  
1303 does not require a provider licensed by the agency to obtain a  
1304 separate transitional living facility license to serve persons  
1305 who have brain or spinal cord injuries as long as the services  
1306 provided are within the scope of the provider's license.

1307 (2) In accordance with this part, an applicant or a  
1308 licensee shall pay a fee for each license application submitted  
1309 under this part. The license fee shall consist of a \$4,588  
1310 license fee and a \$90 per-bed fee per biennium and shall conform  
1311 to the annual adjustment authorized in s. 408.805.

1312 (3) An applicant for licensure must provide:

1313 (a) The location of the facility for which the license is

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1314 sought and documentation, signed by the appropriate local  
1315 government official, which states that the applicant has met  
1316 local zoning requirements.

1317 (b) Proof of liability insurance as provided in s.  
1318 624.605(1)(b).

1319 (c) Proof of compliance with local zoning requirements,  
1320 including compliance with the requirements of chapter 419 if the  
1321 proposed facility is a community residential home.

1322 (d) Proof that the facility has received a satisfactory  
1323 firesafety inspection.

1324 (e) Documentation that the facility has received a  
1325 satisfactory sanitation inspection by the county health  
1326 department.

1327 (4) The applicant's proposed facility must attain and  
1328 continuously maintain accreditation by an accrediting  
1329 organization that specializes in evaluating rehabilitation  
1330 facilities whose standards incorporate licensure regulations  
1331 comparable to those required by the state. An applicant for  
1332 licensure as a transitional living facility must acquire  
1333 accreditation within 12 months after issuance of an initial  
1334 license. The agency shall accept the accreditation survey report  
1335 of the accrediting organization in lieu of conducting a  
1336 licensure inspection if the standards included in the survey  
1337 report are determined by the agency to document that the  
1338 facility substantially complies with state licensure  
1339 requirements. Within 10 days after receiving the accreditation

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1340 survey report, the applicant shall submit to the agency a copy  
1341 of the report and evidence of the accreditation decision as a  
1342 result of the report. The agency may conduct an inspection of a  
1343 transitional living facility to ensure compliance with the  
1344 licensure requirements of this part, to validate the inspection  
1345 process of the accrediting organization, to respond to licensure  
1346 complaints, or to protect the public health and safety.

1347 400.9973 Client admission, transfer, and discharge.-

1348 (1) A transitional living facility shall have written  
1349 policies and procedures governing the admission, transfer, and  
1350 discharge of clients.

1351 (2) The admission of a client to a transitional living  
1352 facility must be in accordance with the licensee's policies and  
1353 procedures.

1354 (3) A client admitted to a transitional living facility  
1355 must have a brain or spinal cord injury, such as a lesion to the  
1356 spinal cord or cauda equina syndrome, with evidence of  
1357 significant involvement of at least two of the following  
1358 deficits or dysfunctions:

1359 (a) A motor deficit.

1360 (b) A sensory deficit.

1361 (c) Bowel and bladder dysfunction.

1362 (d) An acquired internal or external injury to the skull,  
1363 the brain, or the brain's covering, whether caused by a  
1364 traumatic or nontraumatic event, which produces an altered state  
1365 of consciousness or an anatomic motor, sensory, cognitive, or

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1366 behavioral deficit.

1367 (4) A client whose medical condition and diagnosis do not  
1368 positively identify a cause of the client's condition, whose  
1369 symptoms are inconsistent with the known cause of injury, or  
1370 whose recovery is inconsistent with the known medical condition  
1371 may be admitted to a transitional living facility for evaluation  
1372 for a period not to exceed 90 days.

1373 (5) A client admitted to a transitional living facility  
1374 must be admitted upon prescription by a licensed physician,  
1375 physician assistant, or advanced registered nurse practitioner  
1376 and must remain under the care of a licensed physician,  
1377 physician assistant, or advanced registered nurse practitioner  
1378 for the duration of the client's stay in the facility.

1379 (6) A transitional living facility may not admit a person  
1380 whose primary admitting diagnosis is mental illness or an  
1381 intellectual or developmental disability.

1382 (7) A person may not be admitted to a transitional living  
1383 facility if the person:

1384 (a) Presents significant risk of infection to other  
1385 clients or personnel. A health care practitioner must provide  
1386 documentation that the person is free of apparent signs and  
1387 symptoms of communicable disease;

1388 (b) Is a danger to himself or herself or others as  
1389 determined by a physician, physician assistant, or advanced  
1390 registered nurse practitioner or a mental health practitioner  
1391 licensed under chapter 490 or chapter 491, unless the facility

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1392 provides adequate staffing and support to ensure patient safety;

1393 (c) Is bedridden; or

1394 (d) Requires 24-hour nursing supervision.

1395 (8) If the client meets the admission criteria, the

1396 medical or nursing director of the facility must complete an

1397 initial evaluation of the client's functional skills, behavioral

1398 status, cognitive status, educational or vocational potential,

1399 medical status, psychosocial status, sensorimotor capacity, and

1400 other related skills and abilities within the first 72 hours

1401 after the client's admission to the facility. An initial

1402 comprehensive treatment plan that delineates services to be

1403 provided and appropriate sources for such services must be

1404 implemented within the first 4 days after admission.

1405 (9) A transitional living facility shall develop a

1406 discharge plan for each client before or upon admission to the

1407 facility. The discharge plan must identify the intended

1408 discharge site and possible alternative discharge sites. For

1409 each discharge site identified, the discharge plan must identify

1410 the skills, behaviors, and other conditions that the client must

1411 achieve to be eligible for discharge. A discharge plan must be

1412 reviewed and updated as necessary but at least once monthly.

1413 (10) A transitional living facility shall discharge a

1414 client as soon as practicable when the client no longer requires

1415 the specialized services described in s. 400.9971(7), when the

1416 client is not making measurable progress in accordance with the

1417 client's comprehensive treatment plan, or when the transitional

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1418 living facility is no longer the most appropriate and least  
1419 restrictive treatment option.

1420 (11) A transitional living facility shall provide at least  
1421 30 days' notice to a client of transfer or discharge plans,  
1422 including the location of an acceptable transfer location if the  
1423 client is unable to live independently. This subsection does not  
1424 apply if a client voluntarily terminates residency.

1425 400.9974 Client comprehensive treatment plans; client  
1426 services.-

1427 (1) A transitional living facility shall develop a  
1428 comprehensive treatment plan for each client as soon as  
1429 practicable but no later than 30 days after the initial  
1430 comprehensive treatment plan is developed. The comprehensive  
1431 treatment plan must be developed by an interdisciplinary team  
1432 consisting of the case manager, the program director, the  
1433 advanced registered nurse practitioner, and appropriate  
1434 therapists. The client or, if appropriate, the client's  
1435 representative must be included in developing the comprehensive  
1436 treatment plan. The comprehensive treatment plan must be  
1437 reviewed and updated if the client fails to meet projected  
1438 improvements outlined in the plan or if a significant change in  
1439 the client's condition occurs. The comprehensive treatment plan  
1440 must be reviewed and updated at least once monthly.

1441 (2) The comprehensive treatment plan must include:

1442 (a) Orders obtained from the physician, physician  
1443 assistant, or advanced registered nurse practitioner and the

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1444 client's diagnosis, medical history, physical examination, and  
1445 rehabilitative or restorative needs.

1446 (b) A preliminary nursing evaluation, including orders for  
1447 immediate care provided by the physician, physician assistant,  
1448 or advanced registered nurse practitioner, which shall be  
1449 completed when the client is admitted.

1450 (c) A comprehensive, accurate, reproducible, and  
1451 standardized assessment of the client's functional capability;  
1452 the treatments designed to achieve skills, behaviors, and other  
1453 conditions necessary for the client to return to the community;  
1454 and specific measurable goals.

1455 (d) Steps necessary for the client to achieve transition  
1456 into the community and estimated length of time to achieve those  
1457 goals.

1458 (3) The client or, if appropriate, the client's  
1459 representative must consent to the continued treatment at the  
1460 transitional living facility. Consent may be for a period of up  
1461 to 3 months. If such consent is not given, the transitional  
1462 living facility shall discharge the client as soon as  
1463 practicable.

1464 (4) A client must receive the professional program  
1465 services needed to implement the client's comprehensive  
1466 treatment plan.

1467 (5) The licensee must employ qualified professional staff  
1468 to carry out and monitor the various professional interventions  
1469 in accordance with the stated goals and objectives of the

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1470 client's comprehensive treatment plan.

1471 (6) A client must receive a continuous treatment program  
1472 that includes appropriate, consistent implementation of  
1473 specialized and general training, treatment, health services,  
1474 and related services and that is directed toward:

1475 (a) The acquisition of the behaviors and skills necessary  
1476 for the client to function with as much self-determination and  
1477 independence as possible.

1478 (b) The prevention or deceleration of regression or loss  
1479 of current optimal functional status.

1480 (c) The management of behavioral issues that preclude  
1481 independent functioning in the community.

