By the Committee on Health, Aging and Long-Term Care

317-399C-99

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A bill to be entitled An act relating to nursing homes; amending s. 400.0060, F.S.; providing definitions relating to the Long-Term Care Ombudsman Program; defining the term "conflict of interest"; amending s. 400.0061, F.S.; providing for inspections of long-term care facilities rather than administrative inspections; amending s. 400.0065, F.S.; conforming provisions to reflect the transfer of regulatory authority from the Department of Health and Rehabilitative Services to the Department of Children and Family Services; revising provisions that prohibit certain conduct that could create a conflict of interest; amending s. 400.0067, F.S., relating to the State Long-Term Care Ombudsman Council; conforming provisions to reflect the transfer of regulatory authority; conforming provisions to a change in inspection requirements for long-term care facilities; revising requirements for contents of the annual report prepared by the council; deleting obsolete dates; deleting obsolete provisions with respect to the initial appointments to the council; amending s. 400.0069, F.S., relating to district long-term care ombudsman councils; revising provisions to reflect the transfer of regulatory authority; conforming provisions to a change in inspection requirements for long-term care facilities; expanding the

1 authority for ombudsman to review personal 2 property and money accounts of residents of 3 long-term care facilities; providing for state agencies to require the attendance of agency 4 5 representatives at council meetings when 6 requested; amending s. 400.0071, F.S., relating 7 to complaint procedures; deleting obsolete 8 provisions; amending s. 400.0073, F.S.; 9 clarifying requirements for inspections of 10 long-term care facilities by a district 11 ombudsman council; requiring the district 12 ombudsman to report to the adult protective services program actions or conduct of a 13 long-term care facility which threatens a 14 resident of the facility; amending s. 400.0075, 15 F.S.; requiring that the district ombudsman 16 17 council seek certain remedies upon determining that a resident of a long-term care facility is 18 19 in imminent danger; requiring that the district 20 ombudsman council refer certain complaints to 21 the Agency for Health Care Administration; 22 requiring that the agency immediately investigate certain complaints; providing for 23 24 the state ombudsman council to publicize certain recommendations and administrative 25 actions; deleting obsolete provisions; 26 27 providing for certain complaints to be referred to the Medicaid Fraud Control Unit of the 28 29 Office of the Attorney General; amending s. 30 400.0081, F.S.; providing for the state 31 long-term care ombudsman and state and district

1 ombudsman council members to have access to certain records of a long-term care facility; 2 3 amending s. 400.0089, F.S., relating to agency reports; conforming provisions to reflect the 4 5 transfer of regulatory authority; amending s. 6 400.0091, F.S., relating to the training of 7 ombudsman employees; deleting an obsolete date; 8 amending s. 400.021, F.S.; redefining the term "department" to reflect the transfer of 9 10 regulatory authority from the Department of Health and Rehabilitative Services to the 11 Department of Children and Family Services; 12 amending s. 400.022, F.S., relating to rights 13 of nursing home residents; conforming 14 provisions; requiring written notice before a 15 room change; authorizing a room change without 16 written notice to a resident for medically 17 necessary care following consultation with the 18 19 medical director of the facility or the 20 resident's attending physician; providing for the resident to refuse a room change for 21 medically necessary care; conforming a 22 cross-reference; amending s. 400.0255, F.S.; 23 24 defining the terms "discharge" and "transfer"; 25 requiring that nursing homes comply with certain discharge or transfer procedures; 26 27 requiring the nursing home administrator or a 28 designee of the administrator to sign notices 29 of discharge or transfer; requiring that a 30 facility notify the Agency for Health Care Administration when certain conditions in the 31

1 facility necessitate the discharge or transfer 2 of a resident; requiring that the agency 3 conduct an onsite inspection of the facility under certain circumstances; requiring the 4 5 agency to develop a standard, uniform document 6 for notifying residents of a discharge or 7 transfer; providing for a nursing home resident to request a local district ombudsman to review 8 9 any notice of discharge or transfer given to 10 the resident; requiring that the local district 11 ombudsman review a notice of discharge or transfer within a specified time when review is 12 13 requested; requiring the nursing home administrator, or a designee of the 14 administrator, to forward a resident's request 15 for review of a discharge or transfer notice to 16 17 an ombudsman within a specified time; providing for tolling of the advance notice period; 18 19 providing for notice of emergency discharge or transfer to be given to the resident and local 20 district ombudsman; requiring review within a 21 specified time by local district ombudsman of 22 emergency discharge or transfer; authorizing 23 24 local district ombudsmen to conduct private, informal conversations with residents notified 25 of discharge or transfer and with their family 26 27 members, legal quardians, or designees; amending s. 468.1755, F.S., relating to 28 29 disciplinary proceedings for nursing home 30 administrators; providing for disciplining an 31 administrator for authorizing a discharge or

1 transfer of a nursing home resident for a 2 reason other than those specified in law; 3 amending ss. 394.4625, 468.1756, F.S., relating to certain admissions to a mental health 4 5 facility and a statute of limitations; 6 conforming cross-references to changes made by 7 the act; providing an appropriation; providing an effective date. 8 9 10 Be It Enacted by the Legislature of the State of Florida: 11 Section 1. Section 400.0060, Florida Statutes, is 12 13 amended to read: 400.0060 Definitions.--When used in this part, unless 14 the context otherwise requires, the term: 15 "Agency" means the Agency for Health Care 16 17 Administration. "Conflict of interest" means a clash between the 18 19 public interest and the private pecuniary interest of a person 20 which is the result of: (a) A direct involvement in the licensing or 21 certification of a long-term care facility or of a provider of 22 23 a long-term care service; (b) An ownership or investment interest, such as 24 25 equity, debt, or other financial relationships, in a long-term care facility or a long-term care service; 26 27 Employment by, or participation in the management 28 of, a long-term care facility; or 29 The receipt of, or having the right to receive, 30 directly or indirectly, remuneration, in cash or in kind,

