A bill to be entitled

An act relating to assisted living facilities; amending s. 400.407, F.S.; modifying the number of monitoring visits that must be made by the Agency for Health Care Administration to an assisted living facility licensed to provide extended congregate care services; changing the requirements for admission to an assisted living facility licensed to provide extended congregate care services; amending s. 400.408, F.S.; requiring certain individuals with knowledge of unlicensed assisted living facility activity to be subject to disciplinary action; amending s. 400.426, F.S.; authorizing use of a certain assessment to fulfill medical examination requirements; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Subsection (3) of section 400.407, Florida Statutes, is amended to read:

400.407 License required; fee, display.--

(3) Any license granted by the agency shall state the maximum resident capacity of the facility, the type of care for which the license is granted, the date the license is issued, the expiration date of the license, and any other information deemed necessary by the agency. Licenses shall be issued for one or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited mental health services.

- (a) A standard license shall be issued to facilities providing one or more of the services identified in s. 400.402(16). Such facilities may also employ or contract with a person licensed under chapter 464 to administer medications and perform other tasks as specified in s. 400.4255.
- (b) An extended congregate care license shall be issued to facilities providing, directly or through contract, services beyond those authorized in paragraph (a), including acts performed pursuant to chapter 464 by persons licensed thereunder, and supportive services which may be defined by rule to persons who otherwise would be disqualified from continued residence in a facility licensed under this part.
- In order for extended congregate care services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of a facility. Such designation may be made at the time of initial licensure or biennial relicensure, or upon request in writing by a licensee under this part. Notification of approval or denial of such request shall be made within 90 days after receipt of such request and all necessary documentation. Existing facilities qualifying to provide extended congregate care services shall have maintained a standard license and shall not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:
 - a. A class I or class II violation;

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- b. Three or more repeat or recurring class III violations of identical or similar resident care standards as specified in rule from which a pattern of noncompliance is found by the agency;
- c. Three or more class III violations which were not corrected in accordance with the corrective action plan approved by the agency;
- d. Violation of resident care standards resulting in a requirement to employ the services of a consultant pharmacist or consultant dietitian;
- e. Denial, suspension, or revocation of a license for another facility under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or
- f. Imposition of a moratorium on admissions or initiation of injunctive proceedings.
- 2. Facilities that which are licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such services, which report describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit such facilities at least two three times a year to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with applicable provisions of this part and with related rules relating to extended congregate care. One of the visits may be in conjunction with the regular biennial survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of

the team that biennially inspects such facility. The agency may waive one of the required yearly monitoring visits for a facility that has been licensed for at least 24 months to provide extended congregate care services, if, during the biennial inspection, the registered nurse determines that extended congregate care services are being provided appropriately, and if the facility has no class I or class II violations and no uncorrected class III violations. Before such decision is made, the agency shall consult with the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been made and substantiated about the quality of services or care. The agency shall not waive one of the required yearly monitoring visits if complaints have been made and substantiated.

- 3. Facilities <u>that</u> which are licensed to provide extended congregate care services shall:
- a. Demonstrate the capability to meet unanticipated resident service needs.
- b. Offer a physical environment which promotes a homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space as defined by rule.
- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency, as necessary.
- d. Adopt and follow policies and procedures which maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place to the

extent possible, so that moves due to changes in functional status are minimized or avoided.

- e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in developing service plans, and share responsibility in decisionmaking.
 - f. Implement the concept of managed risk.
- g. Provide, either directly or through contract, the services of a person licensed pursuant to chapter 464.
- h. In addition to the training mandated in s. 400.452, provide specialized training as defined by rule for facility staff.
- 4. Facilities licensed to provide extended congregate care services shall be exempt from the criteria for continued residency as set forth in rule pursuant to s. 400.441(1)(h). Facilities so licensed shall adopt their own requirements within guidelines for continued residency set forth by the department in rule. However, such facilities shall not serve residents who require 24-hour nursing supervision. Facilities licensed to provide extended congregate care services shall provide each resident with a written copy of facility policies governing admission and retention.
- 5. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the

individual is determined appropriate for admission to the extended congregate care facility.and either:

a. Transfers from a facility with a standard license;

b. Transfers from another facility licensed to provide extended congregate care services.

