A bill to be entitled 1 2 An act relating to nursing home facilities; 3 creating s. 400.0225, F.S.; directing the 4 Agency for Health Care Administration to 5 contract for consumer satisfaction surveys for nursing home residents; providing procedures 6 7 and requirements for use of such surveys; 8 amending s. 400.023, F.S., relating to civil enforcement; providing for disposition of 9 punitive damage awards; creating s. 400.024, 10 11 F.S.; directing the agency to adopt facility practice quidelines, which shall constitute an 12 13 affirmative defense in certain regulatory 14 actions; amending s. 400.063, F.S.; correcting 15 a cross reference; amending s. 400.071, F.S.; 16 revising requirements for licensure and renewal; creating s. 400.118, F.S.; directing 17 the agency to establish a quality assurance and 18 assistance program; providing for 19 20 multidisciplinary teams; providing for rapid 21 response teams; providing for funding; amending 22 s. 400.121, F.S.; expanding authority of the agency to suspend or revoke a facility's 23 license; providing for funding of certain 24 actions to improve a facility's quality of 25 26 care; providing for rules; authorizing the 27 agency to establish standards for a facility's 28 medical director and director of nursing under 29 certain circumstances; authorizing the agency to require certain facilities to increase or 30 31 enhance staffing for a specified time period;

1 providing a penalty; amending s. 400.141, F.S.; 2 providing requirements for appointment of a 3 medical director; revising conditions for encouraging facilities to provide other needed 4 5 services; authorizing Gold Seal facilities to develop programs to provide certified nursing 6 7 assistant training; amending s. 400.19, F.S., 8 to conform to the act; amending s. 400.191, 9 F.S.; revising requirements for provision of information to the public by the agency; 10 amending s. 400.23, F.S.; abolishing the 11 12 Nursing Home Advisory Committee; revising the 13 system for evaluating facility compliance with 14 licensure requirements; eliminating ratings and 15 providing for standard or conditional licensure status; creating s. 400.235, F.S.; providing 16 for development of a Gold Seal Program for 17 recognition of facilities demonstrating 18 excellence in long-term care; establishing a 19 20 Panel on Excellence in Long-Term Care under the Executive Office of the Governor; providing 21 22 membership; providing program criteria; providing for duties of the panel and the 23 24 Governor; providing for agency rules; providing 25 for biennial relicensure of Gold Seal Program 26 facilities, under certain conditions; creating 27 a panel on Medicaid reimbursement; providing 28 membership and duties; requiring reports; 29 providing for expiration; directing the agency to conduct a review of certified nursing 30 31 assistant training programs; repealing s.

1 400.29, F.S., relating to an agency annual 2 report of nursing home facilities; providing an 3 effective date. 4 5 Be It Enacted by the Legislature of the State of Florida: 6 7 Section 1. Section 400.0225, Florida Statutes, is 8 created to read: 400.0225 Consumer satisfaction surveys. -- The agency, 9 or its contractor, shall develop an easy-to-use consumer 10 satisfaction survey, shall ensure that every nursing facility 11 12 licensed pursuant to this part participates in assessing 13 consumer satisfaction, and shall establish procedures to 14 ensure that, at least annually, a representative sample of 15 residents of each facility is selected to participate in the 16 survey. The sample shall be of sufficient size to allow 17 comparisons between and among facilities. Family members, guardians, or other patient representatives may assist the 18 19 resident in completing the survey. Employees and volunteers of 20 the nursing facility or of a corporation or business entity with an ownership interest in the facility are prohibited from 21 22 assisting a resident with or attempting to influence a resident's responses to the consumer satisfaction survey. The 23 24 agency shall survey family members, guardians, or other 25 responsible resident representatives when the resident is 26 mentally incapable of responding to the survey. The agency, or 27 its contractor, shall specify the protocol for conducting and 28 reporting the consumer satisfaction surveys. The agency, 29 through the State Center for Health Statistics, shall contract for consumer satisfaction surveys and report the results of 30 31

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against the facility.

Statutes, is amended to read:

and distributed by the agency. Section 2. Subsection (5) of section 400.023, Florida Statutes, is amended to read: 400.023 Civil enforcement.--(5) For the purpose of this section, punitive damages may be awarded for conduct which is willful, wanton, gross or flagrant, reckless, or consciously indifferent to the rights of the resident. Thirty-three percent of all punitive damages awarded to a plaintiff under this section shall be deposited in the Quality Improvement Trust Fund pursuant to s. 400. Section 3. Section 400.0231, Florida Statutes, is renumbered as section 400.1415, Florida Statutes. Section 4. Section 400.024, Florida Statutes, is created to read: 400.024 Practice guidelines.--The agency, in consultation with the Department of Elderly Affairs and medical, nursing, social work, pharmacy, and other allied health experts as needed, shall adopt practice guidelines in areas of critical concern for nursing facilities. Such practice guidelines, when followed in a facility, shall

those surveys in the consumer information materials prepared

400.063 Resident Protection Trust Fund. --

constitute an affirmative defense in any regulatory action

(1) A Resident Protection Trust Fund shall be established for the purpose of collecting and disbursing funds generated from the license fees and administrative fines as provided for in ss. 393.0673(2), 400.062(3)(b), 400.111(1), 31 400.121(2), and 400.23(7)(9). Such funds shall be for the

