

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

2

3 Section 1. Present subsections (22), (23), (24), (25),
4 and (26) of section 400.402, Florida Statutes, are
5 redesignated as subsections (23), (24), (25), (26), and (27),
6 respectively, and a new subsection (22) is added to said
7 section, to read:

8 400.402 Definitions.--When used in this part, unless
9 the context otherwise requires, the term:

10 (22) "Special care unit" means a facility or
11 designated part of a facility that:

12 (a) Provides special care for persons who have
13 Alzheimer's disease or other related disorders;

14 (b) Admits individuals who have a medical diagnosis of
15 probable Alzheimer's disease or other related disorders and
16 meet the criteria for appropriateness of placement under s.
17 400.426;

18 (c)1. If the facility has 17 or more residents, has an
19 awake staff member on duty at all hours of the day and night;
20 or

21 2. If the facility has fewer than 17 residents, has an
22 awake staff member on duty at all hours of the day and night
23 or has mechanisms in place to monitor and ensure the safety of
24 the facility's residents;

25 (d) Offers activities specifically designed for
26 persons who are cognitively impaired;

27 (e) Has a physical environment that provides for the
28 safety and welfare of the facility's residents; and

29 (f) Employs staff who have completed the training and
30 continuing education required under s. 400.452.

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1 Section 2. Section 400.4177, Florida Statutes, is
2 amended to read:

3 400.4177 Patients with Alzheimer's disease or other
4 related disorders; certain disclosures.--A facility licensed
5 under this part which claims that it provides special care for
6 persons who have Alzheimer's disease or other related
7 disorders must provide a special care unit, as defined in s.
8 400.402, for those persons and must disclose in its
9 advertisements or in a separate document those services that
10 distinguish the care as being especially applicable to, or
11 suitable for, such persons. The facility must give a copy of
12 all such advertisements or a copy of the document to each
13 person who requests information about programs and services
14 for persons with Alzheimer's disease or other related
15 disorders offered by the facility and must maintain a copy of
16 all such advertisements and documents in its records. The
17 agency shall examine all such advertisements and documents in
18 the facility's records as part of the license renewal
19 procedure.

20 Section 3. Section 400.452, Florida Statutes, is
21 amended to read:

22 400.452 Staff training and educational programs; core
23 educational requirement.--

24 (1) The department shall provide, or cause to be
25 provided, training and educational programs for the
26 administrators and ~~such~~ other facility staff, as are defined
27 by the department, to better enable them to appropriately
28 respond to the needs of residents and to meet licensure
29 requirements.

30 (2) The department shall also establish a core
31 educational requirement to be used in these programs.

1 Successful completion of the core educational requirement must
2 include successful completion of a competency test. Programs
3 must be provided by the department or by a provider approved
4 by the department at least quarterly. The core educational
5 requirement must cover at least the following topics:

6 (a) State law and rules on assisted living facilities,
7 including lifesafety requirements and procedures.

8 (b) Identifying and reporting abuse, neglect, and
9 exploitation.

10 (c) Special needs of elderly persons, persons with
11 mental illness, and persons with developmental disabilities
12 and how to meet those needs.

13 (d) Nutrition and food service, including acceptable
14 sanitation practices for preparing, storing, and serving food.

15 (e) Proper techniques for assisting residents with
16 self-administered medication, including recordkeeping.

17 (f) Firesafety requirements, including fire evacuation
18 drills.

19 (g) Level I curriculum as specified in subsection (8).

20 (3) The core educational requirement and the training
21 required for staff who work in special care units ~~Such a~~
22 ~~program~~ must be available at least quarterly in each planning
23 and service area district of the department of ~~Health and~~
24 ~~Rehabilitative Services~~. The competency test must be
25 developed by the department in conjunction with the agency and
26 providers and must be available for use by January 1, 1997.
27 Beginning July 1, 1997, a new facility administrator must
28 complete the core educational requirement including the
29 competency test within 3 months after being employed as an
30 administrator. Failure to complete a core educational
31 requirement specified in this subsection is a violation of

1 this part and subjects the violator to a penalty as prescribed
2 in s. 400.419. Administrators licensed in accordance with
3 chapter 468, part II, are exempt from this requirement. Other
4 licensed professionals may be exempted, as determined by the
5 department by rule. Persons responsible for managing the
6 facility's food service who successfully complete the core
7 training on or after October 1, 1991, are exempt from the
8 certification requirements mandated by s. 381.061(9).