under a compensation arrangement with an owner or operator of 2 a long-term care facility. 3 (3)(2) "Long-term care facility" means a skilled 4 nursing facility, nursing facility, assisted living facility, 5 adult family-care home, board and care facility, or any other 6 similar adult care center. 7 (4)(3) "Office" means the Office of State Long-Term 8 Care Ombudsman. 9 (5) "Ombudsman" means the individual designated to 10 head the Office of State Long-Term Care Ombudsman. 11 (6) "Resident" means an individual 60 years of age or older who resides in a long-term care facility. 12 13 (7)(6) "Secretary" means the Secretary of Elderly Affairs. 14 15 Section 2. Section 400.0061, Florida Statutes, is 16 amended to read: 17 400.0061 Legislative findings and intent; long-term 18 care facilities. --19 (1) The Legislature finds that conditions in long-term 20 care facilities in this state are such that the rights, 21 health, safety, and welfare of residents are not ensured by 22 rules of state agencies the Department of Health and Rehabilitative Services or the Agency for Health Care 23 24 Administration, or by the good faith of owners or operators of long-term care facilities. Furthermore, there is a need for a 25 formal mechanism whereby a long-term care facility resident or 26 his or her representative may make a complaint against the 27 28 facility or its employees, or against other persons who are in 29 a position to restrict, interfere with, or threaten the rights, health, safety, or welfare of the resident. The 30

31 Legislature finds that concerned citizens are more effective

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advocates of the rights of long-term than governmental agencies. The Legislature further finds that in order to be eligible to receive an allotment of funds authorized and appropriated under the federal Older Americans Act, the state must establish and operate an Office of State Long-Term Care Ombudsman, to be headed by the State Long-Term Care Ombudsman, and carry out a long-term care ombudsman program.

(2) It is the intent of the Legislature, therefore, to utilize voluntary citizen ombudsman councils under the leadership of the ombudsman, and through them to operate an ombudsman program that which shall, without interference by any executive agency, undertake to discover, investigate, and determine the presence of conditions or individuals which constitute a threat to the rights, health, safety, or welfare of the residents of long-term care facilities. To ensure that the effectiveness and efficiency of such investigations are not impeded by advance notice or delay, the Legislature intends that the ombudsman and ombudsman councils and their designated representatives not be required to obtain warrants in order to enter into or conduct administrative inspections of long-term care facilities. It is the further intent of the Legislature that the environment in long-term care facilities shall be conducive to the dignity and independence of residents and that investigations by ombudsman councils shall further the enforcement of laws and, rules, and regulations that safequard the health, safety, and welfare of residents.

Section 3. Paragraph (f) of subsection (2) and subsection (3) of section 400.0065, Florida Statutes, are amended to read:

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1 400.0065 State Long-Term Care Ombudsman; duties and 2 responsibilities; conflict of interest.--3 The State Long-Term Care Ombudsman shall have the 4 duty and authority to: 5 (f) Perform the duties specified in state and federal 6 law without interference by officials of the Department of 7 Elderly Affairs, the Agency for Health Care Administration, or the Department of Children and Family Health and 9 Rehabilitative Services. The ombudsman shall report to the 10 Governor, the President of the Senate, and the Speaker of the 11 House of Representatives whenever organizational or departmental policy issues threaten the ability of the Office 12 13 of State Long-Term Care Ombudsman to carry out its duties under state or federal law. 14 15 (3) The State Long-Term Care Ombudsman may shall not have a conflict of interest. : 16 17 (a) Have a direct involvement in the licensing or certification of, or an ownership or investment interest in, a 18 19 long-term care facility or a provider of a long-term care 20 service. 21 (b) Be employed by, or participate in the management 22 of, a long-term care facility. 23 (c) Receive, or have a right to receive, directly or 24 indirectly, remuneration, in cash or in kind, under a 25 compensation agreement with the owner or operator of a 26 long-term care facility. 27 28 The Department of Elderly Affairs shall adopt rules to 29 establish procedures to identify and eliminate conflicts of

interest as described in this subsection.

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Section 4. Section 400.0067, Florida Statutes, is amended to read:

400.0067 Establishment of State Long-Term Care Ombudsman Council; duties; membership.--

- (1) There is created within the Office of State Long-Term Care Ombudsman, the State Long-Term Care Ombudsman Council.
 - (2) The State Long-Term Care Ombudsman Council shall:
- (a) Assist the ombudsman in reaching a consensus among district ombudsman councils on issues of statewide concern.
- (b) Serve as an appellate body in receiving from the district ombudsman councils complaints not resolved at the district level. The state ombudsman council may enter any long-term care facility involved in an appeal, pursuant to the conditions specified in s. 400.0069(3).
- (c) Assist the ombudsman to discover, investigate, and determine the existence of abuse or neglect in any long-term care facility and to develop procedures, in consultation with the Department of Elderly Affairs, relating to such investigations. Investigations may consist, in part, of one or more onsite administrative inspections.
- (d) Assist the ombudsman in eliciting, receiving, responding to, and resolving complaints made by or on behalf of long-term care facility residents and in developing procedures, in consultation with the Department of Elderly Affairs, relating to the receipt and resolution of such complaints.
- (e) Elicit and coordinate state, local, and voluntary organizational assistance for the purpose of improving the care received by residents of a long-term care facility.

1 (f) Be authorized to call upon appropriate agencies of 2 state government for such professional assistance as may be 3 needed in the discharge of its duties, including assistance from the adult protective services program of the Department 4 5 of Children and Family Health and Rehabilitative Services.

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- (q) Enter into a cooperative agreement with the statewide and district human rights advocacy committees for the purpose of coordinating advocacy services provided to residents of long-term care facilities.
- (h) Prepare an annual report describing the activities carried out by the ombudsman and the State Long-Term Care Ombudsman Council in the year for which the report is The State Long-Term Care Ombudsman Council shall submit the report to the Commissioner of the United States Administration on Aging, the Governor, the President of the Senate, the Speaker of the House of Representatives, the minority leaders of the House and Senate, the chairpersons of appropriate House and Senate committees, the Secretaries of Elderly Affairs and Children and Family Health and Rehabilitative Services, and the Director of Health Care Administration. The report shall be submitted at least 30 days before the convening of the regular session of the Legislature and shall, at a minimum:
- 1. Contain and analyze data collected and provide analysis of that data concerning complaints about and conditions in long-term care facilities.
- Evaluate the problems experienced by residents of long-term care facilities.
- Contain recommendations for improving the quality of life of the residents and for protecting the health, 31 safety, welfare, and rights of the residents.