Section 5. Subsection (1) of section 400.063, Florida

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sole purpose of paying for the appropriate alternate placement, care, and treatment of residents who are removed from a facility licensed under this part or a facility specified in s. 393.0678(1) in which the agency determines that existing conditions or practices constitute an immediate danger to the health, safety, or security of the residents. If the agency determines that it is in the best interest of the health, safety, or security of the residents to provide for an orderly removal of the residents from the facility, the agency may utilize such funds to maintain and care for the 11 residents in the facility pending removal and alternative 12 placement. The maintenance and care of the residents shall be 13 under the direction and control of a receiver appointed 14 pursuant to s. 393.0678(1) or s. 400.126(1). However, funds may be expended in an emergency upon a filing of a petition 16 for a receiver, upon the declaration of a state of local emergency pursuant to s. 252.38(3)(a)5., or upon a duly 17 authorized local order of evacuation of a facility by emergency personnel to protect the health and safety of the residents.

Section 6. Present subsection (9) of section 400.071, Florida Statutes, 1998 Supplement, is amended, subsections (8) and (9) are renumbered as subsections (9) and (10), respectively, and a new subsection (8) is added to said section, to read:

400.071 Application for license.--

- (8) As a condition of licensure, each facility must agree to participate in a consumer satisfaction measurement process as prescribed by the agency.
- (10)<del>(9)</del> The agency may develop an abbreviated survey 31 | for licensure renewal applicable to a licensee that has

continuously operated as a nursing facility since 1991 or earlier, and has operated under the same management for at least the preceding 30 months, and has had during the preceding 30 months no class I or class II deficiencies maintained a superior rating during that period.

Section 7. Section 400.118, Florida Statutes, is created to read:

400.118 Quality assurance and assistance program; rapid response teams.--

- (1) The agency shall establish a quality assurance and assistance program in a part of the agency that is totally separate from its nursing facility regulation division. The quality assurance and assistance program shall establish multidisciplinary teams which shall include persons with expertise in the domains of quality of life, reimbursement, practice guidelines, and other areas the agency prescribes. Staff persons with any involvement, however tenuous, in the regulatory activities of the agency shall not be appointed to these teams.
- experts which can function as rapid response teams when a nursing facility expresses concerns about quality apart from the survey or special investigation process. The rapid response teams shall work collaboratively with the facility to make necessary improvements. Rapid response teams shall not be deployed for the purpose of assisting a facility in its preparation for a regular survey by the agency. The agency shall specify in rule the time period prior to a survey visit during which consultation with a rapid response team shall be prohibited.

(3) With the permission of the requesting facility, the multidisciplinary teams of the quality assurance and assistance program and the rapid response teams may include industry representatives with knowledge, skills, or abilities appropriate to the needs of the facility receiving the team's visit. The composition of these teams may change as the agency determines necessary, and persons on such teams may serve in more than one capacity. These teams may draw upon the funds deposited in the Quality Improvement Trust Fund established in s. 400.

Section 8. Subsection (3) of section 400.121, Florida Statutes, 1998 Supplement, is amended and subsections (6) and (7) are added to said section, to read:

400.121 Denial, suspension, revocation of license; moratorium on admissions; administrative fines; procedure.--

- (3) The agency may issue an order immediately suspending or revoking a license when it determines that any condition in the facility presents a <u>threat or</u> danger to the health, safety, or welfare of the residents in the facility.
- (6) When administrative action is taken against a facility under this section, the agency may use funds from the Quality Improvement Trust Fund to take all necessary actions to improve the quality of care offered by the facility. Funds dispersed from the trust fund for this purpose shall be reimbursed to the state by the facility owner, as determined by the agency. The agency may adopt rules to implement this subsection.
- (7) The agency may establish standards for the medical director and director of nursing in facilities against which it has taken administrative action because of concerns about residents' health and safety.

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The agency may require a facility against which it has taken administrative action to increase or enhance staffing and maintain that level of staffing for a specified time period, but not beyond the time of the next regular survey. A facility that fails to maintain the required increased or enhanced staffing is subject to a fine of \$500 per day for each day the staffing is below the level required by the agency.