9 (4) Administrators are required to participate in
10 continuing education for a minimum of 12 contact hours every 2
11 years as specified by rule of the department.

12 (5) Administrators and staff of facilities more than
13 10 percent of whose residents are mental health residents
14 shall participate in training in the care and supervision of
15 such residents as specified by rule of the department.

16 (6) Other facility staff shall participate in training
17 relevant to their job duties as specified by rule of the
18 department.

19 (7)(a) An individual who is employed by a facility and
20 works in a special care unit must complete 4 hours of initial
21 training approved by the department or its designee within 6
22 months after the date the department adopts rules to
23 administer the training requirement or within 3 months after
24 beginning employment, whichever occurs later. The training
25 must include the topics in the level I curriculum.

26 (b) Additionally, a direct caregiver who is employed
27 by a facility and works in a special care unit must complete 4
28 hours of initial training approved by the department or its
29 designee in one or more topic areas of the level II curriculum
30 within 1 year after the date the department adopts rules to
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- 1 administer the training requirement or within 9 months after
2 beginning employment, whichever occurs later.
- 3 (8)(a) Level I curriculum must include the following
4 topics, as each relates to persons who have Alzheimer's
5 disease or other related disorders:
- 6 1. Normal aging versus memory loss.
7 2. Understanding the verbal and nonverbal
8 communication of persons who have Alzheimer's disease or
9 related disorders.
- 10 3. Diagnosing Alzheimer's disease and related
11 disorders.
- 12 4. Other neurological diseases or conditions that
13 cause dementia.
- 14 5. Causes of Alzheimer's disease and related
15 disorders.
- 16 6. Signs and symptoms of Alzheimer's disease and
17 related disorders.
- 18 7. Characteristics of individuals in each stage of
19 Alzheimer's disease.
- 20 8. Communicating with individuals who have Alzheimer's
21 disease or related disorders.
- 22 9. Behavior management.
23 10. Personal care assistance.
24 11. Rights and responsibilities of residents.
25 12. Family issues.
- 26 (b) Level II curriculum must include, but need not be
27 limited to, the following topics, as each relates to persons
28 who have Alzheimer's disease or other related disorders:
- 29 1. Medical contraindications.
30 2. General information regarding psychopharmacology.
31 3. Clinical trials and drugs.

- 1 4. Anatomy and physiology of the brain and neurons and
2 the effects of brain changes on individuals who have
3 Alzheimer's disease or related disorders.
- 4 5. A discussion of synapses, dendrites, axons, and
5 neurotransmitters.
- 6 6. The physical, emotional, and medical ramifications
7 of the disease process of Alzheimer's disease and related
8 disorders.
- 9 7. Crisis intervention and safety techniques.
- 10 8. Resident abuse.
- 11 9. Meeting daily challenges, including, but not
12 limited to, bathing, eating, toileting, and sundowning.
- 13 10. Activities for residents.
- 14 11. Strategies for physically approaching residents.
- 15 12. Distraction techniques applicable for assisting
16 residents with activities of daily living.
- 17 13. Validation therapy versus reality therapy.
- 18 14. Security in a facility and the surrounding
19 environment.
- 20 15. Caregiver burnout.
- 21 16. Support systems established to address stress for
22 staff, families, and residents, including:
- 23 a. Matching roommates without making one roommate the
24 caregiver.
- 25 b. Assisting residents who do not have families.
- 26 c. Using volunteers.
- 27 d. Grieving by the resident and the caregiver.
- 28 17. Working with community agencies, including
29 hospitals, rehabilitation centers, and medical and social
30 service professionals.
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1 18. Ethical issues that relate to individuals who have
2 Alzheimer's disease or related disorders.