- 6. Before admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 400.426(4) and the facility must develop a preliminary service plan for the individual.
- 7. When a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility shall make arrangements for relocating the person in accordance with s. 400.428(1)(k).
- 8. Failure to provide extended congregate care services may result in denial of extended congregate care license renewal.
- 9. No later than January 1 of each year, the department, in consultation with the agency, shall prepare and submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairmen of appropriate legislative committees, a report on the status of, and recommendations related to, extended congregate care services. The status report must include, but need not be limited to, the following information:
- a. A description of the facilities licensed to provide such services, including total number of beds licensed under this part.

- b. The number and characteristics of residents receiving such services.
- c. The types of services rendered that could not be provided through a standard license.
- d. An analysis of deficiencies cited during biennial inspections.
- e. The number of residents who required extended congregate care services at admission and the source of admission.
- $\hbox{f. } \hbox{Recommendations for statutory or regulatory} \\$ $\hbox{changes.}$
- g. The availability of extended congregate care to state clients residing in facilities licensed under this part and in need of additional services, and recommendations for appropriations to subsidize extended congregate care services for such persons.
- h. Such other information as the department considers appropriate.
- (c) A limited nursing services license shall be issued to a facility which provides services beyond those authorized in paragraph (a) and as specified in this paragraph.
- 1. In order for limited nursing services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided. Such designation may be made at the time of initial licensure or biennial relicensure, or upon request in writing by a licensee under this part. Notification of approval or denial of such request shall be made within 90 days after receipt of such request and all necessary documentation. Existing facilities

qualifying to provide limited nursing services shall have maintained a standard license and shall not have been subject to administrative sanctions which affect the health, safety, and welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.

- 2. Facilities which are licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services, which report describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse representing the agency shall visit such facilities at least once a year to monitor residents who are receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this part and with related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that biennially inspects such facility.
- 3. A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 400.428(1)(k), unless the facility is licensed to provide extended congregate care services.

Section 2. Subsection (1) of section 400.408, Florida Statutes, is amended to read:

400.408 Referral of person for residency to unlicensed facility; penalty; verification of licensure status.--

- (1) It is unlawful to knowingly refer a person for residency to an unlicensed facility that provides services that may only be provided by an assisted living facility; to an assisted living facility the license of which is under denial or has been suspended or revoked; or to a facility that has a moratorium on admissions. Any person who violates this subsection is guilty of a noncriminal violation, punishable by a fine not exceeding \$500 as provided in s. 775.083.
- (a) Any employee of the agency or department, or the Department of Health and Rehabilitative Services, who knowingly refers a person for residency to an unlicensed facility; to a facility the license of which is under denial or has been suspended or revoked; or to a facility that has a moratorium on admissions is subject to disciplinary action by the agency or department, or the Department of Health and Rehabilitative Services.
- (b) The employer of any person who is under contract with the agency or department, or the Department of Health and Rehabilitative Services, and who knowingly refers a person for residency to an unlicensed facility; to a facility the license of which is under denial or has been suspended or revoked; or to a facility that has a moratorium on admissions shall be fined and required to prepare a corrective action plan designed to prevent such referrals.
- (c) Unreported knowledge of any unlicensed assisted
 living facility activity by any licensed health care
 professional, or by the owner or employee of any facility
 licensed by the Agency for Health Care Administration or the
 Department of Business and Professional Regulation, subjects

1 the licensed professional or the licensed facility to 2 disciplinary action by the appropriate board, agency, or 3 department. Section 3. Subsection (4) of section 400.426, Florida 4 Statutes, 1996 Supplement, is amended to read: 5 6 400.426 Appropriateness of placements; examinations of 7 residents.--8 (4) Where possible, each resident shall have been 9 examined by a licensed physician or a licensed nurse practitioner within 60 days before admission to the facility. 10 The signed and completed medical examination report shall be 11 12 submitted to the owner or administrator of the facility who 13 shall utilize the information contained therein to assist in the determination of the appropriateness of the resident's 14 15 admission and continued stay in the facility. The medical examination report shall become a permanent part of the record 16 of the resident at the facility and shall be made available to 17 18 the agency during inspection or upon request. An assessment conducted by the Comprehensive Assessment and Review for 19 20 Long-term Care Program (CARES) fulfills the medical examination requirement of this subsection and s. 21 22 400.407(3)(b)6. Section 4. This act shall take effect upon becoming a 23 24 law. 25 26 27 SENATE SUMMARY Modifies the number of monitoring visits that must be made to an assisted living facility licensed to provide extended congregate care services by the Agency for Health Care Administration. Changes admission requirements to an assisted living facility. Authorizes a specific type of assessment to fulfill medical examination requirements. 28 29 30 31