Section 9. Section 400.141, Florida Statutes, is amended to read:

400.141 Administration and management of nursing home facilities. -- Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

- (1) Be under the administrative direction and charge of a licensed administrator.
- (2) Appoint a medical director licensed pursuant to chapter 458 or chapter 459. The agency may establish by rule more specific criteria for the appointment of a medical director, including the circumstances under which the medical director may be a contract employee.
- (3) (3) Have available the regular, consultative, and emergency services of physicians licensed by the state.
- (4) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a geriatric outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of 31 the nursing home facility, nor shall the nursing staff of the

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geriatric outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day.

(5) (4) Be allowed and encouraged by the agency to provide other needed services under certain conditions. If the facility has a standard licensure status, and has had no class I or class II deficiencies during the past 2 years or has been awarded a Gold Seal under the program established in s. 400.235, it may is rated superior or standard, be encouraged by the agency to provide services, including, but not limited to, respite and adult day services, which enable individuals to move in and out of the facility. A facility is not subject to any additional licensure requirements for providing these services. Respite care may be offered to persons in need of short-term or temporary nursing home services. Respite care must be provided in accordance with this part and rules adopted by the agency. However, the agency shall, by rule, adopt modified requirements for resident assessment, resident care plans, resident contracts, physician orders, and other provisions, as appropriate, for short-term or temporary nursing home services. The agency shall allow for shared programming and staff in a facility which meets minimum standards and offers services pursuant to this subsection, but, if the facility is cited for deficiencies in patient care, may require additional staff and programs appropriate to the needs of service recipients. A person who receives respite care may not be counted as a resident of the facility for purposes of the facility's licensed capacity unless that person receives 24-hour respite care. A person receiving either respite care for 24 hours or longer or adult day 31 services must be included when calculating minimum staffing

 for the facility. Any costs and revenues generated by a nursing home facility from nonresidential programs or services shall be excluded from the calculations of Medicaid per diems for nursing home institutional care reimbursement.

(6)(5) If the facility has a standard licensure status or is a Gold Seal facility is rated superior or standard, exceeds minimum staffing standards, and is part of a retirement community that offers other services pursuant to part III, part IV, or part V, be allowed to share programming and staff. At the time of relicensure, a retirement community that uses this option must demonstrate through staffing records that minimum staffing requirements for the facility were exceeded.

(7) (6) Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.

(8)(7) If the licensee furnishes food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this subsection, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge of dietetics.

(9)(8) Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the residents; and individual resident care plans including, but not limited to, prescribed services, service frequency and duration, and

service goals. The records shall be open to inspection by the agency.

(10)<del>(9)</del> Keep such fiscal records of its operations and conditions as may be necessary to provide information pursuant to this part.

(11)<del>(10)</del> Furnish copies of personnel records for employees affiliated with such facility, to any other facility licensed by this state requesting this information pursuant to this part. Such information contained in the records may include, but is not limited to, disciplinary matters and any reason for termination. Any facility releasing such records pursuant to this part shall be considered to be acting in good faith and may not be held liable for information contained in such records, absent a showing that the facility maliciously falsified such records.

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Facilities that have been awarded a Gold Seal under the program established in s. 400.235 may develop a plan to provide certified nursing assistant training as prescribed by federal and state regulations and rules and may apply to the agency for approval of its program.

Section 10. Subsection (4) of section 400.19, Florida Statutes, is amended to read:

400.19 Right of entry and inspection. --

(4) The agency shall conduct unannounced onsite facility reviews following written verification of licensee noncompliance in instances in which a long-term care ombudsman council, pursuant to ss. 400.0071 and 400.0075, has received a complaint and has documented deficiencies in resident care or in the physical plant of the facility that threaten the 31 health, safety, or security of residents, or when the agency

documents through inspection that conditions in a facility present a direct or indirect threat to the health, safety, or security of residents. However, the agency shall conduct four or more unannounced onsite reviews within a 12-month period of each facility which has a conditional <u>licensure status</u> rating. Deficiencies related to physical plant do not require followup reviews after the agency has determined that correction of the deficiency has been accomplished and that the correction is of the nature that continued compliance can be reasonably expected.

Section 11. Section 400.191, Florida Statutes, is amended to read:

- 400.191 Availability, distribution, and posting of reports and records.--
- about all of the licensed nursing home facilities operating in the state. The agency shall, within 60 days after from the date of an annual inspection visit or within 30 days after from the date of any interim visit to a facility, send copies of the inspection reports to the district long-term care ombudsman council, the agency's local office, and a public library or the county seat for the county in which the facility is located., forward the results of all inspections of nursing home facilities to:
- (a) The district ombudsman council in whose district the inspected facility is located.
- (b) At least one public library or, in the absence of a public library, the county seat in the county in which the inspected facility is located.
- (c) The area office supervisor of the agency in whose district the inspected facility is located.

