A bill to be entitled 1 An act relating to health care facilities; 2 creating s. 395.0500, F.S.; creating the "Safe 3 4 Staffing for Quality of Care Act"; creating s. 5 395.0501, F.S.; providing legislative findings; creating s. 395.0502, F.S.; providing 6 7 definitions; creating s. 395.0503, F.S.; providing health care facility staffing 8 9 requirements; requiring a staffing plan and staffing standards; providing for compliance 10 11 with the staffing plan as a condition of 12 licensing or license renewal; requiring certain recordkeeping; creating s. 395.0504, F.S.; 13 14 prohibiting mandatory overtime and excessive 15 duty hours for facility employees; specifying 16 maximum hours; providing for emergency exceptions and providing limitations; creating 17 s. 395.0505, F.S.; providing employee rights, 18 19 including the right to refuse assignments that violate standards, and whistleblower 20 protections; creating s. 395.0506, F.S.; 21 providing for private rights of action for 2.2 23 certain violations; creating s. 395.0507, F.S.; 24 requiring public disclosure of certain information; creating s. 395.0508, F.S.; 25 26 providing rulemaking authority of the Agency for Health Care Administration; creating s. 27 28 395.0509, F.S.; providing for administrative 29 penalties, including fines, and orders to 30 correct deficiencies, closure of a facility or unit to admissions, and revocation of the 31

facility's license; providing a criminal 1 2 penalty; providing for termination of a 3 facility from the Medicaid program; providing an effective date. 4 5 6 Be It Enacted by the Legislature of the State of Florida: 7 8 Section 1. Section 395.0500, Florida Statutes, is 9 created to read: 10 395.0500 Short title.--Sections 395.0500-395.0509 may be cited as the "Safe Staffing for Quality of Care Act." 11 12 Section 2. Section 395.0501, Florida Statutes, is 13 created to read: 14 395.0501 Legislative findings.--The Legislature finds 15 that: 16 (1) The state has a substantial interest in ensuring that delivery of health care services to patients in health 17 care facilities located within this state is adequate and safe 18 19 and that health care facilities retain sufficient nursing 20 staff so as to promote optimal health care outcomes. (2) Recent changes in the state's <u>health care delivery</u> 21 22 system are resulting in a higher acuity level among patients in health care facilities. 23 24 (3) Inadequate hospital staffing results in dangerous medical errors and patient infections. 25 26 (4) To ensure adequate protection and care for 27 patients in health care facilities, it is essential that 28 qualified licensed nurses be accessible and available to meet the nursing needs of patients. 29 (5) Inadequate and poorly monitored nurse staffing 30

and adversely impact the health of patients who enter hospitals and outpatient emergency and surgical centers.

- (6) The basic principles of staffing in health care facilities should be focused on patient health care needs and based on consideration of patient acuity levels and the services that need to be provided to ensure optimal outcomes.
- (7) A substantial number of nurses indicate that hospital patient acuity measurements are inadequate and that many hospitals rarely, if ever, staff according to an acuity measurement tool.
- (8) Establishing staffing standards will ensure that health care facilities throughout the state operate in a manner that guarantees the public safety and the delivery of quality health care services.
- (9) Polling indicates that hospital nurses work substantial overtime hours and that nurses working 12-hour shifts work the most additional overtime hours per week.
- (10) Mandatory overtime and lengthy work hours for direct care nurses constitute a threat to the health and safety of patients, adversely impact the general well-being of nurses and their families, and result in greater turnover which increases long-term shortages of nursing personnel.
- Section 3. Section 395.0502, Florida Statutes, is created to read:

395.0502 Definitions.--

- (1) "Acuity system" means an established measurement
 instrument that:
- 28 (a) Predicts nursing care requirements for individual
 29 patients based on the severity of the patient's illness, the
 30 need for specialized equipment and technology, the intensity
 31 of nursing interventions required, and the complexity of

clinical nursing judgment needed to design, implement, and evaluate the patient's nursing care plan.