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- 4. Analyze the success of the ombudsman program during the preceding year and identify the barriers that prevent the optimal operation of the program.
- 5. The report of the program's successes shall also Address the relationship between the state long-term care ombudsman program, the Department of Elderly Affairs, the Agency for Health Care Administration, and the Department of Children and Family Health and Rehabilitative Services, and assess an assessment of how successfully the state long-term care ombudsman program has carried out its responsibilities under the Older Americans Act.
- 6.5. Provide policy and regulatory and legislative recommendations to solve identified problems; resolve residents' complaints; improve the quality of care and life of the residents; protect the health, safety, welfare, and rights of the residents; and remove the barriers to the optimal operation of the state long-term care ombudsman program.
- 7.6. Contain recommendations from the district ombudsman councils regarding program functions and activities.
- 8.7. Include a <u>description of report on</u> the activities of the legal advocate and other legal advocates acting on behalf of the district and state councils.
- 9. Contain a description of the disposition of all complaints submitted to the Department of Elderly Affairs in accordance with s. 400.0075(3).
- (3)(a) The State Long-Term Care Ombudsman Council shall be composed of a number of members equal to the number of district councils in the state plus three. Each district ombudsman council, including the ombudsman councils for subdistricts 3A and 3B, shall appoint one member and the Governor shall appoint three members to the State Long-Term

 Care Ombudsman Council. An individual designated by a district ombudsman council must have been a member of a district ombudsman council for at least 1 year, and shall continue to serve as an active member at the district level. The Governor's appointments shall be made from a list of not fewer than eight nominees, to be selected by the secretary in consultation with the State Long-Term Care Ombudsman Council and submitted to the Governor. If the appointments are not made within 30 days after the Governor receives the list of nominees, the secretary shall, in consultation with the State Long-Term Care Ombudsman Council, appoint three members from the list of nominees submitted to the Governor. At least one member appointed by the Governor must be over 60 years of age.

- (b) All members shall be appointed to serve 3-year terms. Any vacancy shall be filled in the same manner as the original appointment. The position of any member missing three consecutive regular meetings without cause shall be declared vacant.
- (c) The state ombudsman council shall elect a chairperson for a term of 1 year from among the members who have served for at least 1 year. The chairperson shall select a vice chairperson from among the members. The vice chairperson shall preside over the council in the absence of the chairperson.
- (d) The state ombudsman council shall meet upon the call of the chairperson, at least quarterly or more frequently as needed.
- (e) Members shall receive no compensation but shall be reimbursed for per diem and travel expenses as provided in s. 112.061.

- (4)(a) Within 30 days after May 5, 1993, Each district ombudsman council shall appoint one member to the council and the secretary shall submit a list of not fewer than eight council nominees to the Governor.
- (b) Within 60 days after May 5, 1993, The Governor shall appoint three members to the council, or the provisions of paragraph (3)(a) shall apply.
- (c) The initial appointments shall be for staggered terms. The members from districts 1, 2, 3A, 3B, and 4 shall serve for 1 year; the members from districts 5, 6, 7, 8, and 9 shall serve for 2 years; and the members from districts 10 and 11 and the Governor's three appointees shall serve for 3 years. Thereafter, members shall be appointed and serve 3-year terms as provided by this section.
- (d) Within 60 days after May 5, 1993, or as soon thereafter as practicable, the State Long-Term Care Ombudsman Council shall hold its first meeting and shall elect a chairperson from among its members, without regard to the minimum time served on the council. All other provisions of paragraph (3)(c) shall apply.
- (5) An No officer, employee, or representative of the Office of State Long-Term Care Ombudsman or of the State Long-Term Care Ombudsman Council, or nor any member of the immediate family of such officer, employee, or representative, may not have a conflict of interest. The Department of Elderly Affairs, in consultation with the ombudsman, shall adopt rules to identify and remove conflicts of interest.
- (6) The Department of Elderly Affairs shall make a separate and distinct request for an appropriation for all expenses for the state and district ombudsman councils.

Section 5. Subsections (2), (4), (9), and (10) of section 400.0069, Florida Statutes, are amended to read:

400.0069 District long-term care ombudsman councils; duties; membership.--

- (2) The duties of the district ombudsman council are:
- (a) To serve as a third-party mechanism for protecting the health, safety, welfare, and civil and human rights of residents of a long-term care facility.
- (b) To discover, investigate, and determine the existence of abuse or neglect in any long-term care facility and to use the procedures provided for in ss. 415.101-415.113 when applicable. Investigations may consist, in part, of one or more onsite administrative inspections.
- (c) To elicit, receive, investigate, respond to, and resolve complaints made by, or on behalf of, long-term care facility residents.
- (d) To review and, if necessary, to comment on, for their effect on the rights of long-term care facility residents, all existing or proposed rules, regulations, and other governmental policies relating to long-term care facilities.
- (e) To review personal property and money accounts of Medicaid residents pursuant to an investigation to obtain information regarding a specific complaint or problem.
- (f) To represent the interests of residents before government agencies and to seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents.
- $\mbox{\ensuremath{(g)}}$ To carry out other activities that the ombudsman determines to be appropriate.

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- (4) Each district ombudsman council shall be composed of no less than 15 members and no more than 30 members from the district, to include the following: one medical or osteopathic physician whose practice includes or has included a substantial number of geriatric patients and who may have limited practice in a long-term care facility; one registered nurse who has geriatric experience, if possible; one licensed pharmacist; one registered dietitian; at least six nursing home residents or representative consumer advocates for nursing home residents; at least three residents of assisted living facilities or adult family-care homes or three representative consumer advocates for long-term care facility residents; one attorney; and one professional social worker. In no case shall the medical director of a long-term care facility or an employee of the Agency for Health Care Administration, the Department of Children and Family Health and Rehabilitative Services, or the Department of Elderly Affairs serve as a member or as an ex officio member of a council. Each member of the council shall certify that neither the council member nor any member of the council member's immediate family has any conflict of interest pursuant to subsection (10). District ombudsman councils are encouraged to recruit council members who are 60 years of age or older.
- (9) The district ombudsman councils <u>may</u> are authorized to call upon appropriate agencies of state government for such professional assistance as may be needed in the discharge of their duties. All state agencies shall cooperate with the district ombudsman councils in providing requested information and <u>requiring the attendance of</u> agency representatives at council meetings when requested. The Department of Children

and Family Health and Rehabilitative Services shall continue to provide space and in-kind administrative support for each district ombudsman council staff within available resources until the Legislature appropriates funds for office space and administrative support.