1	(2) The agency shall provide additional information in
2	consumer-friendly printed and electronic formats to assist
3	consumers and their families in comparing and evaluating
4	nursing home facilities.
5	(a) The agency shall provide an Internet site which
6	shall include at least the following information:
7	1. A list by name and address of all nursing home
8	facilities in this state.
9	2. Whether such nursing home facilities are
10	proprietary or nonproprietary.
11	3. The licensure status of each facility.
12	4. The ownership history of each facility.
13	5. The name of the owner or owners of each facility
14	and whether the facility is a part of a corporation owning or
15	operating more than one nursing facility in this state.
16	6. Performance, financial, regulatory, and enforcement
17	information about the corporation, as well as the facility.
18	7. The total number of beds in each facility.
19	8. The number of private and semiprivate rooms in each
20	facility.
21	9. The religious affiliation, if any, of each
22	facility.
23	10. The languages spoken by the administrator and
24	staff of each facility.
25	11. Whether or not each facility accepts Medicare or
26	Medicaid recipients.
27	12. Recreational and other programs available at each
28	facility.
29	13. Information from the Minimum Data Set system of
30	the federal Health Care Financing Administration about the

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facility.

of each facility.

clinical performance of each facility, including information 2 related to the 12 quality-of-life domains. 3 14. Information about the licensure status and 4 regulatory history of each facility. 5 15. Special care units or programs offered at each 6 facility. 7 16. Whether the facility is a part of a retirement 8 community that offers other services pursuant to part III, part IV, or part V. 9 10 17. The results of consumer and family satisfaction 11 surveys for each facility. 12 18. The licensure status and rating history for the 13 past 5 years for each facility. 14 19. Survey and deficiency information contained on the 15 Online Survey Certification and Reporting (OSCAR) system of 16 the federal Health Care Financing Administration, including 17 annual survey, revisit, and complaint survey information, for each facility for the past 3 years. 18 (b) The agency shall provide the following information 19 20 in printed form: 1. A list by name and address of all nursing home 21 22 facilities in this state. 23 2. Whether such nursing home facilities are 24 proprietary or nonproprietary and their current ownership.

6. The languages spoken by the administrator and staff

4. The total number of beds, and of private and

5. The religious affiliation, if any, of each

3. The licensure status of each facility.

semiprivate rooms, in each facility.

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- 7. Whether or not each facility accepts Medicare or Medicaid recipients.
- 8. Recreational programs, special care units, and other programs available at each facility.
- 9. A summary of information from the Minimum Data Set system of the federal Health Care Financing Administration about the clinical performance of each facility.
- 10. Information about the licensure status and regulatory history of each facility.
- 11. The results of consumer and family satisfaction surveys for each facility.
- (3) (3) Each nursing home facility licensee shall maintain as public information, available upon request, records of all cost and inspection reports pertaining to that facility that have been filed with, or issued by, any governmental agency. Copies of such reports shall be retained in such records for not less than 5 years from the date the reports are filed or issued.
- (4) Any records of a nursing home facility determined by the agency to be necessary and essential to establish lawful compliance with any rules or standards shall be made available to the agency on the premises of the facility.
  - (5)(4) Every nursing home facility licensee shall:
- (a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all residents and to the general public, a concise summary of the last inspection report pertaining to the nursing home and issued by the agency, with references to the page numbers of the full reports, noting any deficiencies found by the agency 31 and the actions taken by the licensee to rectify such

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deficiencies and indicating in such summaries where the full reports may be inspected in the nursing home.

(b) Upon request, provide to any person who has completed a written application with an intent to be admitted to, or to any resident of, such nursing home, or to any relative, spouse, or guardian of such person, a copy of the last inspection report pertaining to the nursing home and issued by the agency, provided the person requesting the report agrees to pay a reasonable charge to cover copying costs.

Section 12. Section 400.23, Florida Statutes, 1998 Supplement, is amended, and subsections (11) and (12) of said section are renumbered as subsections (1) and (2) of section 400.232, Florida Statutes, to read:

400.23 Rules; criteria; Nursing Home Advisory Committee; evaluation and deficiencies; licensure status rating system; fee for review of plans. --

- (1) It is the intent of the Legislature that rules published and enforced pursuant to this part shall include criteria by which a reasonable and consistent quality of resident care may be ensured and the results of such resident care can be demonstrated and by which safe and sanitary nursing homes can be provided. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a nursing home. In addition, efforts shall be made to minimize the paperwork associated with the reporting and documentation requirements of these rules.
- (2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and 31 Rehabilitative Services and the Department of Elderly Affairs,

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shall adopt and enforce rules to implement this part, which shall include reasonable and fair criteria in relation to:

(a) The location and construction of the facility; including fire and life safety, plumbing, heating, lighting, ventilation, and other housing conditions which will ensure the health, safety, and comfort of residents, including an adequate call system. The agency shall establish standards for facilities and equipment to increase the extent to which new facilities and a new wing or floor added to an existing facility after July 1, 1999, are structurally capable of serving as shelters only for residents, staff, and families of residents and staff, and equipped to be self-supporting during and immediately following disasters. The agency for Health Care Administration shall work with facilities licensed under this part and report to the Governor and Legislature by April 1, 1999, its recommendations for cost-effective renovation standards to be applied to existing facilities. In making such rules, the agency shall be guided by criteria recommended by nationally recognized reputable professional groups and associations with knowledge of such subject matters. The agency shall update or revise such criteria as the need arises. All nursing homes must comply with those lifesafety code requirements and building code standards applicable at the time of approval of their construction plans. The agency may require alterations to a building if it determines that an existing condition constitutes a distinct hazard to life, health, or safety. The agency shall adopt fair and reasonable rules setting forth conditions under which existing facilities undergoing additions, alterations, conversions, renovations, or repairs shall be required to comply with the most recent 31 updated or revised standards.

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- The number and qualifications of all personnel, including management, medical, nursing, and other professional personnel, and nursing assistants, orderlies, and support personnel, having responsibility for any part of the care given residents.
- (c) All sanitary conditions within the facility and its surroundings, including water supply, sewage disposal, food handling, and general hygiene which will ensure the health and comfort of residents.
- (d) The equipment essential to the health and welfare of the residents.
  - (e) A uniform accounting system.
- The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof, based on rules developed under this chapter and the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended.
- (g) The preparation and annual update of a comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after consultation with the Department of Community Affairs. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local 31 emergency management agency. During its review, the local

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emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health and Rehabilitative Services, the Agency for Health Care Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

- (3) Rules developed pursuant to this section shall not restrict the use of shared staffing and shared programming in facilities which are part of retirement communities that provide multiple levels of care and otherwise meet the requirement of law or rule.
- (4) The agency, in collaboration with the Division of Children's Medical Services <del>Program Office</del> of the Department of Health and Rehabilitative Services, must, no later than December 31, 1993, adopt rules for minimum standards of care for persons under 21 years of age who reside in nursing home facilities. The rules must include a methodology for reviewing a nursing home facility under ss. 408.031-408.045 which serves only persons under 21 years of age.
- (5) Prior to conducting a survey of the facility, the survey team shall obtain a copy of the district nursing home and long-term care facility ombudsman council report on the facility. Problems noted in the report shall be incorporated into and followed up through the agency's inspection process. This procedure does not preclude the district nursing home and long-term care facility ombudsman council from requesting the 31 agency to conduct a followup visit to the facility.

1	(6) There is created the Nursing Home Advisory
2	Committee, which shall consist of 15 members who are to be
3	appointed by and report directly to the director of the
4	agency. The membership is to include:
5	(a) One researcher from a university center on aging.
6	(b) Two representatives from the Florida Health Care
7	Association.
8	(c) Two representatives from the Florida Association
9	of Homes for the Aging.
10	(d) One representative from the Department of Elderly
11	Affairs.
12	(e) Five consumer representatives, at least two of
13	whom serve on or are staff members of the state or a district
14	nursing home and long-term care facility ombudsman council.
15	(f) One representative from the Florida American
16	Medical Directors Association.
17	(g) One representative from the Florida Association of
18	Directors of Nursing Administrators.
19	(h) One representative from the Agency for Health Care
20	Administration.
21	(i) One representative from the nursing home industry
22	at large who owns or operates a licensed nursing home facility
23	in the state and is not a member of any state nursing home
24	association.
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26	At least one member shall be over 60 years of age.
27	(7) The committee shall perform the following duties
28	to assist the agency in ensuring compliance with the intent of
29	the Legislature specified in subsection (1):
30	(a) Assist in developing a nursing home rating system
31	based on the requirements of rules developed under this

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chapter and the Omnibus Budget Reconciliation Act of 1987 2 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C 4 (Nursing Home Reform), as amended.

- (b) Assist in developing surveyor guidelines and training to ensure the equitable application of the nursing home rating system.
- (c) Assist in developing guidelines to determine the scope and severity of noncompliance.
- (d) Identify burdensome paperwork that is not specifically related to resident care.
- (e) Advise the agency of proposed changes in statutes and rules necessary to ensure adequate care and services and the promotion and protection of residents' rights in long-term care facilities.
- (6) (8) The agency shall, at least every 15 months, evaluate all nursing home facilities and make a determination as to the degree of compliance by each licensee with the established rules adopted under this part as a basis for assigning a <u>licensure</u> status rating to that facility. The agency shall base its evaluation on the most recent inspection report, taking into consideration findings from other official reports, surveys, interviews, investigations, and inspections. The agency shall assign a licensure status of standard or conditional one of the following ratings to each nursing home: standard, conditional, or superior.
- (a) A standard licensure status rating means that a facility has no class I or class II deficiencies, has corrected all class III deficiencies within the time established by the agency, and is in substantial compliance at the time of the survey with criteria established under this

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part, with rules adopted by the agency, and, if applicable, with rules adopted under the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended.