1482 400.9975 Licensee responsibilities.-

1483 (1) The licensee shall ensure that each client:

1484 (a) Lives in a safe environment free from abuse, neglect,  
1485 and exploitation.

1486 (b) Is treated with consideration and respect and with due  
1487 recognition of personal dignity, individuality, and the need for  
1488 privacy.

1489 (c) Retains and uses his or her own clothes and other  
1490 personal property in his or her immediate living quarters to  
1491 maintain individuality and personal dignity, except when the  
1492 licensee demonstrates that such retention and use would be  
1493 unsafe, impractical, or an infringement upon the rights of other  
1494 clients.

1495 (d) Has unrestricted private communication, including

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1496 receiving and sending unopened correspondence, access to a  
1497 telephone, and visits with any person of his or her choice. Upon  
1498 request, the licensee shall modify visiting hours for caregivers  
1499 and guests. The facility shall restrict communication in  
1500 accordance with any court order or written instruction of a  
1501 client's representative. Any restriction on a client's  
1502 communication for therapeutic reasons shall be documented and  
1503 reviewed at least weekly and shall be removed as soon as no  
1504 longer clinically indicated. The basis for the restriction shall  
1505 be explained to the client and, if applicable, the client's  
1506 representative. The client shall retain the right to call the  
1507 central abuse hotline, the agency, and Disability Rights Florida  
1508 at any time.

1509 (e) Has the opportunity to participate in and benefit from  
1510 community services and activities to achieve the highest  
1511 possible level of independence, autonomy, and interaction within  
1512 the community.

1513 (f) Has the opportunity to manage his or her financial  
1514 affairs unless the client or, if applicable, the client's  
1515 representative authorizes the administrator of the facility to  
1516 provide safekeeping for funds as provided under this part.

1517 (g) Has reasonable opportunity for regular exercise more  
1518 than once per week and to be outdoors at regular and frequent  
1519 intervals except when prevented by inclement weather.

1520 (h) Has the opportunity to exercise civil and religious  
1521 liberties, including the right to independent personal

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1522 decisions. However, a religious belief or practice, including  
1523 attendance at religious services, may not be imposed upon any  
1524 client.

1525 (i) Has access to adequate and appropriate health care  
1526 consistent with established and recognized community standards.

1527 (j) Has the opportunity to present grievances and  
1528 recommend changes in policies, procedures, and services to the  
1529 staff of the licensee, governing officials, or any other person  
1530 without restraint, interference, coercion, discrimination, or  
1531 reprisal. A licensee shall establish a grievance procedure to  
1532 facilitate a client's ability to present grievances, including a  
1533 system for investigating, tracking, managing, and responding to  
1534 complaints by a client or, if applicable, the client's  
1535 representative and an appeals process. The appeals process must  
1536 include access to Disability Rights Florida and other advocates  
1537 and the right to be a member of, be active in, and associate  
1538 with advocacy or special interest groups.

1539 (2) The licensee shall:

1540 (a) Promote participation of the client's representative  
1541 in the process of providing treatment to the client unless the  
1542 representative's participation is unobtainable or inappropriate.

1543 (b) Answer communications from the client's family,  
1544 guardians, and friends promptly and appropriately.

1545 (c) Promote visits by persons with a relationship to the  
1546 client at any reasonable hour, without requiring prior notice,  
1547 in any area of the facility that provides direct care services

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1548 to the client, consistent with the client's and other clients'  
1549 privacy, unless the interdisciplinary team determines that such  
1550 a visit would not be appropriate.

1551 (d) Promote opportunities for the client to leave the  
1552 facility for visits, trips, or vacations.

1553 (e) Promptly notify the client's representative of a  
1554 significant incident or change in the client's condition,  
1555 including, but not limited to, serious illness, accident, abuse,  
1556 unauthorized absence, or death.

1557 (3) The administrator of a facility shall ensure that a  
1558 written notice of licensee responsibilities is posted in a  
1559 prominent place in each building where clients reside and is  
1560 read or explained to clients who cannot read. This notice shall  
1561 be provided to clients in a manner that is clearly legible,  
1562 shall include the statewide toll-free telephone number for  
1563 reporting complaints to the agency, and shall include the words:  
1564 "To report a complaint regarding the services you receive,  
1565 please call toll-free ...[telephone number]... or Disability  
1566 Rights Florida ...[telephone number]...." The statewide toll-  
1567 free telephone number for the central abuse hotline shall be  
1568 provided to clients in a manner that is clearly legible and  
1569 shall include the words: "To report abuse, neglect, or  
1570 exploitation, please call toll-free ...[telephone number]...."  
1571 The licensee shall ensure a client's access to a telephone where  
1572 telephone numbers are posted as required by this subsection.

1573 (4) A licensee or employee of a facility may not serve

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1574 notice upon a client to leave the premises or take any other  
1575 retaliatory action against another person solely because of the  
1576 following:

1577 (a) The client or other person files an internal or  
1578 external complaint or grievance regarding the facility.

1579 (b) The client or other person appears as a witness in a  
1580 hearing inside or outside the facility.

1581 (5) Before or at the time of admission, the client and, if  
1582 applicable, the client's representative shall receive a copy of  
1583 the licensee's responsibilities, including grievance procedures  
1584 and telephone numbers, as provided in this section.

1585 (6) The licensee must develop and implement policies and  
1586 procedures governing the release of client information,  
1587 including consent necessary from the client or, if applicable,  
1588 the client's representative.

1589 400.9976 Administration of medication.—

1590 (1) An individual medication administration record must be  
1591 maintained for each client. A dose of medication, including a  
1592 self-administered dose, shall be properly recorded in the  
1593 client's record. A client who self-administers medication shall  
1594 be given a pill organizer. Medication must be placed in the pill  
1595 organizer by a nurse. A nurse shall document the date and time  
1596 that medication is placed into each client's pill organizer. All  
1597 medications must be administered in compliance with orders of a  
1598 physician, physician assistant, or advanced registered nurse  
1599 practitioner.

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1600       (2) If an interdisciplinary team determines that self-  
1601 administration of medication is an appropriate objective, and if  
1602 the physician, physician assistant, or advanced registered nurse  
1603 practitioner does not specify otherwise, the client must be  
1604 instructed by the physician, physician assistant, or advanced  
1605 registered nurse practitioner to self-administer his or her  
1606 medication without the assistance of a staff person. All forms  
1607 of self-administration of medication, including administration  
1608 orally, by injection, and by suppository, shall be included in  
1609 the training. The client's physician, physician assistant, or  
1610 advanced registered nurse practitioner must be informed of the  
1611 interdisciplinary team's decision that self-administration of  
1612 medication is an objective for the client. A client may not  
1613 self-administer medication until he or she demonstrates the  
1614 competency to take the correct medication in the correct dosage  
1615 at the correct time, to respond to missed doses, and to contact  
1616 the appropriate person with questions.

1617       (3) Medication administration discrepancies and adverse  
1618 drug reactions must be recorded and reported immediately to a  
1619 physician, physician assistant, or advanced registered nurse  
1620 practitioner.

1621       400.9977 Assistance with medication.-

1622       (1) Notwithstanding any provision of part I of chapter  
1623 464, the Nurse Practice Act, unlicensed direct care services  
1624 staff who provide services to clients in a facility licensed  
1625 under chapter 400 or chapter 429 may administer prescribed,

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1626 prepackaged, and premeasured medications under the general  
1627 supervision of a registered nurse as provided under this section  
1628 and applicable rules.

1629 (2) Training required by this section and applicable rules  
1630 shall be conducted by a registered nurse licensed under chapter  
1631 464, a physician licensed under chapter 458 or chapter 459, or a  
1632 pharmacist licensed under chapter 465.

1633 (3) A facility that allows unlicensed direct care service  
1634 staff to administer medications pursuant to this section shall:

1635 (a) Develop and implement policies and procedures that  
1636 include a plan to ensure the safe handling, storage, and  
1637 administration of prescription medications.

1638 (b) Maintain written evidence of the express and informed  
1639 consent for each client.

1640 (c) Maintain a copy of the written prescription, including  
1641 the name of the medication, the dosage, and the administration  
1642 schedule and termination date.

1643 (d) Maintain documentation of compliance with required  
1644 training.

1645 (4) The agency shall adopt rules to implement this  
1646 section.

1647 400.9978 Protection of clients from abuse, neglect,  
1648 mistreatment, and exploitation.—The licensee shall develop and  
1649 implement policies and procedures for the screening and training  
1650 of employees; the protection of clients; and the prevention,  
1651 identification, investigation, and reporting of abuse, neglect,

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1652 mistreatment, and exploitation. The licensee shall identify  
1653 clients whose personal histories render them at risk for abusing  
1654 other clients, develop intervention strategies to prevent  
1655 occurrences of abuse, monitor clients for changes that would  
1656 trigger abusive behavior, and reassess the interventions on a  
1657 regular basis. A licensee shall:

1658 (1) Screen each potential employee for a history of abuse,  
1659 neglect, mistreatment, or exploitation of clients. The screening  
1660 shall include an attempt to obtain information from previous and  
1661 current employers and verification of screening information by  
1662 the appropriate licensing boards.