(10) An No officer, employee, or representative of a district long-term care ombudsman council, or nor any member of the immediate family of such officer, employee, or representative, may not have a conflict of interest. The Department of Elderly Affairs, in consultation with the ombudsman, shall adopt rules to identify and remove conflicts of interest.

Section 6. Section 400.0071, Florida Statutes, is amended to read:

400.0071 Complaint procedures.--

- (1) The state ombudsman council shall establish state and district procedures for receiving complaints against a nursing home or long-term care facility or its employees.
- (2) These procedures shall be posted in full view in every nursing home or long-term care facility. Every resident or representative of a resident shall receive, upon admission to a nursing home or long-term care facility, a printed copy of the procedures of the state and the district ombudsman councils.

Section 7. Subsections (1), (3), (4), and (5) of section 400.0073, Florida Statutes, are amended, and subsection (7) is added to that section, to read:

 $400.0073\,$ State and district ombudsman council investigations.--

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- (1) A district ombudsman council shall investigate any complaint of a resident or representative of a resident based on an action by an administrator or employee of a nursing home or long-term care facility which might be:
 - (a) Contrary to law.
- Unreasonable, unfair, oppressive, or unnecessarily discriminatory, even though in accordance with law.
 - Based on a mistake of fact.
 - (d) Based on improper or irrelevant grounds.
 - (e) Unaccompanied by an adequate statement of reasons.
 - (f) Performed in an inefficient manner.
 - Otherwise erroneous. (q)
- Subsequent to an appeal from a district ombudsman (3) council, the state ombudsman council may investigate any nursing home or long-term care facility.
- (4) In addition to any specific investigation made pursuant to a complaint, the district ombudsman council shall conduct, at least annually, an investigation that must, which shall consist, in part, of an onsite administrative inspection, of each nursing home or long-term care facility within its jurisdiction. Such inspection must focus on the rights, health, safety, and welfare of the residents.
- (5) Any onsite administrative inspection conducted by an ombudsman council shall be subject to the following:
- (a) All inspections shall be at times and for durations necessary to produce the information required to carry out the duties of the council.
- (b) No Advance notice of an inspection may not shall be provided to any nursing home or long-term care facility, except that notice of followup inspections on specific 31 problems may be provided.

- (c) Inspections shall be conducted in a manner that which will not impose an no unreasonable burden on nursing homes or long-term care facilities, consistent with the underlying purposes of this part. Unnecessary duplication of efforts among council members or the councils shall be reduced to the extent possible.
- (d) Any ombudsman council member physically present for the inspection shall identify himself or herself and the statutory authority for his or her inspection of the facility.
- (e) Inspections may not unreasonably interfere with the programs and activities of clients within the facility. Ombudsman council members shall respect the rights of residents.
- (f) All inspections shall be limited to compliance with parts II, III, and VII of this chapter and 42 U.S.C. ss. 1396(a) et seq., and any rules or regulations promulgated pursuant to such laws.
- (g) $\underline{\text{An}}$ No ombudsman council member $\underline{\text{may not}}$ shall enter a single-family residential unit within a long-term care facility without the permission of the resident or the representative of the resident.
- (h) Any inspection resulting from a specific complaint made to an ombudsman council concerning a facility shall be conducted within a reasonable time after the complaint is made.
- (7) The district ombudsman shall immediately report to the adult protective services program of the Department of Children and Family Services any action or conduct by any long-term care facility that the council determines is a substantial threat to the health, safety, welfare, or rights of a resident of such long-term care facility that a district

ombudsman has inspected. As appropriate, the district ombudsman must notify the agency of such findings.

Section 8. Section 400.0075, Florida Statutes, is amended to read:

400.0075 Complaint resolution procedures.--

- an ombudsman council as a result of an investigation, deemed valid and requiring remedial action by the district ombudsman council shall be identified and brought to the attention of the long-term care facility administrator and the agency in writing. Upon receipt of such document, the administrator, in concurrence with the district ombudsman council chair, shall establish target dates for taking appropriate remedial action. If, by the target date, the remedial action is not completed or forthcoming, the district ombudsman council may:
- (a) Extend the target date if the council has reason to believe such action would facilitate the resolution of the complaint.
- (b) In accordance with s. 400.0077, publicize the complaint, the recommendations of the council, and the response of the long-term care facility.
- (c) Refer the complaint to the state ombudsman council.

If the health, safety, welfare, or rights of the resident are in imminent danger, the district long-term care ombudsman council shall may seek immediate legal or administrative remedies to protect the resident and refer the complaint to the agency. The agency must immediately investigate any such complaint to determine whether this chapter has been violated.

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- (2) Upon referral from the district ombudsman council, the state ombudsman council shall assume the responsibility for the disposition of the complaint. If a long-term care facility fails to take action on a complaint found valid by the state ombudsman council, the state ombudsman council may:
- (a) In accordance with s. 400.0077, publicize the complaint, the recommendations of the <u>district ombudsman</u> council and the state ombudsman council, <u>any administrative</u> action taken, and the response of the long-term care facility.
- (b) Recommend to the agency a series of facility reviews pursuant to s. 400.19(4) to assure correction and nonrecurrence of conditions that give rise to complaints against a long-term care facility.
- (c) Recommend to the agency changes in rules for inspecting and licensing or certifying long-term care facilities, and recommend to the Department of Health and Rehabilitative Services changes in rules for licensing and regulating long-term care facilities.
- (d) Refer the complaint to the state attorney for prosecution if there is reason to believe the long-term care facility or its employee is guilty of a criminal act.
- (e) Refer the complaint to the Medicaid Fraud Control Unit of the Office of the Attorney General, if appropriate.
- $\underline{\text{(f)}(e)}$ Recommend to the <u>agency</u> Department of Health and Rehabilitative Services that the long-term care facility no longer receive payments under the State Medical Assistance Program (Medicaid).
- $\underline{(g)}(f)$ Recommend that the agency initiate procedures for revocation of license in accordance with chapter 120.

 $\underline{\text{(h)}}_{\text{(g)}}$ Seek legal, administrative, or other remedies to protect the health, safety, welfare, or rights of the resident.