(b) A conditional licensure status rating means that a facility, due to the presence of one or more class I or class II deficiencies, or class III deficiencies not corrected within the time established by the agency, is not in substantial compliance at the time of the survey with criteria established under this part, with rules adopted by the agency, or, if applicable, with rules adopted under the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended. the facility comes into substantial compliance at the time of the followup survey, a standard licensure status rating may be assigned issued. A facility assigned a conditional rating at the time of the relicensure survey may not qualify for consideration for a superior rating until the time of the next subsequent relicensure survey.

(c) A superior rating means that a facility has no class I or class II deficiencies and has corrected all class III deficiencies within the time established by the agency and is in substantial compliance with the criteria established under this part and the rules adopted by the agency and, if applicable, with rules adopted pursuant to the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended; and

the facility exceeds the criteria for a standard rating through enhanced programs and services in the following areas:

1. Nursing service.

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- 2. Dietary or nutritional services.
- 3. Physical environment.
- 4. Housekeeping and maintenance.
- 5. Restorative therapies and self-help activities.
- 6. Social services.
  - 7. Activities and recreational therapy.
- (d) In order to facilitate the development of special programs or facilitywide initiatives and promote creativity based on the needs and preferences of residents, the areas listed in paragraph (c) may be grouped or addressed individually by the licensee. However, a facility may not qualify for a superior rating if fewer than three programs or initiatives are developed to encompass the required areas.

(c) (e) In determining the rating and evaluating the overall quality of care and services and determining whether the facility will receive a conditional or standard license, the agency shall consider the needs and limitations of residents in the facility and the results of interviews and surveys of a representative sampling of residents, families of residents, ombudsman council members in the district in which the facility is located, guardians of residents, and staff of the nursing home facility.

(d)<del>(f)</del> The current licensure status <del>rating</del> of each facility must be indicated in bold print on the face of the license. A list of the deficiencies of the facility shall be posted in a prominent place that is in clear and unobstructed public view at or near the place where residents are being 31 admitted to that facility. Licensees receiving a conditional

<u>licensure status</u> rating for a facility shall prepare, within 10 working days after receiving notice of deficiencies, a plan for correction of all deficiencies and shall submit the plan to the agency for approval. Correction of all deficiencies, within the period approved by the agency, shall result in termination of the conditional <u>licensure status</u> rating. Failure to correct the deficiencies within a reasonable period approved by the agency shall be grounds for the imposition of sanctions pursuant to this part.

(e)(g) Each licensee shall post its license in a prominent place that is in clear and unobstructed public view at or near the place where residents are being admitted to the facility. A licensee with a superior rating may advertise its rating in any nonpermanent medium and in accordance with rules adopted by the agency. A list of the facilities receiving a superior rating shall be distributed to the state and district ombudsman councils.

 $\underline{\text{(f)}}$  (h) Not later than January 1, 1994, the agency shall adopt rules that:

- 1. Establish uniform procedures for the evaluation of facilities.
- 2. Provide criteria in the areas referenced in paragraph (c).
- 3. Address other areas necessary for carrying out the intent of this section.
- (i) A license rated superior shall continue until it is replaced by a rating based on a later survey. A superior rating may be revoked at any time for failure to maintain substantial compliance with criteria established under this part, with rules adopted by the agency, or, if applicable, with rules adopted under the Omnibus Budget Reconciliation Act

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of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV 2 (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended, or for failure to exceed the criteria specified for any area as listed in paragraph (c).

- (j) A superior rating is not transferable to another license, except when an existing facility is being relicensed in the name of an entity related to the current licenseholder by common ownership or control and there will be no change in the management, operation, or programs at the facility as a result of the relicensure.
- (7) The agency shall adopt rules to provide that, when the criteria established under subsection (2) are not met, such deficiencies shall be classified according to the nature of the deficiency. The agency shall indicate the classification on the face of the notice of deficiencies as follows:
- (a) Class I deficiencies are those which the agency determines present an imminent danger to the residents or guests of the nursing home facility or a substantial probability that death or serious physical harm would result therefrom. The condition or practice constituting a class I violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the agency, is required for correction. Notwithstanding s. 400.121(2), a class I deficiency is subject to a civil penalty in an amount not less than \$5,000 and not exceeding \$10,000 for each and every deficiency. A fine may be levied notwithstanding the correction of the deficiency.
- (b) Class II deficiencies are those which the agency determines have a direct or immediate relationship to the

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health, safety, or security of the nursing home facility residents, other than class I deficiencies. A class II deficiency is subject to a civil penalty in an amount not less than \$1,000 and not exceeding \$5,000 for each and every deficiency. A citation for a class II deficiency shall specify the time within which the deficiency is required to be corrected. If a class II deficiency is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense.