1663 (2) Train employees through orientation and ongoing  
1664 sessions regarding issues related to abuse prohibition  
1665 practices, including identification of abuse, neglect,  
1666 mistreatment, and exploitation; appropriate interventions to  
1667 address aggressive or catastrophic reactions of clients; the  
1668 process for reporting allegations without fear of reprisal; and  
1669 recognition of signs of frustration and stress that may lead to  
1670 abuse.

1671 (3) Provide clients, families, and staff with information  
1672 regarding how and to whom they may report concerns, incidents,  
1673 and grievances without fear of retribution and provide feedback  
1674 regarding the concerns that are expressed. A licensee shall  
1675 identify, correct, and intervene in situations in which abuse,  
1676 neglect, mistreatment, or exploitation is likely to occur,  
1677 including:

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1678 (a) Evaluating the physical environment of the facility to  
1679 identify characteristics that may make abuse or neglect more  
1680 likely to occur, such as secluded areas.

1681 (b) Providing sufficient staff on each shift to meet the  
1682 needs of the clients and ensuring that the assigned staff have  
1683 knowledge of each client's care needs.

1684 (c) Identifying inappropriate staff behaviors, such as  
1685 using derogatory language, rough handling of clients, ignoring  
1686 clients while giving care, and directing clients who need  
1687 toileting assistance to urinate or defecate in their beds.

1688 (d) Assessing, monitoring, and planning care for clients  
1689 with needs and behaviors that might lead to conflict or neglect,  
1690 such as a history of aggressive behaviors including entering  
1691 other clients' rooms without permission, exhibiting self-  
1692 injurious behaviors or communication disorders, requiring  
1693 intensive nursing care, or being totally dependent on staff.

1694 (4) Identify events, such as suspicious bruising of  
1695 clients, occurrences, patterns, and trends that may constitute  
1696 abuse and determine the direction of the investigation.

1697 (5) Investigate alleged violations and different types of  
1698 incidents, identify the staff member responsible for initial  
1699 reporting, and report results to the proper authorities. The  
1700 licensee shall analyze the incidents to determine whether  
1701 policies and procedures need to be changed to prevent further  
1702 incidents and take necessary corrective actions.

1703 (6) Protect clients from harm during an investigation.

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1704 (7) Report alleged violations and substantiated incidents,  
1705 as required under chapters 39 and 415, to the licensing  
1706 authorities and all other agencies, as required, and report any  
1707 knowledge of actions by a court of law that would indicate an  
1708 employee is unfit for service.

1709 400.9979 Restraint and seclusion; client safety.—

1710 (1) A facility shall provide a therapeutic milieu that  
1711 supports a culture of individual empowerment and responsibility.  
1712 The health and safety of the client shall be the facility's  
1713 primary concern at all times.

1714 (2) The use of physical restraints must be ordered and  
1715 documented by a physician, physician assistant, or advanced  
1716 registered nurse practitioner and must be consistent with the  
1717 policies and procedures adopted by the facility. The client or,  
1718 if applicable, the client's representative shall be informed of  
1719 the facility's physical restraint policies and procedures when  
1720 the client is admitted.

1721 (3) The use of chemical restraints shall be limited to  
1722 prescribed dosages of medications as ordered by a physician,  
1723 physician assistant, or advanced registered nurse practitioner  
1724 and must be consistent with the client's diagnosis and the  
1725 policies and procedures adopted by the facility. The client and,  
1726 if applicable, the client's representative shall be informed of  
1727 the facility's chemical restraint policies and procedures when  
1728 the client is admitted.

1729 (4) Based on the assessment by a physician, physician

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1730 assistant, or advanced registered nurse practitioner, if a  
1731 client exhibits symptoms that present an immediate risk of  
1732 injury or death to himself or herself or others, a physician,  
1733 physician assistant, or advanced registered nurse practitioner  
1734 may issue an emergency treatment order to immediately administer  
1735 rapid-response psychotropic medications or other chemical  
1736 restraints. Each emergency treatment order must be documented  
1737 and maintained in the client's record.

1738 (a) An emergency treatment order is not effective for more  
1739 than 24 hours.

1740 (b) Whenever a client is medicated under this subsection,  
1741 the client's representative or a responsible party and the  
1742 client's physician, physician assistant, or advanced registered  
1743 nurse practitioner shall be notified as soon as practicable.

1744 (5) A client who is prescribed and receives a medication  
1745 that can serve as a chemical restraint for a purpose other than  
1746 an emergency treatment order must be evaluated by his or her  
1747 physician, physician assistant, or advanced registered nurse  
1748 practitioner at least monthly to assess:

1749 (a) The continued need for the medication.

1750 (b) The level of the medication in the client's blood.

1751 (c) The need for adjustments to the prescription.

1752 (6) The licensee shall ensure that clients are free from  
1753 unnecessary drugs and physical restraints and are provided  
1754 treatment to reduce dependency on drugs and physical restraints.

1755 (7) The licensee may only employ physical restraints and

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1756 seclusion as authorized by the facility's written policies,  
1757 which shall comply with this section and applicable rules.

1758 (8) Interventions to manage dangerous client behavior  
1759 shall be employed with sufficient safeguards and supervision to  
1760 ensure that the safety, welfare, and civil and human rights of a  
1761 client are adequately protected.

1762 (9) A facility shall notify the parent, guardian, or, if  
1763 applicable, the client's representative when restraint or  
1764 seclusion is employed. The facility must provide the  
1765 notification within 24 hours after the restraint or seclusion is  
1766 employed. Reasonable efforts must be taken to notify the parent,  
1767 guardian, or, if applicable, the client's representative by  
1768 telephone or e-mail, or both, and these efforts must be  
1769 documented.

1770 (10) The agency may adopt rules that establish standards  
1771 and procedures for the use of restraints, restraint positioning,  
1772 seclusion, and emergency treatment orders for psychotropic  
1773 medications, restraint, and seclusion. These rules must include  
1774 duration of restraint, staff training, observation of the client  
1775 during restraint, and documentation and reporting standards.

1776 400.998 Personnel background screening; administration and  
1777 management procedures.-

1778 (1) The agency shall require level 2 background screening  
1779 for licensee personnel as required in s. 408.809(1)(e) and  
1780 pursuant to chapter 435 and s. 408.809.

1781 (2) The licensee shall maintain personnel records for each

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1782 staff member that contain, at a minimum, documentation of  
1783 background screening, a job description, documentation of  
1784 compliance with the training requirements of this part and  
1785 applicable rules, the employment application, references, a copy  
1786 of each job performance evaluation, and, for each staff member  
1787 who performs services for which licensure or certification is  
1788 required, a copy of all licenses or certification held by that  
1789 staff member.

1790 (3) The licensee must:

1791 (a) Develop and implement infection control policies and  
1792 procedures and include the policies and procedures in the  
1793 licensee's policy manual.

1794 (b) Maintain liability insurance as defined in s.  
1795 624.605(1)(b).

1796 (c) Designate one person as an administrator to be  
1797 responsible and accountable for the overall management of the  
1798 facility.

1799 (d) Designate in writing a person to be responsible for  
1800 the facility when the administrator is absent from the facility  
1801 for more than 24 hours.

1802 (e) Designate in writing a program director to be  
1803 responsible for supervising the therapeutic and behavioral  
1804 staff, determining the levels of supervision, and determining  
1805 room placement for each client.

1806 (f) Designate in writing a person to be responsible when  
1807 the program director is absent from the facility for more than

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1808 24 hours.  
1809 (g) Obtain approval of the comprehensive emergency  
1810 management plan, pursuant to s. 400.9982(2)(e), from the local  
1811 emergency management agency. Pending the approval of the plan,  
1812 the local emergency management agency shall ensure that the  
1813 following agencies, at a minimum, are given the opportunity to  
1814 review the plan: the Department of Health, the Agency for Health  
1815 Care Administration, and the Division of Emergency Management.  
1816 Appropriate volunteer organizations shall also be given the  
1817 opportunity to review the plan. The local emergency management  
1818 agency shall complete its review within 60 days after receipt of  
1819 the plan and either approve the plan or advise the licensee of  
1820 necessary revisions.

1821 (h) Maintain written records in a form and system that  
1822 comply with medical and business practices and make the records  
1823 available by the facility for review or submission to the agency  
1824 upon request. The records shall include:

1825 1. A daily census record that indicates the number of  
1826 clients currently receiving services in the facility, including  
1827 information regarding any public funding of such clients.

1828 2. A record of each accident or unusual incident involving  
1829 a client or staff member that caused, or had the potential to  
1830 cause, injury or harm to any person or property within the  
1831 facility. The record shall contain a clear description of each  
1832 accident or incident; the names of the persons involved; a  
1833 description of medical or other services provided to these

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1834 persons, including the provider of the services; and the steps  
1835 taken to prevent recurrence of such accident or incident.