If the health, safety, welfare, or rights of the resident are in imminent danger, the State Long-Term Care Ombudsman Council shall seek immediate legal or administrative remedies to protect the resident.

(3) The state ombudsman council shall provide, as part of its annual report required pursuant to s. 400.0067(2)(h), information relating to the disposition of all complaints to the Department of Elderly Affairs, including those brought to the attention of the agency pursuant to subsection (1).

Section 9. Subsection (1) of section 400.0081, Florida Statutes, is amended to read:

400.0081 Access.--

- (1) The Office of State Long-Term Care Ombudsman, the State Long-Term Care Ombudsman Council, and the district long-term care ombudsman councils, or their <u>members</u> representatives, shall have access to:
 - (a) Long-term care facilities and residents.
- (b) Medical and social records of a resident for review, if:
- 1. The office $\underline{\text{or a council member}}$ has the permission of the resident or the legal representative of the resident; or
- 2. The resident is unable to consent to the review and has no legal representative.
- (c) Medical and social records of the resident as necessary to investigate a complaint, if:

- 1. A legal guardian of the resident refuses to give
 2 permission.
 - 2. The office <u>or a council member</u> has reasonable cause to believe that the guardian is not acting in the best interests of the resident.
 - 3. The <u>council member</u> representative obtains the approval of the ombudsman.
 - (d) The administrative records, policies, and documents to which the residents, or the general public, have access.
 - (e) Upon request, copies of all licensing and certification records maintained by the state with respect to a long-term care facility.
 - (f) All notices of discharge or transfer processed by a long-term care facility regardless of ultimate disposition.

Section 10. Section 400.0089, Florida Statutes, is amended to read:

Ombudsman Council, shall, in cooperation with the Department of Elderly Affairs, maintain a statewide uniform reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities and to residents, for the purpose of identifying and resolving significant problems. The council shall submit such data as part of its annual report required pursuant to s. 400.0067(2)(h) to the agency for Health Care Administration, the Department of Children and Family Health and Rehabilitative Services, the Statewide Human Rights Advocacy Committee, the Advocacy Center for Persons with Disabilities, the Commissioner for the United States Administration on Aging, the National Ombudsman Resource

Center, and any other state or federal entities that the ombudsman determines appropriate.

Section 11. Section 400.0091, Florida Statutes, is amended to read:

400.0091 Training.—The ombudsman shall provide appropriate training to all employees of the Office of State Long-Term Care Ombudsman and to the state and district long-term care ombudsman councils, including all unpaid volunteers. An The ombudsman shall implement the training program no later than June 1, 1994. No employee, officer, or representative of the office or of the state or district long-term care ombudsman councils, other than the ombudsman, may not carry out any authorized ombudsman duty or responsibility unless the person has received the training required by this section and has been approved by the ombudsman as qualified to carry out ombudsman activities on behalf of the office or the state or district long-term care ombudsman councils.

Section 12. Subsection (6) of section 400.021, Florida Statutes, is amended to read:

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

(6) "Department" means the Department of <u>Children and</u>
Family Health and Rehabilitative Services.

Section 13. Subsection (1) of section 400.022, Florida Statutes, is amended to read:

400.022 Residents' rights.--

(1) All licensees of nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that

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30 31 statement. The statement shall assure each resident the following:

- (a) The right to civil and religious liberties, including knowledge of available choices and the right to independent personal decision, which will not be infringed upon, and the right to encouragement and assistance from the staff of the facility in the fullest possible exercise of these rights.
- (b) The right to private and uncensored communication, including, but not limited to, receiving and sending unopened correspondence, access to a telephone, visiting with any person of the resident's choice during visiting hours, and overnight visitation outside the facility with family and friends in accordance with facility policies, physician orders, and Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act regulations, without the resident's losing his or her bed. Facility visiting hours shall be flexible, taking into consideration special circumstances such as, but not limited to, out-of-town visitors and working relatives or friends. Unless otherwise indicated in the resident care plan, the licensee shall, with the consent of the resident and in accordance with policies approved by the agency, permit recognized volunteer groups, representatives of community-based legal, social, mental health, and leisure programs, and members of the clergy access to the facility during visiting hours for the purpose of visiting with and providing services to any resident.
- (c) Any entity or individual that provides health, social, legal, or other services to a resident has the right to have reasonable access to the resident. The resident has the right to deny or withdraw consent to access at any time by

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any entity or individual. Notwithstanding the visiting policy of the facility, the following individuals must be permitted immediate access to the resident:

- 1. Any representative of the federal or state government, including, but not limited to, representatives of the Department of Children and Family Health and Rehabilitative Services, the Agency for Health Care Administration, and the Department of Elderly Affairs; any law enforcement officer; members of the state or district ombudsman council; and the resident's individual physician.
- Subject to the resident's right to deny or withdraw consent, immediate family or other relatives of the resident.

The facility must allow representatives of the state and district long-term care ombudsman councils State Nursing Home and Long-Term Care Facility Ombudsman Council to examine a resident's clinical records with the permission of the resident or the resident's legal representative and consistent with state law.

(d) The right to present grievances on behalf of himself or herself or others to the staff or administrator of the facility, to governmental officials, or to any other person; to recommend changes in policies and services to facility personnel; and to join with other residents or individuals within or outside the facility to work for improvements in resident care, free from restraint, interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. The right also includes 31 the right to prompt efforts by the facility to resolve

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resident grievances, including grievances with respect to the behavior of other residents.

- (e) The right to organize and participate in resident groups in the facility and the right to have the resident's family meet in the facility with the families of other residents.
- (f) The right to participate in social, religious, and community activities that do not interfere with the rights of other residents.
- (g) The right to examine, upon reasonable request, the results of the most recent inspection of the facility conducted by a federal or state agency and any plan of correction in effect with respect to the facility.
- (h) The right to manage his or her own financial affairs or to delegate such responsibility to the licensee, but only to the extent of the funds held in trust by the licensee for the resident. A quarterly accounting of any transactions made on behalf of the resident shall be furnished to the resident or the person responsible for the resident. The facility may not require a resident to deposit personal funds with the facility. However, upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility as follows:
- The facility must establish and maintain a system that ensures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.
- The accounting system established and maintained by 31 the facility must preclude any commingling of resident funds

with facility funds or with the funds of any person other than another resident.