3 (9) In addition to the training required under
4 subsection (7), a direct caregiver must participate in a
5 minimum of 4 contact hours of continuing education each
6 calendar year. The continuing education must include one or
7 more topics identified in the level II curriculum in which the
8 caregiver has not received previous training.

9 (10) Upon completing any training listed in subsection
10 (8), the employee or direct caregiver shall be issued a
11 certificate that includes the name of the training provider,
12 the topic covered, and the date and signature of the training
13 provider. The certificate is evidence of completion of
14 training in the identified topic and the employee or direct
15 caregiver is not required to repeat training in that topic if
16 the employee or direct caregiver changes employment to a
17 different facility. The employee or direct caregiver must
18 comply with other applicable continuing education
19 requirements.

20 (11) The facility or the employee or direct caregiver
21 must pay the cost of initial and continuing education, except
22 that employees of a facility in which the majority of
23 residents receive optional state supplementation payments may
24 not be charged for initial and continuing education.

25 (12) The department, or its designee, shall approve
26 the initial and continuing education courses and providers. A
27 provider must have:

28 (a) A college degree;

29 (b) A valid license as a registered or licensed
30 practical nurse in this state;

31 (c) A bachelor's or master's degree in social work;

1 (d) One year of experience as an educator of
2 caregivers for individuals who have Alzheimer's disease or
3 related disorders; or

4 (e) Three years of experience working in a resident
5 program associated with the direct care of individuals who
6 have Alzheimer's disease or related disorders.

7
8 The department may waive the requirements of this subsection
9 based on criteria identified in rules of the department.

10 (13) The department shall keep a current list of
11 providers who are approved to provide initial and continuing
12 education for staff of special care units.

13 (14)~~(7)~~ Any facility more than 90 percent of whose
14 residents receive monthly optional supplementation payments is
15 not required to pay for the training and education programs
16 required under subsection (2)~~provided under this section~~. A
17 facility that has one or more such residents shall pay a
18 reduced fee that is proportional to the percentage of such
19 residents in the facility. A facility that does not have any
20 residents who receive monthly optional supplementation
21 payments must pay a reasonable fee, as established by the
22 department, for such training and education programs.

23 (15)~~(8)~~ If the department or the agency determines
24 that there are problems in a facility that could be reduced
25 through specific staff training or education beyond that
26 already required under this section, the department or the
27 agency may require, and provide, or cause to be provided, the
28 training or education of any personal care staff in the
29 facility.

30 Section 4. Subsection (1) of section 400.441, Florida
31 Statutes, is amended to read:

1 400.441 Rules establishing standards.--

2 (1) It is the intent of the Legislature that rules
3 published and enforced pursuant to this section shall include
4 criteria by which a reasonable and consistent quality of
5 resident care and quality of life may be ensured and the
6 results of such resident care may be demonstrated. Such rules
7 shall also ensure a safe and sanitary environment that is
8 residential and noninstitutional in design or nature. It is
9 further intended that reasonable efforts be made to
10 accommodate the needs and preferences of residents to enhance
11 the quality of life in a facility. In order to provide safe
12 and sanitary facilities and the highest quality of resident
13 care accommodating the needs and preferences of residents, the
14 department, in consultation with the agency and the Department
15 of Health and Rehabilitative Services, shall adopt rules,
16 policies, and procedures that it deems are necessary to
17 administer this part and that, ~~which~~ must include reasonable
18 and fair minimum standards in relation to:

19 (a) The maintenance of facilities, not in conflict
20 with the provisions of chapter 553, relating to plumbing,
21 heating, lighting, ventilation, and other housing conditions,
22 which will ensure the health, safety, and comfort of residents
23 and protection from fire hazard, including adequate provisions
24 for fire alarm and other fire protection suitable to the size
25 of the structure. Uniform firesafety standards shall be
26 established and enforced by the State Fire Marshal in
27 cooperation with the agency, the department, and the
28 Department of Health and Rehabilitative Services.