1836 3. A copy of current agreements with third-party  
1837 providers.

1838 4. A copy of current agreements with each consultant  
1839 employed by the licensee and documentation of a consultant's  
1840 visits and required written and dated reports.

1841 400.9981 Property and personal affairs of clients.—

1842 (1) A client shall be given the option of using his or her  
1843 own belongings, as space permits; choosing a roommate if  
1844 practical and not clinically contraindicated; and, whenever  
1845 possible, unless the client is adjudicated incompetent or  
1846 incapacitated under state law, managing his or her own affairs.

1847 (2) The admission of a client to a facility and his or her  
1848 presence therein does not confer on a licensee or administrator,  
1849 or an employee or representative thereof, any authority to  
1850 manage, use, or dispose of the property of the client, and the  
1851 admission or presence of a client does not confer on such person  
1852 any authority or responsibility for the personal affairs of the  
1853 client except that which may be necessary for the safe  
1854 management of the facility or for the safety of the client.

1855 (3) A licensee or administrator, or an employee or  
1856 representative thereof, may:

1857 (a) Not act as the guardian, trustee, or conservator for a  
1858 client or a client's property.

1859 (b) Act as a competent client's payee for social security,

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1860 veteran's, or railroad benefits if the client provides consent  
1861 and the licensee files a surety bond with the agency in an  
1862 amount equal to twice the average monthly aggregate income or  
1863 personal funds due to the client, or expendable for the client's  
1864 account, that are received by a licensee.

1865 (c) Act as the attorney in fact for a client if the  
1866 licensee files a surety bond with the agency in an amount equal  
1867 to twice the average monthly income of the client, plus the  
1868 value of a client's property under the control of the attorney  
1869 in fact.

1870

1871 The surety bond required under paragraph (b) or paragraph (c)  
1872 shall be executed by the licensee as principal and a licensed  
1873 surety company. The bond shall be conditioned upon the faithful  
1874 compliance of the licensee with the requirements of licensure  
1875 and is payable to the agency for the benefit of a client who  
1876 suffers a financial loss as a result of the misuse or  
1877 misappropriation of funds held pursuant to this subsection. A  
1878 surety company that cancels or does not renew the bond of a  
1879 licensee shall notify the agency in writing at least 30 days  
1880 before the action, giving the reason for cancellation or  
1881 nonrenewal. A licensee or administrator, or an employee or  
1882 representative thereof, who is granted power of attorney for a  
1883 client of the facility shall, on a monthly basis, notify the  
1884 client in writing of any transaction made on behalf of the  
1885 client pursuant to this subsection, and a copy of the

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1886 notification given to the client shall be retained in the  
1887 client's file and available for agency inspection.

1888 (4) A licensee, with the consent of the client, shall  
1889 provide for safekeeping in the facility of the client's personal  
1890 effects of a value not in excess of \$1,000 and the client's  
1891 funds not in excess of \$500 cash and shall keep complete and  
1892 accurate records of the funds and personal effects received. If  
1893 a client is absent from a facility for 24 hours or more, the  
1894 licensee may provide for safekeeping of the client's personal  
1895 effects of a value in excess of \$1,000.

1896 (5) Funds or other property belonging to or due to a  
1897 client or expendable for the client's account that are received  
1898 by a licensee shall be regarded as funds held in trust and shall  
1899 be kept separate from the funds and property of the licensee and  
1900 other clients or shall be specifically credited to the client.  
1901 The funds held in trust shall be used or otherwise expended only  
1902 for the account of the client. At least once every month, except  
1903 pursuant to an order of a court of competent jurisdiction, the  
1904 licensee shall furnish the client and, if applicable, the  
1905 client's representative with a complete and verified statement  
1906 of all funds and other property to which this subsection  
1907 applies, detailing the amount and items received, together with  
1908 their sources and disposition. The licensee shall furnish the  
1909 statement annually and upon discharge or transfer of a client. A  
1910 governmental agency or private charitable agency contributing  
1911 funds or other property to the account of a client is also

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1912 entitled to receive a statement monthly and upon the discharge  
1913 or transfer of the client.

1914 (6) (a) In addition to any damages or civil penalties to  
1915 which a person is subject, a person who:

1916 1. Intentionally withholds a client's personal funds,  
1917 personal property, or personal needs allowance;

1918 2. Demands, beneficially receives, or contracts for  
1919 payment of all or any part of a client's personal property or  
1920 personal needs allowance in satisfaction of the facility rate  
1921 for supplies and services; or

1922 3. Borrows from or pledges any personal funds of a client,  
1923 other than the amount agreed to by written contract under s.  
1924 429.24,

1925  
1926 commits a misdemeanor of the first degree, punishable as  
1927 provided in s. 775.082 or s. 775.083.

1928 (b) A licensee or administrator, or an employee, or  
1929 representative thereof, who is granted power of attorney for a  
1930 client and who misuses or misappropriates funds obtained through  
1931 this power commits a felony of the third degree, punishable as  
1932 provided in s. 775.082, s. 775.083, or s. 775.084.

1933 (7) In the event of the death of a client, a licensee  
1934 shall return all refunds, funds, and property held in trust to  
1935 the client's personal representative, if one has been appointed  
1936 at the time the licensee disburses such funds, or, if not, to  
1937 the client's spouse or adult next of kin named in a beneficiary

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1938 designation form provided by the licensee to the client. If the  
1939 client does not have a spouse or adult next of kin or such  
1940 person cannot be located, funds due to be returned to the client  
1941 shall be placed in an interest-bearing account, and all property  
1942 held in trust by the licensee shall be safeguarded until such  
1943 time as the funds and property are disbursed pursuant to the  
1944 Florida Probate Code. The funds shall be kept separate from the  
1945 funds and property of the licensee and other clients of the  
1946 facility. If the funds of the deceased client are not disbursed  
1947 pursuant to the Florida Probate Code within 2 years after the  
1948 client's death, the funds shall be deposited in the Health Care  
1949 Trust Fund administered by the agency.

1950 (8) The agency, by rule, may clarify terms and specify  
1951 procedures and documentation necessary to administer the  
1952 provisions of this section relating to the proper management of  
1953 clients' funds and personal property and the execution of surety  
1954 bonds.

1955 400.9982 Rules establishing standards.—

1956 (1) It is the intent of the Legislature that rules adopted  
1957 and enforced pursuant to this part and part II of chapter 408  
1958 include criteria to ensure reasonable and consistent quality of  
1959 care and client safety. The rules should make reasonable efforts  
1960 to accommodate the needs and preferences of the client to  
1961 enhance the client's quality of life while residing in a  
1962 transitional living facility.

1963 (2) The agency may adopt and enforce rules to implement

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1964 this part and part II of chapter 408, which shall include  
1965 reasonable and fair criteria with respect to:  
1966 (a) The location of transitional living facilities.  
1967 (b) The qualifications of personnel, including management,  
1968 medical, nursing, and other professional personnel and nursing  
1969 assistants and support staff, who are responsible for client  
1970 care. The licensee must employ enough qualified professional  
1971 staff to carry out and monitor interventions in accordance with  
1972 the stated goals and objectives of each comprehensive treatment  
1973 plan.  
1974 (c) Requirements for personnel procedures, reporting  
1975 procedures, and documentation necessary to implement this part.  
1976 (d) Services provided to clients of transitional living  
1977 facilities.  
1978 (e) The preparation and annual update of a comprehensive  
1979 emergency management plan in consultation with the Division of  
1980 Emergency Management. At a minimum, the rules must provide for  
1981 plan components that address emergency evacuation  
1982 transportation; adequate sheltering arrangements; postdisaster  
1983 activities, including provision of emergency power, food, and  
1984 water; postdisaster transportation; supplies; staffing;  
1985 emergency equipment; individual identification of clients and  
1986 transfer of records; communication with families; and responses  
1987 to family inquiries.  
1988 400.9983 Violations; penalties.—A violation of this part  
1989 or any rule adopted pursuant thereto shall be classified

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1990 according to the nature of the violation and the gravity of its  
1991 probable effect on facility clients. The agency shall indicate  
1992 the classification on the written notice of the violation as  
1993 follows:

1994 (1) Class "I" violations are defined in s. 408.813. The  
1995 agency shall issue a citation regardless of correction and  
1996 impose an administrative fine of \$5,000 for an isolated  
1997 violation, \$7,500 for a patterned violation, or \$10,000 for a  
1998 widespread violation. Violations may be identified, and a fine  
1999 must be levied, notwithstanding the correction of the deficiency  
2000 giving rise to the violation.

2001 (2) Class "II" violations are defined in s. 408.813. The  
2002 agency shall impose an administrative fine of \$1,000 for an  
2003 isolated violation, \$2,500 for a patterned violation, or \$5,000  
2004 for a widespread violation. A fine must be levied  
2005 notwithstanding the correction of the deficiency giving rise to  
2006 the violation.