(c) Class III deficiencies are those which the agency determines to have an indirect or potential relationship to the health, safety, or security of the nursing home facility residents, other than class I or class II deficiencies. A class III deficiency shall be subject to a civil penalty of not less than \$500 and not exceeding \$1,000 for each and every deficiency. A citation for a class III deficiency shall specify the time within which the deficiency is required to be corrected. If a class III deficiency is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense.

(8)<del>(10)</del> Civil penalties paid by any licensee under  $subsection(7) \frac{(9)}{shall}$  be deposited in the Health Care Trust Fund and expended as provided in s. 400.063.

(13) This section may not be used to increase the total Medicaid funding paid as incentives for facilities receiving a superior or standard rating.

400.232 Review and approval of plans; fees and costs.--

(1) (1) The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the 31 | final plans and specifications. The agency may be granted one

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15-day extension for the review period, if the director of the agency so approves. If the agency fails to act within the specified time, it shall be deemed to have approved the plans and specifications. When the agency disapproves plans and specifications, it shall set forth in writing the reasons for disapproval. Conferences and consultations may be provided as necessary.

(2) (12) The agency is authorized to charge an initial fee of \$2,000 for review of plans and construction on all projects, no part of which is refundable. The agency may also collect a fee, not to exceed 1 percent of the estimated construction cost or the actual cost of review, whichever is less, for the portion of the review which encompasses initial review through the initial revised construction document review. The agency is further authorized to collect its actual costs on all subsequent portions of the review and construction inspections. Initial fee payment shall accompany the initial submission of plans and specifications. Any subsequent payment that is due is payable upon receipt of the invoice from the agency. Notwithstanding any other provisions of law to the contrary, all money received by the agency pursuant to the provisions of this section shall be deemed to be trust funds, to be held and applied solely for the operations required under this section.

Section 13. Section 400.235, Florida Statutes, is created to read:

400.235 Nursing home quality and licensure status;
Gold Seal Program.--

(1) To protect the health and welfare of persons

receiving care in nursing facilities, it is the intent of the

Legislature to develop a regulatory framework that promotes

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the stability of the industry and facilitates the physical, social, and emotional well-being of nursing facility residents.

- (2) The Legislature intends to develop an award and recognition program for nursing facilities that demonstrate excellence in long-term care over a sustained period. This program shall be known as the Gold Seal Program.
- (3) The Gold Seal Program shall be developed and implemented by the Governor's Panel on Excellence in Long-Term Care which shall operate under the authority of the Executive Office of the Governor. The panel shall include: two persons appointed by the Agency for Health Care Administration, at least one of whom is the Director for Medicaid; one person appointed by the Secretary of Health; two persons appointed by the Secretary of Elderly Affairs; the State Long-Term Care Ombudsman or a designee; two persons representing the nursing facility industry, one selected by the Florida Health Care Association and one selected by the Florida Association of Homes for the Aging; three persons appointed by the Governor, including a consumer's advocate for senior citizens and two persons with expertise in the field of quality management, service delivery excellence, public sector accountability or the like; and one person appointed by the Secretary of Elderly Affairs from the University Consortium on Aging.
- (4) The panel may recommend methods and procedures for nursing facility quality assurance, including peer review by other facilities. The agency may adopt rules to implement any quality assurance methods or procedures the panel recommends.
- (5) The panel shall consider at least the following resident-based quality indicator domains when evaluating a facility for the Gold Seal Program:

1	(a) Accidents.
2	(b) Behavioral/emotional patterns.
3	(c) Clinical management.
4	(d) Cognitive patterns.
5	(e) Elimination/continence.
6	(f) Infection control.
7	(g) Nutrition and eating.
8	(h) Physical functioning.
9	(i) Psychotropic drug use.
10	(j) Quality of life.
11	(k) Sensory functioning and communication.
12	(1) Skin care.
13	(6) Facilities must meet the following additional
14	criteria for recognition as a Gold Seal Program facility:
15	(a) Had no class I or class II deficiencies within the
16	30 months preceding application for the program.
17	(b) Evidence financial soundness and stability
18	according to standards adopted by the agency in administrative
19	rule.
20	(c) Participate consistently in the required consumer
21	satisfaction process as prescribed by the agency, and
22	demonstrate that information is elicited from residents,
23	family members, and guardians about satisfaction with the
24	nursing facility, its environment, the services and care
25	provided, the staff's skills and interactions with residents,
26	attention to resident's needs, and the facility's efforts to
27	act on information gathered from the consumer satisfaction
28	measures.
29	(d) Participate in a regular and ongoing program of
30	peer review by other licensed facilities that have been
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without class I or class II deficiencies within the preceding year.