29 1. Evacuation capability determination.--

30 a. The provisions of the National Fire Protection
31 Association, NFPA 101A, Chapter 5, 1995 edition, shall be used

1 for determining the ability of the residents, with or without
2 staff assistance, to relocate from or within a licensed
3 facility to a point of safety as provided in the fire codes
4 adopted herein. An evacuation capability evaluation for
5 initial licensure shall be conducted within 6 months after the
6 date of licensure. For existing licensed facilities that are
7 not equipped with an automatic fire sprinkler system, the
8 administrator shall evaluate the evacuation capability of
9 residents at least annually. The evacuation capability
10 evaluation for each facility not equipped with an automatic
11 fire sprinkler system shall be validated, without liability,
12 by the State Fire Marshal, by the local fire marshal, or by
13 the local authority having jurisdiction over firesafety,
14 before the license renewal date. If the State Fire Marshal,
15 local fire marshal, or local authority having jurisdiction
16 over firesafety has reason to believe that the evacuation
17 capability of a facility as reported by the administrator may
18 have changed, it may, with assistance from the facility
19 administrator, reevaluate the evacuation capability through
20 timed exiting drills. Translation of timed fire exiting drills
21 to evacuation capability may be determined:

- 22 (I) Three minutes or less: prompt.
23 (II) More than 3 minutes, but not more than 13
24 minutes: slow.
25 (III) More than 13 minutes: impractical.

26 b. The Office of the State Fire Marshal shall provide
27 or cause the provision of training and education on the proper
28 application of Chapter 5, NFPA 101A, 1995 edition, to its
29 employees, to staff of the Agency for Health Care
30 Administration who are responsible for regulating facilities
31 under this part, and to local governmental inspectors. The

1 Office of the State Fire Marshal shall provide or cause the
2 provision of this training within its existing budget, but may
3 charge a fee for this training to offset its costs. The
4 initial training must be delivered within 6 months after July
5 1, 1995, and as needed thereafter.

6 c. The Office of the State Fire Marshal, in
7 cooperation with provider associations, shall provide or cause
8 the provision of a training program designed to inform
9 facility operators on how to properly review bid documents
10 relating to the installation of automatic fire sprinklers.
11 The Office of the State Fire Marshal shall provide or cause
12 the provision of this training within its existing budget, but
13 may charge a fee for this training to offset its costs. The
14 initial training must be delivered within 6 months after July
15 1, 1995, and as needed thereafter.

16 d. The administrator of a licensed facility shall sign
17 an affidavit verifying the number of residents occupying the
18 facility at the time of the evacuation capability evaluation.

19 2. Firesafety requirements.--

20 a. Except for the special applications provided
21 herein, effective January 1, 1996, the provisions of the
22 National Fire Protection Association, Life Safety Code, NFPA
23 101, 1994 edition, Chapter 22 for new facilities and Chapter
24 23 for existing facilities shall be the uniform fire code
25 applied by the State Fire Marshal for assisted living
26 facilities, pursuant to s. 633.022.

27 b. Any new facility, regardless of size, that applies
28 for a license on or after January 1, 1996, must be equipped
29 with an automatic fire sprinkler system. The exceptions as
30 provided in section 22-2.3.5.1, NFPA 101, 1994 edition, as
31 adopted herein, apply to any new facility housing eight or

1 fewer residents. On July 1, 1995, local governmental entities
2 responsible for the issuance of permits for construction shall
3 inform, without liability, any facility whose permit for
4 construction is obtained prior to January 1, 1996, of this
5 automatic fire sprinkler requirement. As used in this part,
6 the term "a new facility" does not mean an existing facility
7 that has undergone change of ownership.

8 c. Notwithstanding any provision of s. 633.022 or of
9 the National Fire Protection Association, NFPA 101A, Chapter
10 5, 1995 edition, to the contrary, any existing facility
11 housing eight or fewer residents is not required to install an
12 automatic fire sprinkler system, nor to comply with any other
13 requirement in Chapter 23 of NFPA 101, 1994 edition, that
14 exceeds the firesafety requirements of NFPA 101, 1988 edition,
15 that applies to this size facility, unless the facility has
16 been classified as impractical to evacuate. Any existing
17 facility housing eight or fewer residents that is classified
18 as impractical to evacuate must install an automatic fire
19 sprinkler system within the timeframes granted in this
20 section.