2007 (3) Class "III" violations are defined in s. 408.813. The  
2008 agency shall impose an administrative fine of \$500 for an  
2009 isolated violation, \$750 for a patterned violation, or \$1,000  
2010 for a widespread violation. If a deficiency giving rise to a  
2011 class III violation is corrected within the time specified by  
2012 the agency, the fine may not be imposed.

2013 (4) Class "IV" violations are defined in s. 408.813. The  
2014 agency shall impose an administrative fine of at least \$100 but  
2015 not exceeding \$200 for each cited class IV violation. If a

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2016 deficiency giving rise to a class IV violation is corrected  
2017 within the time specified by the agency, the fine may not be  
2018 imposed.

2019 400.9984 Receivership proceedings.—The agency may apply s.  
2020 429.22 with regard to receivership proceedings for transitional  
2021 living facilities.

2022 400.9985 Interagency communication.—The agency, the  
2023 department, the Agency for Persons with Disabilities, and the  
2024 Department of Children and Families shall develop electronic  
2025 systems to ensure that relevant information pertaining to the  
2026 regulation of transitional living facilities and clients is  
2027 timely and effectively communicated among agencies in order to  
2028 facilitate the protection of clients. Electronic sharing of  
2029 information shall include, at a minimum, a brain and spinal cord  
2030 injury registry and a client abuse registry.

2031 Section 33. Section 400.805, Florida Statutes, is  
2032 repealed.

2033 Section 34. The title of part V of chapter 400, Florida  
2034 Statutes, consisting of sections 400.701 and 400.801, is  
2035 redesignated as "INTERMEDIATE CARE FACILITIES."

2036 Section 35. Subsection (9) of section 381.745, Florida  
2037 Statutes, is amended to read:

2038 381.745 Definitions; ss. 381.739–381.79.—As used in ss.  
2039 381.739–381.79, the term:

2040 (9) "Transitional living facility" means a state-approved  
2041 facility~~7~~ as defined and licensed under chapter 400 ~~or chapter~~

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2042 ~~429, or a facility approved by the brain and spinal cord injury~~  
2043 ~~program in accordance with this chapter.~~

2044 Section 36. Section 381.75, Florida Statutes, is amended  
2045 to read:

2046 381.75 Duties and responsibilities of the department, ~~of~~  
2047 ~~transitional living facilities, and of residents.~~—Consistent  
2048 with the mandate of s. 381.7395, the department shall develop  
2049 and administer a multilevel treatment program for individuals  
2050 who sustain brain or spinal cord injuries and who are referred  
2051 to the brain and spinal cord injury program.

2052 (1) Within 15 days after any report of an individual who  
2053 has sustained a brain or spinal cord injury, the department  
2054 shall notify the individual or the most immediate available  
2055 family members of their right to assistance from the state, the  
2056 services available, and the eligibility requirements.

2057 (2) The department shall refer individuals who have brain  
2058 or spinal cord injuries to other state agencies to ensure ~~assure~~  
2059 that rehabilitative services, if desired, are obtained by that  
2060 individual.

2061 (3) The department, in consultation with emergency medical  
2062 service, shall develop standards for an emergency medical  
2063 evacuation system that will ensure that all individuals who  
2064 sustain traumatic brain or spinal cord injuries are transported  
2065 to a department-approved trauma center that meets the standards  
2066 and criteria established by the emergency medical service and  
2067 the acute-care standards of the brain and spinal cord injury

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2068 program.

2069 (4) The department shall develop standards for designation  
2070 of rehabilitation centers to provide rehabilitation services for  
2071 individuals who have brain or spinal cord injuries.

2072 (5) The department shall determine the appropriate number  
2073 of designated acute-care facilities, inpatient rehabilitation  
2074 centers, and outpatient rehabilitation centers, needed based on  
2075 incidence, volume of admissions, and other appropriate criteria.

2076 (6) The department shall develop standards for designation  
2077 of transitional living facilities to provide transitional living  
2078 services for individuals who participate in the brain and spinal  
2079 cord injury program ~~the opportunity to adjust to their~~  
2080 ~~disabilities and to develop physical and functional skills in a~~  
2081 ~~supported living environment.~~

2082 ~~(a) The Agency for Health Care Administration, in~~  
2083 ~~consultation with the department, shall develop rules for the~~  
2084 ~~licensure of transitional living facilities for individuals who~~  
2085 ~~have brain or spinal cord injuries.~~

2086 ~~(b) The goal of a transitional living program for~~  
2087 ~~individuals who have brain or spinal cord injuries is to assist~~  
2088 ~~each individual who has such a disability to achieve a higher~~  
2089 ~~level of independent functioning and to enable that person to~~  
2090 ~~reenter the community. The program shall be focused on preparing~~  
2091 ~~participants to return to community living.~~

2092 ~~(c) A transitional living facility for an individual who~~  
2093 ~~has a brain or spinal cord injury shall provide to such~~

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2094 ~~individual, in a residential setting, a goal-oriented treatment~~  
2095 ~~program designed to improve the individual's physical,~~  
2096 ~~cognitive, communicative, behavioral, psychological, and social~~  
2097 ~~functioning, as well as to provide necessary support and~~  
2098 ~~supervision. A transitional living facility shall offer at least~~  
2099 ~~the following therapies: physical, occupational, speech,~~  
2100 ~~neuropsychology, independent living skills training, behavior~~  
2101 ~~analysis for programs serving brain-injured individuals, health~~  
2102 ~~education, and recreation.~~

2103 ~~(d) All residents shall use the transitional living~~  
2104 ~~facility as a temporary measure and not as a permanent home or~~  
2105 ~~domicile. The transitional living facility shall develop an~~  
2106 ~~initial treatment plan for each resident within 3 days after the~~  
2107 ~~resident's admission. The transitional living facility shall~~  
2108 ~~develop a comprehensive plan of treatment and a discharge plan~~  
2109 ~~for each resident as soon as practical, but no later than 30~~  
2110 ~~days after the resident's admission. Each comprehensive~~  
2111 ~~treatment plan and discharge plan must be reviewed and updated~~  
2112 ~~as necessary, but no less often than quarterly. This subsection~~  
2113 ~~does not require the discharge of an individual who continues to~~  
2114 ~~require any of the specialized services described in paragraph~~  
2115 ~~(c) or who is making measurable progress in accordance with that~~  
2116 ~~individual's comprehensive treatment plan. The transitional~~  
2117 ~~living facility shall discharge any individual who has an~~  
2118 ~~appropriate discharge site and who has achieved the goals of his~~  
2119 ~~or her discharge plan or who is no longer making progress toward~~

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2120 ~~the goals established in the comprehensive treatment plan and~~  
2121 ~~the discharge plan. The discharge location must be the least~~  
2122 ~~restrictive environment in which an individual's health, well-~~  
2123 ~~being, and safety is preserved.~~

2124 ~~(7) Recipients of services, under this section, from any~~  
2125 ~~of the facilities referred to in this section shall pay a fee~~  
2126 ~~based on ability to pay.~~

2127 Section 37. Subsection (4) of section 381.78, Florida  
2128 Statutes, is amended to read:

2129 381.78 Advisory council on brain and spinal cord  
2130 injuries.—

2131 (4) The council shall:

2132 ~~(a)~~ provide advice and expertise to the department in the  
2133 preparation, implementation, and periodic review of the brain  
2134 and spinal cord injury program.

2135 ~~(b) Annually appoint a five-member committee composed of~~  
2136 ~~one individual who has a brain injury or has a family member~~  
2137 ~~with a brain injury, one individual who has a spinal cord injury~~  
2138 ~~or has a family member with a spinal cord injury, and three~~  
2139 ~~members who shall be chosen from among these representative~~  
2140 ~~groups: physicians, other allied health professionals,~~  
2141 ~~administrators of brain and spinal cord injury programs, and~~  
2142 ~~representatives from support groups with expertise in areas~~  
2143 ~~related to the rehabilitation of individuals who have brain or~~  
2144 ~~spinal cord injuries, except that one and only one member of the~~  
2145 ~~committee shall be an administrator of a transitional living~~

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2146 ~~facility. Membership on the council is not a prerequisite for~~  
2147 ~~membership on this committee.~~

2148 ~~1. The committee shall perform onsite visits to those~~  
2149 ~~transitional living facilities identified by the Agency for~~  
2150 ~~Health Care Administration as being in possible violation of the~~  
2151 ~~statutes and rules regulating such facilities. The committee~~  
2152 ~~members have the same rights of entry and inspection granted~~  
2153 ~~under s. 400.805(4) to designated representatives of the agency.~~

2154 ~~2. Factual findings of the committee resulting from an~~  
2155 ~~onsite investigation of a facility pursuant to subparagraph 1.~~  
2156 ~~shall be adopted by the agency in developing its administrative~~  
2157 ~~response regarding enforcement of statutes and rules regulating~~  
2158 ~~the operation of the facility.~~

2159 ~~3. Onsite investigations by the committee shall be funded~~  
2160 ~~by the Health Care Trust Fund.~~

2161 ~~4. Travel expenses for committee members shall be~~  
2162 ~~reimbursed in accordance with s. 112.061.~~

2163 ~~5. Members of the committee shall recuse themselves from~~  
2164 ~~participating in any investigation that would create a conflict~~  
2165 ~~of interest under state law, and the council shall replace the~~  
2166 ~~member, either temporarily or permanently.~~

2167 Section 38. Subsection (5) of section 400.93, Florida  
2168 Statutes, is amended to read:

2169 400.93 Licensure required; exemptions; unlawful acts;  
2170 penalties.—

2171 (5) The following are exempt from home medical equipment

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2172 provider licensure, unless they have a separate company,  
2173 corporation, or division that is in the business of providing  
2174 home medical equipment and services for sale or rent to  
2175 consumers at their regular or temporary place of residence  
2176 pursuant to the provisions of this part:

2177 (a) Providers operated by the Department of Health or  
2178 Federal Government.