- (e) Evidence the involvement of families and members of the community in the facility on a regular basis.
- (f) Have a stable workforce, as evidenced by a relatively low rate of turnover among certified nursing assistants and registered nurses within the 30 months preceding application for the Gold Seal Program, and demonstrate a continuing effort to maintain a stable workforce and to reduce turnover of registered nurses and certified nursing assistants.
- (g) Evidence an outstanding record regarding the number and types of complaints reported to the State Long-Term Care Ombudsman Council within the 30 months preceding application for the program.
- (h) Provide targeted inservice training provided to meet training needs identified by internal or external quality assurance efforts.
- (i) Evidence superior levels of clinical outcomes as measured in the Minimum Data Set system of the federal Health Care Financing Administration.

A facility assigned a conditional licensure status may not qualify for consideration for the Gold Seal Program until after it has had no class I or class II deficiencies within the preceding 30 months and then has completed a subsequent relicensure survey.

(7) The agency, nursing facility industry organizations, consumers, State Long-Term Care Ombudsman Council, and members of the community may recommend to the Governor facilities that meet the established criteria for

consideration for and award of the Gold Seal. The panel shall review nominees and make a recommendation to the Governor for final approval and award. The decision of the Governor is final and is not subject to appeal.

- (8) The agency shall establish by rule the frequency of review for designation as a Gold Seal Program facility and under what circumstances a facility may be denied the privilege of using this designation. The designation of a facility as a Gold Seal Program facility is not transferable to another license, except when an existing facility is being relicensed in the name of an entity related to the current licenseholder by common ownership or control, and there will be no change in the management, operation, or programs at the facility as a result of the relicensure.
- (9)(a) Facilities awarded the Gold Seal may use the designation in their advertising and marketing.
- (b) Upon approval by the United States Department of
  Health and Human Services, the agency shall adopt a revised
  schedule of survey and relicensure visits for Gold Seal
  Program facilities. Gold Seal Program facilities may be
  surveyed for certification and relicensure every 2 years, so
  long as they maintain the standards associated with retaining
  the Gold Seal.

Section 14. Panel on Medicaid reimbursement. --

- (1) There is created a panel on Medicaid reimbursement to study the state's Medicaid reimbursement plan for nursing home facilities and recommend changes to accomplish the following goals:
- (a) Increase the rate of employee retention in individual nursing home facilities and in the field of

long-term care, and ensure salary enhancements for staff who
achieve targets of longevity with a nursing home facility.

- (b) Create incentives for facilities to renovate and update existing physical plants, when practicable, instead of building new facilities.
- (c) Create incentives for facilities to provide more direct-care staff and nurses.
- and supported by the Agency for Health Care Administration and shall be composed of the following members: the Director for Medicaid of the Agency for Health Care Administration and two agency staff persons competent in the technical and policy aspects of Medicaid reimbursement; one representative from the Governor's Office of Planning and Budgeting; one representative from the Florida Association of Homes for the Aging; one representative from the Florida Health Care Association; one representative from the Department of Elderly Affairs, and one consumer representative appointed by the secretary of that department; and a consumer's advocate for senior citizens and two persons with expertise in the field of quality management, financing, or public sector accountability, appointed by the Governor.
- (3) The panel shall hold its first meeting by August 1, 1999, and shall report its preliminary findings and recommendations to the Legislature no later than December 31, 1999, by submitting a copy of its report to the President of the Senate, the Speaker of the House of Representatives, and the majority and minority offices of each chamber. The panel shall report its final findings and recommendations to those persons and offices no later than December 8, 2000. The panel

shall cease to exist and its operation shall terminate on 1 2 January 1, 2001. 3 Section 15. Certified nursing assistant training. -- The agency, in consultation with the Department of Health, the 4 5 Department of Elderly Affairs, the Department of Labor and 6 Employment Security, and the Department of Education shall 7 conduct a one-time review of the performance of certified 8 nursing assistant training programs. The agency shall study 9 and compare the types of training programs available, considering at least the following: admission criteria, 10 11 program requirements, graduation rates, job placement, and job retention. The agency shall identify incentives that could be 12 13 used to attract mature and capable individuals into these training programs. Such incentives must include a provision 14 that would require a certified nursing assistant to commit to 15 16 a minimum period of employment in a nursing facility licensed 17 under part II of chapter 400, Florida Statutes. 18 Section 16. Section 400.29, Florida Statutes, is 19 repealed. 20 Section 17. This act shall take effect July 1, 1999. 21 22 23 HOUSE SUMMARY 24 Revises various provisions of part II of chapter 400, F.S., relating to nursing home facilities. 25 26 27 28 29 30 31