21 d. Any existing facility that is required to install
22 an automatic fire sprinkler system under this paragraph need
23 not meet other firesafety requirements of Chapter 23, NFPA
24 101, 1994 edition, which exceed the provisions of NFPA 101,
25 1988 edition. The mandate contained in this paragraph which
26 requires certain facilities to install an automatic fire
27 sprinkler system supersedes any other requirement.

28 e. This paragraph does not supersede the exceptions
29 granted in NFPA 101, 1988 edition or 1994 edition.

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1 f. This paragraph does not exempt facilities from
2 other firesafety provisions adopted under s. 633.022 and local
3 building code requirements in effect before July 1, 1995.

4 g. A local government may charge fees only in an
5 amount not to exceed the actual expenses incurred by local
6 government relating to the installation and maintenance of an
7 automatic fire sprinkler system in an existing and properly
8 licensed assisted living facility structure as of January 1,
9 1996.

10 h. If a licensed facility undergoes major
11 reconstruction or addition to an existing building on or after
12 January 1, 1996, the entire building must be equipped with an
13 automatic fire sprinkler system. Major reconstruction of a
14 building means repair or restoration that costs in excess of
15 50 percent of the value of the building as reported on the tax
16 rolls, excluding land, before reconstruction. Multiple
17 reconstruction projects within a 5-year period the total costs
18 of which exceed 50 percent of the initial value of the
19 building at the time the first reconstruction project was
20 permitted are to be considered as major reconstruction.
21 Application for a permit for an automatic fire sprinkler
22 system is required upon application for a permit for a
23 reconstruction project that creates costs that go over the
24 50-percent threshold.

25 i. Any facility licensed before January 1, 1996, that
26 is required to install an automatic fire sprinkler system
27 shall ensure that the installation is completed within the
28 following timeframes based upon evacuation capability of the
29 facility as determined under subparagraph 1.:

30 (I) Impractical evacuation capability, 24 months.

31 (II) Slow evacuation capability, 48 months.

1 (III) Prompt evacuation capability, 60 months.

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3 The beginning date from which the deadline for the automatic
4 fire sprinkler installation requirement must be calculated is
5 upon receipt of written notice from the local fire official
6 that an automatic fire sprinkler system must be installed. The
7 local fire official shall send a copy of the document
8 indicating the requirement of a fire sprinkler system to the
9 Agency for Health Care Administration.

10 j. It is recognized that the installation of an
11 automatic fire sprinkler system may create financial hardship
12 for some facilities. The appropriate local fire official
13 shall, without liability, grant two 1-year extensions to the
14 timeframes for installation established herein, if an
15 automatic fire sprinkler installation cost estimate and proof
16 of denial from two financial institutions for a construction
17 loan to install the automatic fire sprinkler system are
18 submitted. However, for any facility with a class I or class
19 II, or a history of uncorrected class III, firesafety
20 deficiencies, an extension must not be granted. The local
21 fire official shall send a copy of the document granting the
22 time extension to the Agency for Health Care Administration.

23 k. A facility owner whose facility is required to be
24 equipped with an automatic fire sprinkler system under Chapter
25 23, NFPA 101, 1994 edition, as adopted herein, must disclose
26 to any potential buyer of the facility that an installation of
27 an automatic fire sprinkler requirement exists. The sale of
28 the facility does not alter the timeframe for the installation
29 of the automatic fire sprinkler system.

30 l. Existing facilities required to install an
31 automatic fire sprinkler system as a result of

1 construction-type restrictions in Chapter 23, NFPA 101, 1994
2 edition, as adopted herein, or evacuation capability
3 requirements shall be notified by the local fire official in
4 writing of the automatic fire sprinkler requirement, as well
5 as the appropriate date for final compliance as provided in
6 this subparagraph. The local fire official shall send a copy
7 of the document to the Agency for Health Care Administration.