2179 (b) Nursing homes licensed under part II.

2180 (c) Assisted living facilities licensed under chapter 429,  
2181 when serving their residents.

2182 (d) Home health agencies licensed under part III.

2183 (e) Hospices licensed under part IV.

2184 (f) Intermediate care facilities and, homes for special  
2185 services, ~~and transitional living facilities~~ licensed under part  
2186 V.

2187 (g) Transitional living facilities licensed under part XI.

2188 (h) ~~(g)~~ Hospitals and ambulatory surgical centers licensed  
2189 under chapter 395.

2190 (i) ~~(h)~~ Manufacturers and wholesale distributors when not  
2191 selling directly to consumers.

2192 (j) ~~(i)~~ Licensed health care practitioners who use ~~utilize~~  
2193 home medical equipment in the course of their practice, but do  
2194 not sell or rent home medical equipment to their patients.

2195 (k) ~~(j)~~ Pharmacies licensed under chapter 465.

2196 Section 39. Subsection (21) of section 408.802, Florida  
2197 Statutes, is amended to read:

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2198 408.802 Applicability.—The provisions of this part apply  
2199 to the provision of services that require licensure as defined  
2200 in this part and to the following entities licensed, registered,  
2201 or certified by the agency, as described in chapters 112, 383,  
2202 390, 394, 395, 400, 429, 440, 483, and 765:

2203 (21) Transitional living facilities, as provided under  
2204 part XI ~~∇~~ of chapter 400.

2205 Section 40. Subsection (20) of section 408.820, Florida  
2206 Statutes, is amended to read:

2207 408.820 Exemptions.—Except as prescribed in authorizing  
2208 statutes, the following exemptions shall apply to specified  
2209 requirements of this part:

2210 (20) Transitional living facilities, as provided under  
2211 part XI ~~∇~~ of chapter 400, are exempt from s. 408.810(10).

2212 Section 41. Effective July 1, 2015, a transitional living  
2213 facility licensed before the effective date of this act pursuant  
2214 to s. 400.805, Florida Statutes, must be licensed under part XI  
2215 of chapter 400, Florida Statutes, as created by this act.

2216 Section 42. Section 752.011, Florida Statutes, is created  
2217 to read:

2218 752.011 Petition for grandparent visitation of a minor  
2219 child.—A grandparent of a minor child whose parents are  
2220 deceased, missing, or in a permanent vegetative state, or whose  
2221 one parent is deceased, missing, or in a permanent vegetative  
2222 state and whose other parent has been convicted of a felony or  
2223 an offense of violence, may petition the court for visitation

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2224 with the grandchild under this section.

2225 (1) Upon the filing of a petition by a grandparent for  
2226 visitation, the court shall hold a preliminary hearing to  
2227 determine whether the petitioner has made a prima facie showing  
2228 of parental unfitness or significant harm to the child. Absent  
2229 such a showing, the court shall dismiss the petition and shall  
2230 award reasonable attorney fees and costs to be paid by the  
2231 petitioner to the respondent.

2232 (2) If the court finds that there is prima facie evidence  
2233 that a parent is unfit or that there is significant harm to the  
2234 child, the court shall proceed with a final hearing, may appoint  
2235 a guardian ad litem, and shall refer the matter to family  
2236 mediation as provided in s. 752.015.

2237 (3) After conducting a final hearing on the issue of  
2238 visitation, the court may award reasonable visitation to the  
2239 grandparent with respect to the minor child if the court finds  
2240 by clear and convincing evidence that a parent is unfit or that  
2241 there is significant harm to the child, that visitation is in  
2242 the best interest of the minor child, and that the visitation  
2243 will not materially harm the parent-child relationship.

2244 (4) In assessing the best interest of the child under  
2245 subsection (3), the court shall consider the totality of the  
2246 circumstances affecting the mental and emotional well-being of  
2247 the minor child, including:

2248 (a) The love, affection, and other emotional ties existing  
2249 between the minor child and the grandparent, including those

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2250 resulting from the relationship that had been previously allowed  
2251 by the child's parent.

2252 (b) The length and quality of the previous relationship  
2253 between the minor child and the grandparent, including the  
2254 extent to which the grandparent was involved in providing  
2255 regular care and support for the child.

2256 (c) Whether the grandparent established ongoing personal  
2257 contact with the minor child before the death of the parent.

2258 (d) The reasons cited by the surviving parent in ending  
2259 contact or visitation between the minor child and the  
2260 grandparent.

2261 (e) Whether there has been significant and demonstrable  
2262 mental or emotional harm to the minor child as a result of the  
2263 disruption in the family unit, whether the child derived support  
2264 and stability from the grandparent, and whether the continuation  
2265 of such support and stability is likely to prevent further harm.

2266 (f) The existence or threat to the minor child of mental  
2267 injury as defined in s. 39.01.

2268 (g) The present mental, physical, and emotional health of  
2269 the minor child.

2270 (h) The present mental, physical, and emotional health of  
2271 the grandparent.

2272 (i) The recommendations of the minor child's guardian ad  
2273 litem, if one is appointed.

2274 (j) The result of any psychological evaluation of the  
2275 minor child.

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2276 (k) The preference of the minor child if the child is  
2277 determined to be of sufficient maturity to express a preference.

2278 (l) A written testamentary statement by the deceased  
2279 parent regarding visitation with the grandparent. The absence of  
2280 a testamentary statement is not deemed to provide evidence that  
2281 the deceased parent would have objected to the requested  
2282 visitation.

2283 (m) Other factors that the court considers necessary in  
2284 making its determination.

2285 (5) In assessing material harm to the parent-child  
2286 relationship under subsection (3), the court shall consider the  
2287 totality of the circumstances affecting the parent-child  
2288 relationship, including:

2289 (a) Whether there have been previous disputes between the  
2290 grandparent and the parent over childrearing or other matters  
2291 related to the care and upbringing of the minor child.

2292 (b) Whether visitation would materially interfere with or  
2293 compromise parental authority.

2294 (c) Whether visitation can be arranged in a manner that  
2295 does not materially detract from the parent-child relationship,  
2296 including the quantity of time available for enjoyment of the  
2297 parent-child relationship and any other consideration related to  
2298 disruption of the schedule and routine of the parent and the  
2299 minor child.

2300 (d) Whether visitation is being sought for the primary  
2301 purpose of continuing or establishing a relationship with the

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2302 minor child with the intent that the child benefit from the  
2303 relationship.

2304 (e) Whether the requested visitation would expose the  
2305 minor child to conduct, moral standards, experiences, or other  
2306 factors that are inconsistent with influences provided by the  
2307 parent.

2308 (f) The nature of the relationship between the child's  
2309 parent and the grandparent.

2310 (g) The reasons cited by the parent in ending contact or  
2311 visitation between the minor child and the grandparent which was  
2312 previously allowed by the parent.

2313 (h) The psychological toll of visitation disputes on the  
2314 minor child.

2315 (i) Other factors that the court considers necessary in  
2316 making its determination.

2317 (6) Part II of chapter 61 applies to actions brought under  
2318 this section.

2319 (7) If actions under this section and s. 61.13 are pending  
2320 concurrently, the courts are strongly encouraged to consolidate  
2321 the actions in order to minimize the burden of litigation on the  
2322 minor child and the other parties.

2323 (8) An order for grandparent visitation may be modified  
2324 upon a showing by the person petitioning for modification that a  
2325 substantial change in circumstances has occurred and that  
2326 modification of visitation is in the best interest of the minor  
2327 child.

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2328       (9) An original action requesting visitation under this  
2329 section may be filed by a grandparent only once during any 2-  
2330 year period, except on good cause shown that the minor child is  
2331 suffering, or may suffer, significant and demonstrable mental or  
2332 emotional harm caused by a parental decision to deny visitation  
2333 between a minor child and the grandparent, which was not known  
2334 to the grandparent at the time of filing an earlier action.

2335       (10) This section does not provide for grandparent  
2336 visitation with a minor child placed for adoption under chapter  
2337 63 except as provided in s. 752.071 with respect to adoption by  
2338 a stepparent or close relative.