- 3. A quarterly accounting of any transaction made on behalf of the resident shall be furnished to the resident or the person responsible for the resident.
- 4. Upon the death of a resident with personal funds deposited with the facility, the facility must convey within 30 days the resident's funds, including interest, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate, or, if a personal representative has not been appointed within 30 days, to the resident's spouse or adult next of kin named in the beneficiary designation form provided for in s. 400.162(6).
- 5. The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Title XVIII or Title XIX of the Social Security Act.
- (i) The right to be fully informed, in writing and orally, prior to or at the time of admission and during his or her stay, of services available in the facility and of related charges for such services, including any charges for services not covered under Title XVIII or Title XIX of the Social Security Act or not covered by the basic per diem rates and of bed reservation and refund policies of the facility.
- (j) The right to be adequately informed of his or her medical condition and proposed treatment, unless the resident is determined to be unable to provide informed consent under Florida law, or the right to be fully informed in advance of any nonemergency changes in care or treatment that may affect the resident's well-being; and, except with respect to a resident adjudged incompetent, the right to participate in the

 planning of all medical treatment, including the right to refuse medication and treatment, unless otherwise indicated by the resident's physician; and to know the consequences of such actions.

- (k) The right to refuse medication or treatment and to be informed of the consequences of such decisions, unless determined unable to provide informed consent under state law. When the resident refuses medication or treatment, the nursing home facility must notify the resident or the resident's legal representative of the consequences of such decision and must document the resident's decision in his or her medical record. The nursing home facility must continue to provide other services the resident agrees to in accordance with the resident's care plan.
- (1) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.
- (m) The right to have privacy in treatment and in caring for personal needs; to close room doors and to have facility personnel knock before entering the room, except in the case of an emergency or unless medically contraindicated; and to security in storing and using personal possessions. Privacy of the resident's body shall be maintained during, but not limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance. Residents' personal and medical records shall be confidential and exempt from the provisions of s. 119.07(1).

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- (n) The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis.
- (o) The right to be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited period of time or as are necessitated by an emergency. In case of an emergency, restraint may be applied only by a qualified licensed nurse who shall set forth in writing the circumstances requiring the use of restraint, and, in the case of use of a chemical restraint, a physician shall be consulted immediately thereafter. Restraints may not be used in lieu of staff supervision or merely for staff convenience, for punishment, or for reasons other than resident protection or safety.
- (p) The right to be transferred or discharged only for medical reasons or for the welfare of other residents, and the right to be given reasonable advance notice of not no less than 30 days before of any involuntary transfer or discharge, except in the case of an emergency as determined by a licensed professional on the staff of the nursing home, or in the case of conflicting rules and regulations which govern Title XVIII or Title XIX of the Social Security Act. For nonpayment of a bill for care received, the resident shall be given 30 days' advance notice. A licensee certified to provide services under Title XIX of the Social Security Act may not transfer or discharge a resident solely because the source of payment for care changes. Admission to a nursing home facility operated

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30 31 by a licensee certified to provide services under Title XIX of the Social Security Act may not be conditioned upon a waiver of such right, and any document or provision in a document which purports to waive or preclude such right is void and unenforceable. Any licensee certified to provide services under Title XIX of the Social Security Act that obtains or attempts to obtain such a waiver from a resident or potential resident shall be construed to have violated the resident's rights as established herein and is subject to disciplinary action as provided in subsection (3). The resident and the family or representative of the resident shall be consulted in choosing another facility.

(q) The right to freedom of choice in selecting a personal physician; to obtain pharmaceutical supplies and services from a pharmacy of the resident's choice, at the resident's own expense or through Title XIX of the Social Security Act; and to obtain information about, and to participate in, community-based activities programs, unless medically contraindicated as documented by a physician in the resident's medical record. If a resident chooses to use a community pharmacy and the facility in which the resident resides uses a unit-dose system, the pharmacy selected by the resident shall be one that provides a compatible unit-dose system, provides service delivery, and stocks the drugs normally used by long-term care residents. If a resident chooses to use a community pharmacy and the facility in which the resident resides does not use a unit-dose system, the pharmacy selected by the resident shall be one that provides service delivery and stocks the drugs normally used by long-term care residents.

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- (r) The right to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents or unless medically contraindicated as documented in the resident's medical record by a physician. If clothing is provided to the resident by the licensee, it shall be of reasonable fit.
- (s) The right to have copies of the rules and regulations of the facility and an explanation of the responsibility of the resident to obey all reasonable rules and regulations of the facility and to respect the personal rights and private property of the other residents.
- The right to receive written notice before the room of the resident in the facility is changed. However, a resident may be moved to another room in the facility for medically necessary care without the need of a written notice if, before the move, the medical director of the facility or the resident's attending physician consults with the resident or the resident's designee. A resident, or the resident's designee, may give notice of his or her refusal to be moved by providing a written statement of such refusal to the nursing home administrator.
- (u) The right to be informed of the bed reservation policy for a hospitalization. The nursing home shall inform a private-pay resident and his or her responsible party that his or her bed will be reserved for any single hospitalization for a period up to 30 days provided the nursing home receives reimbursement. Any resident who is a recipient of assistance under Title XIX of the Social Security Act, or the resident's designee or legal representative, shall be informed by the licensee that his or her bed will be reserved for any single 31 | hospitalization for the length of time for which Title XIX

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reimbursement is available, up to 8 + 15 days; but that the bed will not be reserved if it is medically determined by the agency that the resident will not need it or will not be able to return to the nursing home, or if the agency determines that the nursing home's occupancy rate ensures the availability of a bed for the resident. Notice shall be provided within 24 hours of the hospitalization.

(v) For residents of Medicaid or Medicare certified facilities, the right to challenge a decision by the facility to discharge or transfer the resident, as required under Title 42 C.F.R. part 483.12 483.13.

Section 14. Section 400.0255, Florida Statutes, is amended to read:

400.0255 Resident hearings of facility decisions to transfer or discharge.--

- (1) As used in this section, the term:
- (a) "Discharge" means to move a resident to a noninstitutional setting when the releasing facility ceases to be responsible for the resident's care.
- (b) "Transfer" means to move a resident from the facility to another legally responsible institutional setting.