8 m. Except in cases of life-threatening fire hazards,
9 if an existing facility experiences a change in the evacuation
10 capability, or if the local authority having jurisdiction
11 identifies a construction-type restriction, such that an
12 automatic fire sprinkler system is required, it shall be
13 afforded time for installation as provided in this
14 subparagraph.

15 n. There is created a study-work group consisting of
16 representatives of the Office of the State Fire Marshal,
17 Florida Fire Chiefs' Association, Florida Fire Marshals'
18 Association, Florida Assisted Living Association, Florida
19 Association of Homes for the Aging, Florida Health Care
20 Association, Florida League of Cities, Florida Association of
21 Counties, Florida State Firemen's Association, Building
22 Officials' Association of Florida, the Aging and Adult
23 Services Program Office of the Department of Health and
24 Rehabilitative Services, and the Agency for Health Care
25 Administration. Each entity involved shall select its
26 representative to the study-work group. The Florida Fire
27 Chiefs' Association shall coordinate study-work group
28 activities. The study-work group shall examine the National
29 Fire Protection Association, NFPA 101, Chapter 23, 1994
30 edition, and shall report to the Legislature by December 31,
31 1995, its recommendations for firesafety standards that will

1 provide a reasonable level of firesafety for the protection of
2 assisted living facility residents without imposing
3 unnecessary economic impact on facilities regulated under this
4 part. Expenses incurred while participating in this study-work
5 group activity shall be borne by the participants.

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7 Facilities that are fully sprinkled and in compliance with
8 other firesafety standards are not required to conduct more
9 than one of the required fire drills between the hours of 11
10 p.m. and 7 a.m., per year. In lieu of the remaining drills,
11 staff responsible for residents during such hours may be
12 required to participate in a mock drill that includes a review
13 of evacuation procedures. Such standards must be included or
14 referenced in the rules adopted by the department after
15 consultation with the State Fire Marshal. Pursuant to s.
16 633.022(1)(b), the State Fire Marshal is the final
17 administrative authority for firesafety standards established
18 and enforced pursuant to this section. All licensed facilities
19 must have an annual fire inspection conducted by the local
20 fire marshal or authority having jurisdiction.

21 (b) The preparation and annual update of a
22 comprehensive emergency management plan. Such standards must
23 be included in the rules adopted by the department after
24 consultation with the Department of Community Affairs. At a
25 minimum, the rules must provide for plan components that
26 address emergency evacuation transportation; adequate
27 sheltering arrangements; postdisaster activities, including
28 provision of emergency power, food, and water; postdisaster
29 transportation; supplies; staffing; emergency equipment;
30 individual identification of residents and transfer of
31 records; communication with families; and responses to family

1 inquiries. The comprehensive emergency management plan is
2 subject to review and approval by the local emergency
3 management agency. During its review, the local emergency
4 management agency shall ensure that the following agencies, at
5 a minimum, are given the opportunity to review the plan: the
6 Department of Elderly Affairs, the Department of Health and
7 Rehabilitative Services, the Agency for Health Care
8 Administration, and the Department of Community Affairs.
9 Also, appropriate volunteer organizations must be given the
10 opportunity to review the plan. The local emergency
11 management agency shall complete its review within 60 days and
12 either approve the plan or advise the facility of necessary
13 revisions.

14 (c) The number and qualifications of all personnel
15 having responsibility for the care of residents. The rules
16 must require adequate staff to provide for the safety of all
17 residents. Facilities licensed for 17 or more residents are
18 required to maintain an alert staff for 24 hours per day.

19 (d) All sanitary conditions within the facility and
20 its surroundings, including water supply, sewage disposal,
21 food handling, and general hygiene, and maintenance thereof,
22 which will ensure the health and comfort of residents. The
23 rules must clearly delineate the responsibilities of the
24 agency's licensure staff and the responsibilities of the
25 county public health units and ensure that inspections are not
26 duplicative. The agency may collect fees for food service
27 inspections conducted by the county public health units and
28 transfer such fees to the Department of Health and
29 Rehabilitative Services.