2339       (11) Venue shall be in the county where the minor child  
2340 primarily resides, unless venue is otherwise governed by chapter  
2341 39, chapter 61, or chapter 63.

2342       Section 43. Section 752.071, Florida Statutes, is created  
2343 to read:

2344       752.071 Effect of adoption by stepparent or close  
2345 relative.—After the adoption of a minor child by a stepparent or  
2346 close relative, the stepparent or close relative may petition  
2347 the court to terminate an order granting grandparent visitation  
2348 under this chapter which was entered before the adoption. The  
2349 court may terminate the order unless the grandparent is able to  
2350 show that the criteria of s. 752.011 authorizing the visitation  
2351 continue to be satisfied.

2352       Section 44. Section 752.015, Florida Statutes, is amended  
2353 to read:

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2354           752.015 Mediation of visitation disputes.—It is ~~shall be~~  
2355 the public policy of this state that families resolve  
2356 differences over grandparent visitation within the family. It is  
2357 ~~shall be~~ the further public policy of this state that, when  
2358 families are unable to resolve differences relating to  
2359 grandparent visitation, that ~~that~~ the family participate in any  
2360 formal or informal mediation services that may be available. If  
2361 ~~When~~ families are unable to resolve differences relating to  
2362 grandparent visitation and a petition is filed pursuant to s.  
2363 752.011 s. 752.01, the court shall, if such services are  
2364 available in the circuit, refer the case to family mediation in  
2365 accordance with the Florida Family Law Rules of Procedure ~~rules~~  
2366 ~~promulgated by the Supreme Court.~~

2367           Section 45. Section 752.01, Florida Statutes, is repealed.

2368           Section 46. Section 752.07, Florida Statutes, is repealed.

2369           Section 47. Subsection (7) of section 400.474, Florida  
2370 Statutes, is amended to read:

2371           400.474 Administrative penalties.—

2372           (7) A home health agency shall electronically submit to  
2373 the agency, ~~within 15 days after the end of each calendar~~  
2374 ~~quarter,~~ a ~~written~~ report for each 6-month period ending March  
2375 31 and September 30.

2376           (a) Each report must include ~~that includes~~ the following  
2377 data as it ~~they~~ existed on the last day of the reporting period  
2378 ~~quarter:~~

2379           1.(a) The number of insulin-dependent diabetic patients

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2380 who receive insulin-injection services from the home health  
2381 agency.

2382 ~~2.(b)~~ The number of patients who receive both home health  
2383 services from the home health agency and hospice services.

2384 ~~3.(e)~~ The number of patients who receive home health  
2385 services from the home health agency.

2386 ~~4.(d)~~ The name and license number of each nurse whose  
2387 primary job responsibility is to provide home health services to  
2388 patients and who received remuneration from the home health  
2389 agency in excess of \$50,000 ~~\$25,000~~ during the reporting period  
2390 ~~calendar quarter~~.

2391 ~~(b)~~ If the home health agency fails to submit the ~~written~~  
2392 ~~quarterly~~ report within 15 days after the end of the applicable  
2393 reporting period ~~each calendar quarter~~, the agency ~~for Health~~  
2394 ~~Care Administration~~ shall impose a fine of \$200 per day against  
2395 the home health agency ~~in the amount of \$200 per day~~ until the  
2396 agency ~~for Health Care Administration~~ receives the report,  
2397 except that the total fine imposed pursuant to this subsection  
2398 may not exceed \$5,000 per reporting period ~~quarter~~. A home  
2399 health agency is exempt from submission of the report and the  
2400 imposition of the fine if it is not a Medicaid or Medicare  
2401 provider ~~or if it does not share a controlling interest with a~~  
2402 ~~licensee, as defined in s. 408.803, which bills the Florida~~  
2403 ~~Medicaid program or the Medicare program.~~

2404 Section 48. Except as otherwise expressly provided in this  
2405 act, this act shall take effect July 1, 2014.

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**T I T L E   A M E N D M E N T**

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to health of residents; amending s. 394.4574, F.S.; providing that Medicaid managed care plans are responsible for enrolled mental health residents; providing that managing entities under contract with the Department of Children and Families are responsible for mental health residents who are not enrolled with a Medicaid managed care plan; deleting a provision to conform to changes made by the act; requiring that the community living support plan be completed and provided to the administrator of a facility within a specified period after the resident's admission; requiring the community living support plan to be updated when there is a significant change to the mental health resident's behavioral health; requiring the case manager assigned to a mental health resident of an assisted living facility that holds a limited mental health license to keep a record of the date and time of face-to-face interactions with the resident and to make the record available to the responsible entity for inspection; requiring that the record be maintained for a

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2432 specified period; requiring the responsible entity to  
2433 ensure that there is adequate and consistent  
2434 monitoring and implementation of community living  
2435 support plans and cooperative agreements and that  
2436 concerns are reported to the appropriate regulatory  
2437 oversight organization under certain circumstances;  
2438 amending s. 400.0074, F.S.; requiring that an  
2439 administrative assessment conducted by a local council  
2440 be comprehensive in nature and focus on factors  
2441 affecting the rights, health, safety, and welfare of  
2442 nursing home residents; requiring a local council to  
2443 conduct an exit consultation with the facility  
2444 administrator or administrator designee to discuss  
2445 issues and concerns in areas affecting the rights,  
2446 health, safety, and welfare of residents and make  
2447 recommendations for improvement; amending s. 400.0078,  
2448 F.S.; requiring that a resident or a representative of  
2449 a resident of a long-term care facility be informed  
2450 that retaliatory action cannot be taken against a  
2451 resident for presenting grievances or for exercising  
2452 any other resident right; amending s. 409.212, F.S.;  
2453 increasing the cap on additional supplementation a  
2454 person may receive under certain conditions; amending  
2455 s. 429.02, F.S.; revising the definition of the term  
2456 "limited nursing services"; amending s. 429.07, F.S.;  
2457 requiring that an extended congregate care license be

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2458 issued to certain facilities that have been licensed  
2459 as assisted living facilities under certain  
2460 circumstances and authorizing the issuance of such  
2461 license if a specified condition is met; providing the  
2462 purpose of an extended congregate care license;  
2463 providing that the initial extended congregate care  
2464 license of an assisted living facility is provisional  
2465 under certain circumstances; requiring a licensee to  
2466 notify the Agency for Health Care Administration if it  
2467 accepts a resident who qualifies for extended  
2468 congregate care services; requiring the agency to  
2469 inspect the facility for compliance with the  
2470 requirements of an extended congregate care license;  
2471 requiring the issuance of an extended congregate care  
2472 license under certain circumstances; requiring the  
2473 licensee to immediately suspend extended congregate  
2474 care services under certain circumstances; requiring a  
2475 registered nurse representing the agency to visit the  
2476 facility at least twice a year, rather than quarterly,  
2477 to monitor residents who are receiving extended  
2478 congregate care services; authorizing the agency to  
2479 waive one of the required yearly monitoring visits  
2480 under certain circumstances; authorizing the agency to  
2481 deny or revoke a facility's extended congregate care  
2482 license; requiring a registered nurse representing the  
2483 agency to visit the facility at least annually, rather

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2484 than twice a year, to monitor residents who are  
2485 receiving limited nursing services; providing that  
2486 such monitoring visits may be conducted in conjunction  
2487 with other agency inspections; authorizing the agency  
2488 to waive the required yearly monitoring visit for a  
2489 facility that is licensed to provide limited nursing  
2490 services under certain circumstances; amending s.  
2491 429.075, F.S.; requiring an assisted living facility  
2492 that serves one or more mental health residents to  
2493 obtain a limited mental health license; revising the  
2494 methods employed by a limited mental health facility  
2495 relating to placement requirements to include  
2496 providing written evidence that a request for a  
2497 community living support plan, a cooperative  
2498 agreement, and assessment documentation was sent to  
2499 the Department of Children and Families within 72  
2500 hours after admission; amending s. 429.14, F.S.;  
2501 revising the circumstances under which the agency may  
2502 deny, revoke, or suspend the license of an assisted  
2503 living facility and impose an administrative fine;  
2504 requiring the agency to deny or revoke the license of  
2505 an assisted living facility under certain  
2506 circumstances; requiring the agency to impose an  
2507 immediate moratorium on the license of an assisted  
2508 living facility under certain circumstances; deleting  
2509 a provision requiring the agency to provide a list of

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2510 facilities with denied, suspended, or revoked licenses  
2511 to the Department of Business and Professional  
2512 Regulation; exempting a facility from the 45-day  
2513 notice requirement if it is required to relocate some  
2514 or all of its residents; amending s. 429.178, F.S.;  
2515 conforming cross-references; amending s. 429.19, F.S.;  
2516 providing for classification of the scope of a  
2517 violation based upon number of residents affected and  
2518 number of staff involved; revising the amounts and  
2519 uses of administrative fines; requiring the agency to  
2520 levy a fine for violations that are corrected before  
2521 an inspection if noncompliance occurred within a  
2522 specified period of time; deleting factors that the  
2523 agency is required to consider in determining  
2524 penalties and fines; amending s. 429.256, F.S.;  
2525 revising the term "assistance with self-administration  
2526 of medication" as it relates to the Assisted Living  
2527 Facilities Act; amending s. 429.27, F.S.; revising the  
2528 amount of cash for which a facility may provide  
2529 safekeeping for a resident; amending s. 429.28, F.S.;  
2530 providing notice requirements to inform facility  
2531 residents that the identity of the resident and  
2532 complainant in any complaint made to the State Long-  
2533 Term Care Ombudsman Program or a local long-term care  
2534 ombudsman council is confidential and that retaliatory  
2535 action cannot be taken against a resident for