 "discharge" or "transfer" means the movement of a resident to a bed outside the certified facility. "Discharge" or "transfer" does not refer to the movement of a resident to a bed within the same certified facility.
- (2) Each facility licensed under this part must comply with s. 400.022(1)(p) and subsection (8) when deciding to discharge or transfer a resident.
- 29 (3) When a resident is to be discharged or
 30 transferred, the nursing home administrator employed by the
 31 nursing home that is discharging or transferring the resident,

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or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administrator, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge must be signed by the resident's attending physician or the medical director of the facility.

- (4)(a) Each facility must notify the agency of any proposed discharge or transfer of a resident when such discharge or transfer is necessitated by changes in the physical plant of the facility which make the facility unsafe for the resident.
- (b) Upon receipt of such a notice the agency shall conduct an onsite inspection of the facility to verify the necessity of the discharge or transfer.
- (5) A resident of any Medicaid or Medicare certified facility may challenge a decision by the facility to discharge or transfer the resident.
- (6)(3) At least 30 days prior to any proposed transfer or discharge, a facility must provide advance notice of the proposed transfer or discharge to the resident and, if known, to a family member or the resident's legal guardian or representative, except, in the following circumstances, the facility shall give notice as soon as practicable before the transfer or discharge:
- (a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility, and the circumstances are documented in the resident's medical records by the resident's physician; or
- (b) The health or safety of other residents or facility employees would be endangered, and the circumstances 31 are documented in the resident's medical records by the

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resident's physician or the medical director if the resident's physician is not available.

(7) (4) The notice required by subsection(6)(3)must be in writing and must contain all information required by state and federal law, rules, or regulations applicable to Medicaid or Medicare cases. The agency shall develop a standard and uniform document to be used by all facilities licensed under this part for purposes of notifying residents of a discharge or transfer. Such document must include a means for a resident to request a local district ombudsman to review the notice and request information about or assistance with initiating a fair hearing with the department's Office of Appeals Hearings. A copy of the notice must be placed in the resident's clinical record, and a copy must be transmitted to the resident's legal guardian or representative and to the local district ombudsman council.

(8) A resident may request that a local district ombudsman review any notice of discharge or transfer given to the resident. When requested by a resident to review a notice of discharge or transfer, the local district ombudsman shall do so within 7 days after receipt of the request. The nursing home administrator, or the administrator's designee, must forward the request for review contained in the notice to the local district ombudsman within 24 hours after such request is submitted. Failure to forward the request within 24 hours after the request is submitted shall toll the start of the 30-day advance notice period.

(9)(5)(a) A resident is entitled to a fair hearing to challenge a facility's proposed transfer or discharge. resident, or the resident's legal representative or designee, 31 may request a hearing at any time within 90 days after of the

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30 31 resident's receipt of the facility's notice of the proposed discharge or transfer.

- (b) If a resident requests a hearing within 10 days after of receiving the notice from the facility, the request shall stay the proposed transfer or discharge pending a hearing decision. The facility may not take action, and the resident may remain in the facility, until the outcome of the initial fair hearing, which must be completed within 90 days after of receipt of a request for a fair hearing.
- (c) If the resident fails to request a hearing within 10 days <u>after</u> of receipt of the facility notice of the proposed discharge or transfer, the facility may transfer or discharge the resident after 30 days from the date the resident received the notice.

(10) (6) Notwithstanding paragraph(9)(b)(5)(b), an emergency discharge or transfer may be implemented as necessary pursuant to state or federal law during the period of time after the notice is given and before the time a hearing decision is rendered. Notice of an emergency discharge or transfer to the resident, the resident's legal guardian or representative, and the local district ombudsman if requested pursuant to s. 400.0255(8) must be by telephone or in person. This notice shall be given before the transfer, if possible, or as soon thereafter as practicable. A local district ombudsman conducting a review under this subsection shall do so within 24 hours after receipt of the request. The resident's file must be documented to show who was contacted, whether the contact was by telephone or in person, and the date and time of the contact. If the notice is not given in writing, written notice meeting the requirements of subsection (4) must be given the next working day.

1 (11) After receipt of any notice required under this section, the local district ombudsman may request a private 2 3 informal conversation with a resident to whom the notice is directed, and, if known, a family member or the resident's 4 5 legal guardian or designee, to ensure that the facility is 6 proceeding with the discharge or transfer in accordance with 7 the requirements of this section. If requested, the local 8 district ombudsman shall assist the resident with filing an 9 appeal of the proposed discharge or transfer. 10 (12) The following persons must be present at all 11 proceedings authorized under this section: (a) The resident, or the resident's legal 12 13 representative or designee. 14 (b) The facility administrator, or the facility's 15 legal representative or designee. 16 17 A representative of the district long-term care ombudsman 18 council may be present at all proceedings authorized by this 19 section. 20 (13) (8) In any proceeding under this section, the 21 following information concerning the parties shall be confidential and exempt from the provisions of s. 119.07(1): 22 23

(a) Names and addresses.

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- (b) Medical services provided.
- (c) Social and economic conditions or circumstances.
- (d) Evaluation of personal information.
- (e) Medical data, including diagnosis and past history of disease or disability.
- (f) Any information received verifying income eligibility and amount of medical assistance payments. 31 information received from the Social Security Administration

or the Internal Revenue Service must be safeguarded according to the requirements of the agency that furnished the data.

The exemption created by this subsection does not prohibit access to such information by a district long-term care ombudsman council upon request, by a reviewing court if such information is required to be part of the record upon subsequent review, or as specified in s. 24(a), Art. I of the State Constitution.

 $\underline{(14)(9)}$ (a) The department's Office of Appeals Hearings shall conduct hearings under this section. The office shall notify the facility of a resident's request for a hearing.

(b) The department shall, by rule, establish procedures to be used for fair hearings requested by residents. These procedures shall be equivalent to the procedures used for fair hearings for other Medicaid cases, chapter 10-2, part VI, Florida Administrative Code. The burden of proof must be clear and convincing evidence. A hearing decision must be rendered within 90 days after of receipt of the request for hearing.

 $\underline{(15)(10)}$ If the hearing decision is favorable to the resident who has been transferred or discharged, the resident must be readmitted to the facility's first available bed.

(16)(11) The decision of the hearing officer shall be final. Any aggrieved party may appeal the decision to the district court of appeal in the appellate district where the facility is located. Review procedures shall be conducted in accordance with the Florida Rules of Appellate Procedure.