30 (e) The levying and enforcement of penalties and use
31 of income from fees and fines.

1 (f) The enforcement of the resident bill of rights
2 specified in s. 400.428.

3 (g) The care and maintenance of residents, which must
4 include, but is not limited to:

5 1. The provision of personal services;

6 2. The provision of, or arrangement for, social and
7 leisure activities;

8 3. The arrangement for appointments and transportation
9 to appropriate medical, dental, nursing, or mental health
10 services, as needed by residents;

11 4. The provision of limited nursing services;

12 5. The provision of extended congregate care services;
13 and

14 6. The provision of limited mental health services.

15 (h) The establishment of specific criteria to define
16 appropriateness of admission and continued residency.

17 (i) The definition and use of physical or chemical
18 restraints. The use of physical restraints is limited to
19 half-bed rails as prescribed and documented by the resident's
20 physician with the consent of the resident or, if applicable,
21 the resident's representative or designee or the resident's
22 surrogate, guardian, or attorney in fact. The use of chemical
23 restraints is limited to prescribed dosages of medications
24 authorized by the resident's physician and must be consistent
25 with the resident's diagnosis. Residents who are receiving
26 medications that can serve as chemical restraints must be
27 evaluated by their physician at least annually to assess:

28 1. The continued need for the medication.

29 2. The level of the medication in the resident's
30 blood.

31 3. The need for adjustments in the prescription.

1 Section 5. Paragraph (b) of subsection (1) of section
2 400.407, Florida Statutes, is amended to read:

3 400.407 License required; fee, display.--

4 (1)

5 (b)1. Any person found guilty of violating paragraph
6 (a) who, upon notification by the agency, fails, within 10
7 working days after receiving such notification, to apply for a
8 license commits a felony of the third degree, punishable as
9 provided in s. 775.082, s. 775.083, or s. 775.084.

10 2. Any person found to be in violation of paragraph
11 (a) due to a change in s. 400.402(3), (16), (23), or (24)
12 ~~(22), or (23)~~ or a modification in department policy
13 pertaining to personal services as provided for in s.
14 400.402(16) and who, upon notification by the agency, fails,
15 within 10 working days after receiving such notification, to
16 apply for a license commits a felony of the third degree,
17 punishable as provided in s. 775.082, s. 775.083, or s.
18 775.084.

19 3. Except as provided for in subparagraph 2., any
20 person who violates paragraph (a) who previously operated a
21 licensed facility or concurrently operates a licensed facility
22 and an unlicensed facility commits a felony of the third
23 degree, punishable as provided in s. 775.082, s. 775.083, or
24 s. 775.084.

25 4. Any person who fails to obtain a license after
26 agency notification may be fined for each day of noncompliance
27 pursuant to s. 400.419(1)(b).

28 5. When an owner has an interest in more than one
29 facility, and fails to license any one of these facilities,
30 the agency may revoke the license or impose a moratorium on
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1 any or all of the licensed facilities until such time as the
2 delinquent facility is licensed.
3 6. If the agency determines that an owner is operating
4 or maintaining a facility without obtaining a license
5 authorizing such operation and determines that a condition
6 exists in the facility that poses a threat to the health,
7 safety, or welfare of a resident of the facility, the owner
8 commits neglect as defined in s. 415.102 and is subject to the
9 same actions and penalties specified in ss. 400.414 and
10 400.419 for a negligent act seriously affecting the health,
11 safety, or welfare of a resident of the facility.

12 Section 6. This act shall take effect July 1, 1997.
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14 *****

15 HOUSE SUMMARY

16 Requires that licensed assisted living facilities that
17 provide care for persons who have Alzheimer's disease or
18 related disorders meet the requirements of a special care
19 unit as defined in the act. Provides additional
20 education and training requirements for staff of special
21 care units and for direct caregivers, and provides
22 timeframes for initial training. Requires certain
23 continuing education for direct caregivers. Requires the
24 Department of Elderly Affairs to approve initial and
25 continuing education courses and providers, and specifies
26 education or experience required of providers.
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