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2536 presenting grievances or for exercising any other  
2537 resident right; requiring that a facility that  
2538 terminates an individual's residency after the filing  
2539 of a complaint be fined if good cause is not shown for  
2540 the termination; requiring the agency to adopt rules  
2541 to determine compliance with facility standards and  
2542 resident's rights; amending s. 429.34, F.S.; requiring  
2543 certain persons to report elder abuse in assisted  
2544 living facilities; requiring the agency to regularly  
2545 inspect every licensed assisted living facility;  
2546 requiring the agency to conduct more frequent  
2547 inspections under certain circumstances; requiring the  
2548 licensee to pay a fee for the cost of additional  
2549 inspections; requiring the agency to annually adjust  
2550 the fee; amending s. 429.41, F.S.; providing that  
2551 certain staffing requirements apply only to residents  
2552 in continuing care facilities who are receiving the  
2553 relevant service; amending s. 429.52, F.S.; requiring  
2554 each newly hired employee of an assisted living  
2555 facility to attend a preservice orientation provided  
2556 by the assisted living facility; requiring the  
2557 employee and administrator to sign a statement that  
2558 the employee completed the orientation and keep the  
2559 signed statement in the employee's personnel record;  
2560 requiring additional hours of training for assistance  
2561 with medication; conforming a cross-reference;

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2562 creating s. 429.55, F.S.; directing the agency to  
2563 create a consumer information website that publishes  
2564 specified information regarding assisted living  
2565 facilities; providing criteria for webpage content;  
2566 providing for inclusion of all content in the agency's  
2567 possession by a specified date; authorizing the agency  
2568 to adopt rules; requiring the Office of Program Policy  
2569 Analysis and Government Accountability to study the  
2570 reliability of facility surveys and submit to the  
2571 Governor and the Legislature its findings and  
2572 recommendations; amending s. 395.001, F.S.; providing  
2573 legislative intent regarding recovery care centers;  
2574 amending s. 395.002, F.S.; revising and providing  
2575 definitions; amending s. 395.003, F.S.; including  
2576 recovery care centers as facilities licensed under  
2577 chapter 395, F.S.; creating s. 395.0171, F.S.;  
2578 providing admission criteria for a recovery care  
2579 center; requiring emergency care, transfer, and  
2580 discharge protocols; authorizing the agency to adopt  
2581 rules; amending s. 395.1055, F.S.; authorizing the  
2582 agency to establish separate standards for the care  
2583 and treatment of patients in recovery care centers;  
2584 amending s. 395.10973, F.S.; directing the agency to  
2585 enforce special-occupancy provisions of the Florida  
2586 Building Code applicable to recovery care centers;  
2587 amending s. 395.301, F.S.; providing for format and

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2588 content of a patient bill from a recovery care center;  
2589 amending s. 408.802, F.S.; providing applicability of  
2590 the Health Care Licensing Procedures Act to recovery  
2591 care centers; amending s. 408.820, F.S.; exempting  
2592 recovery care centers from specified minimum licensure  
2593 requirements; amending ss. 394.4787, 409.97, and  
2594 409.975, F.S.; conforming cross-references; creating  
2595 part XI of chapter 400, F.S.; providing legislative  
2596 intent; providing definitions; requiring the licensure  
2597 of transitional living facilities; providing license  
2598 fees and application requirements; requiring  
2599 accreditation of licensed facilities; providing  
2600 requirements for transitional living facility policies  
2601 and procedures governing client admission, transfer,  
2602 and discharge; requiring a comprehensive treatment  
2603 plan to be developed for each client; providing plan  
2604 and staffing requirements; requiring certain consent  
2605 for continued treatment in a transitional living  
2606 facility; providing licensee responsibilities;  
2607 providing notice requirements; prohibiting a licensee  
2608 or employee of a facility from serving notice upon a  
2609 client to leave the premises or take other retaliatory  
2610 action under certain circumstances; requiring the  
2611 client and client's representative to be provided with  
2612 certain information; requiring the licensee to develop  
2613 and implement certain policies and procedures;

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2614 providing licensee requirements relating to  
2615 administration of medication; requiring maintenance of  
2616 medication administration records; providing  
2617 requirements for administration of medications by  
2618 unlicensed staff; specifying who may conduct training  
2619 of staff; requiring licensees to adopt policies and  
2620 procedures for administration of medications by  
2621 trained staff; requiring the Agency for Health Care  
2622 Administration to adopt rules; providing requirements  
2623 for the screening of potential employees and training  
2624 and monitoring of employees for the protection of  
2625 clients; requiring licensees to implement certain  
2626 policies and procedures to protect clients; providing  
2627 conditions for investigating and reporting incidents  
2628 of abuse, neglect, mistreatment, or exploitation of  
2629 clients; providing requirements and limitations for  
2630 the use of physical restraints, seclusion, and  
2631 chemical restraint medication on clients; providing a  
2632 limitation on the duration of an emergency treatment  
2633 order; requiring notification of certain persons when  
2634 restraint or seclusion is imposed; authorizing the  
2635 agency to adopt rules; providing background screening  
2636 requirements; requiring the licensee to maintain  
2637 certain personnel records; providing administrative  
2638 responsibilities for licensees; providing  
2639 recordkeeping requirements; providing licensee

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2640 responsibilities with respect to the property and  
2641 personal affairs of clients; providing requirements  
2642 for a licensee with respect to obtaining surety bonds;  
2643 providing recordkeeping requirements relating to the  
2644 safekeeping of personal effects; providing  
2645 requirements for trust funds or other property  
2646 received by a licensee and credited to the client;  
2647 providing a penalty for certain misuse of a client's  
2648 personal funds, property, or personal needs allowance;  
2649 providing criminal penalties for violations; providing  
2650 for the disposition of property in the event of the  
2651 death of a client; authorizing the agency to adopt  
2652 rules; providing legislative intent; authorizing the  
2653 agency to adopt and enforce rules establishing  
2654 standards for transitional living facilities and  
2655 personnel thereof; classifying violations and  
2656 providing penalties therefor; providing administrative  
2657 fines for specified classes of violations; authorizing  
2658 the agency to apply certain provisions with regard to  
2659 receivership proceedings; requiring the agency, the  
2660 Department of Health, the Agency for Persons with  
2661 Disabilities, and the Department of Children and  
2662 Families to develop electronic information systems for  
2663 certain purposes; repealing s. 400.805, F.S., relating  
2664 to transitional living facilities; revising the title  
2665 of part V of chapter 400, F.S.; amending s. 381.745,

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2666 F.S.; revising the definition of the term  
2667 "transitional living facility," to conform; amending  
2668 s. 381.75, F.S.; revising the duties of the Department  
2669 of Health and the agency relating to transitional  
2670 living facilities; amending ss. 381.78, 400.93,  
2671 408.802, and 408.820, F.S.; conforming provisions to  
2672 changes made by the act; providing applicability with  
2673 respect to transitional living facilities licensed  
2674 before a specified date; creating s. 752.011, F.S.;  
2675 authorizing the grandparent of a minor child to  
2676 petition a court for visitation under certain  
2677 circumstances; requiring a preliminary hearing;  
2678 providing for the payment of attorney fees and costs  
2679 by a petitioner who fails to make a prima facie  
2680 showing of harm; authorizing grandparent visitation  
2681 upon specific court findings; providing factors for  
2682 court consideration; providing for application of the  
2683 Uniform Child Custody Jurisdiction and Enforcement  
2684 Act; encouraging the consolidation of certain  
2685 concurrent actions; providing for modification of an  
2686 order awarding grandparent visitation; limiting the  
2687 frequency of actions seeking visitation; limiting  
2688 application to a minor child placed for adoption;  
2689 providing for venue; creating s. 752.071, F.S.;  
2690 providing conditions under which a court may terminate  
2691 a grandparent visitation order upon adoption of a

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2692 | minor child by a stepparent or close relative;  
2693 | amending s. 752.015, F.S.; conforming provisions and  
2694 | cross-references to changes made by the act; repealing  
2695 | s. 752.01, F.S., relating to actions by a grandparent  
2696 | for visitation rights; repealing s. 752.07, F.S.,  
2697 | relating to the effect of adoption of a child by a  
2698 | stepparent on grandparent visitation rights; amending  
2699 | s. 400.474, F.S.; revising the report requirements for  
2700 | home health agencies; providing effective dates.

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