 $\underline{(17)}$ (12) The department may adopt rules necessary to administer implement the provisions of this section.

Section 15. Subsection (1) of section 468.1755, Florida Statutes, 1998 Supplement, is amended to read:

468.1755 Disciplinary proceedings.--

- (1) The following acts shall constitute grounds for which the disciplinary actions in subsection (2) may be taken:
- (a) Violation of any provision of s. 455.624(1) or s. 468.1745(1).
- (b) Attempting to procure a license to practice nursing home administration by bribery, by fraudulent misrepresentation, or through an error of the department or the board.
- (c) Having a license to practice nursing home administration revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
- (d) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which relates to the practice of nursing home administration or the ability to practice nursing home administration. Any plea of nolo contendere shall be considered a conviction for purposes of this part.
- (e) Making or filing a report or record which the licensee knows to be false, intentionally failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to impede or obstruct such filing. Such reports or records shall include only those which are signed in the capacity of a licensed nursing home administrator.
- (f) Authorizing the discharge or transfer of a resident for a reason other than those provided in ss. 400.022 and 400.0255.

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29 physician designated by the department. If the licensee

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refuses to comply with such order, the department's order directing such examination may be enforced by filing a

in which he or she is the administrator.

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(g)(f) Advertising goods or services in a manner which

(h)(g) Fraud or deceit, negligence, incompetence, or

is fraudulent, false, deceptive, or misleading in form or

misconduct in the practice of nursing home administration.

part, part II of chapter 455, or any rules promulgated

(i) (h) A violation or repeated violations of this

(j) (i) Violation of a lawful order of the board or

failing to comply with a lawfully issued subpoena of the board

(k) (i) Practicing with a revoked, suspended, inactive,

(1)(k) Repeatedly acting in a manner inconsistent with

the health, safety, or welfare of the patients of the facility

administration with reasonable skill and safety to patients by

chemicals, or any other material or substance or as a result

(m)(l) Being unable to practice nursing home

reason of illness, drunkenness, use of drugs, narcotics,

of any mental or physical condition. In enforcing this

paragraph, upon a finding of the secretary or his or her

designee that probable cause exists to believe that the

shall have the authority to issue an order to compel the

licensee is unable to serve as a nursing home administrator due to the reasons stated in this paragraph, the department

licensee to submit to a mental or physical examination by a

department previously entered in a disciplinary hearing or

CODING: Words stricken are deletions; words underlined are additions.

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petition for enforcement in the circuit court where the
    licensee resides or serves as a nursing home administrator.
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   The licensee against whom the petition is filed shall not be
   named or identified by initials in any public court records or
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   documents and the proceedings shall be closed to the public.
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   The department shall be entitled to the summary procedure
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   provided in s. 51.011. A licensee affected under this
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   paragraph shall have the opportunity, at reasonable intervals,
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    to demonstrate that he or she can resume the competent
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   practice of nursing home administration with reasonable skill
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    and safety to patients.
          (n) (m) Has Willfully or repeatedly violating violated
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    any of the provisions of the law, code or rules of the
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    licensing or supervising authority or agency of the state or
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   political subdivision thereof having jurisdiction of the
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    operation and licensing of nursing homes.
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          (o)(n) Paying, giving, causing Has paid, given, caused
    to be paid or given, or offering offered to pay or to give to
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    any person a commission or other valuable consideration for
    the solicitation or procurement, either directly or
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    indirectly, of nursing home usage.
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          (p)<del>(o)</del> Has Willfully permitting permitted unauthorized
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    disclosure of information relating to a patient or his or her
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    records.
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          (q)<del>(p)</del> Discriminating with Has discriminated in
    respect to patients, employees, or staff on account of race,
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    religion, color, sex, or national origin.
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           Section 16. Paragraph (b) of subsection (1) of section
    394.4625, Florida Statutes, is amended to read:
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394.4625 Voluntary admissions.--

(1) AUTHORITY TO RECEIVE PATIENTS. --

- (b) A mental health overlay program or a mobile crisis response service or a licensed professional who is authorized to initiate an involuntary examination pursuant to s. 394.463 and is employed by a community mental health center or clinic must, pursuant to district procedure approved by the respective district administrator, conduct an initial assessment of the ability of the following persons to give express and informed consent to treatment before such persons may be admitted voluntarily:
 - 1. A person 60 years of age or older for whom transfer is being sought from a nursing home, assisted living facility, adult day care center, or adult family-care home, when such person has been diagnosed as suffering from dementia.
 - 2. A person 60 years of age or older for whom transfer is being sought from a nursing home pursuant to \underline{s} . $400.0255(10) \underline{s}$. 400.0255(6).
 - 3. A person for whom all decisions concerning medical treatment are currently being lawfully made by the health care surrogate or proxy designated under chapter 765.

Section 17. Section 468.1756, Florida Statutes, 1998 Supplement, is amended to read:

468.1756 Statute of limitations.—An administrative complaint may only be filed pursuant to s. 455.621 for an act listed in s. 468.1755(1)(c)-(q) paragraphs (1)(c)-(p) of s. 468.1755 within 4 years from the time of the incident giving rise to the complaint, or within 4 years from the time the incident is discovered or should have been discovered.

Section 18. The sum of \$100,000 is appropriated from the Health Care Trust Fund to the Department of Elderly

Affairs for the 1999-2000 fiscal year to enable the Office of State Long-Term Care Ombudsman to carry out the duties

assigned to the district long-term care ombudsman councils as provided in this act and for establishing a toll-free telephone number. Section 19. This act shall take effect July 1, 1999. SENATE SUMMARY Revises various provisions of parts I and II of ch. 400, F.S., which govern the operation of long-term care facilities and nursing homes. Clarifies certain provisions that prohibit conflicts of interest by provisions that prohibit conflicts of interest by members, employees, or representatives of the state or district long-term care ombudsman councils. Revises certain duties of the ombudsman councils. Revises requirements for inspections of long-term care facilities. Requires that the Agency for Health Care Administration investigate certain complaints against a long-term care facility. Revises the required procedures for transferring or discharging a nursing home resident. Provides requirements for reviewing a notice of discharge or transfer. Authorizes disciplinary proceedings for unlawfully discharging or transferring such a resident. (See bill for details.)