- (b) Details the amount of nursing care needed, both in the number of nurses and in the skill mix of nursing personnel required, on a daily basis, for each patient in a nursing department or unit.
- (c) Is stated in terms that readily can be used and understood by direct care nursing staff.
- (2) "Assessment tool" means a measurement system that compares the staffing level in each nursing department or unit against actual patient nursing care requirements in order to review the accuracy of an acuity system.
- (3) "Critical care unit" means a unit of a hospital that is established to safeguard and protect patients whose severity of medical conditions requires continuous monitoring and complex nursing intervention.
- (4) "Declared state of emergency" means an officially designated state of emergency that has been declared by a federal, state, or local government official having authority to declare that a state, county, municipality, or locality is in a state of emergency. This term does not include a state of emergency that results from a labor dispute in the health care industry.
- (5) "Direct care nurse" or "direct care nursing staff" means any nurse who has direct responsibility to oversee or carry out medical regimens or nursing care for one or more patients.
- (6) "Documented staffing plan" means a detailed written plan setting forth the minimum number, skill mix, and classification of licensed nurses required in each nursing department or unit in the health care facility for a given

year, based on reasonable projections derived from the patient census and average acuity level within each department or unit during the prior year, the department or unit size and geography, the nature of services provided, and any forseeable changes in department or unit size or function during the current year.

- (7) "Health care facility" means an acute care hospital, an emergency care, ambulatory, or outpatient surgery facility licensed under s. 395.003, or a psychiatric facility licensed under chapter 394.
- (8) "Nurse" means either a registered nurse or a licensed practical nurse.
- (9) "Nursing care" means care that falls within the scope of practice set forth in the applicable state nurse practice act or is otherwise encompassed within recognized professional standards of nursing practice, including assessment, nursing diagnosis, planning, intervention, evaluation, and patient advocacy.
- (10) "Off duty" means that the individual has no restrictions placed on his or her whereabouts and is free of all restraint or duty on behalf of the health care facility.
- (11) "On duty" means that the individual is required to be available and ready to perform services upon request within or on behalf of the health care facility and includes any rest periods or breaks during which the individual's ability to leave the health care facility is restricted either expressly or by work-related circumstances beyond the individual's control.
- (12) "Skill mix" means the differences in licensing, specialty, and experience among direct care nurses.

(13) "Staffing level" means the actual numerical nurse-to-patient ratio by licensed nurse classification within a nursing department or unit.

Section 4. Section 395.0503, Florida Statutes, is created to read:

395.0503 Facility staffing requirements.--

- (1) MINIMUM STAFFING REQUIREMENTS.--Each facility licensed pursuant to this chapter shall ensure that it is staffed in a manner that provides sufficient, appropriately qualified nursing staff of each classification in each department or unit within the facility in order to meet the individualized care needs of the patients therein and to meet the requirements set forth in paragraphs (2)(a) and (b).
- (2) STAFFING PLAN.--As a condition of licensing or license renewal, each health care facility licensed pursuant to this chapter shall annually submit to the agency a documented staffing plan, together with a written certification that the staffing plan is sufficient to provide adequate and appropriate delivery of health care services to patients for the ensuing year. The staffing plan must:
- (a) Be adequate to meet any additional requirements provided by other laws, rules, or regulations.
- (b) Employ and identify an approved acuity system for addressing fluctuations in actual patient acuity levels and nursing care requirements requiring increased staffing levels above the minimums set forth in the plan.
- (c) Factor in other unit or department activities, such as discharges, transfers, admissions, and administrative and support tasks, that are expected to be performed by direct care nurses in addition to direct nursing care.

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- (d) Identify the assessment tool used to validate the acuity system relied on in the plan.
- (e) Identify the system that will be used to document actual staffing on a daily basis within each department or unit.
- (f) Include a written assessment of the accuracy of the prior year's staffing plan in light of actual staffing needs.
- (g) Identify each nursing staff classification referenced in the staffing plan, together with a statement setting forth minimum qualifications for each such classification.
- (h) Be developed in consultation with the direct care nursing staff within each department or unit or, where such staff is represented, with the applicable recognized or certified collective bargaining representative of the direct care nursing staff.
 - (3) STAFFING STANDARDS.--
- (a) Minimum nurse-to-patient ratios. -- The health care facility's staffing plan must incorporate, at a minimum, the following direct care nurse-to-patient ratios:
- 1. One nurse to one patient: operating room and trauma emergency.
- 2. One nurse to two patients: all critical care areas, including emergency critical care, and all intensive care units, labor and delivery units, and postanesthesia units.
- 3. One nurse to three patients: antepartum, emergency room, pediatrics, psychiatry, step-down, and telemetry.
- $\underline{\text{4. One nurse to four patients: intermediate care}}$ nursery and medical/surgical floors.

- 5. One nurse to five patients: skilled nursing facilities and rehabilitation.
- 6. One nurse to six patients: postpartum (three couplets) and well-baby nursery.
- (b) Mandatory additional staff.--The minimum number of direct care nurse-to-patient staff set forth in paragraph (a) shall constitute the minimum number of direct care nursing staff that shall be assigned to and present within a nursing department or unit. Where the approved acuity system adopted by the facility indicates that additional staff is required, the health care facility must staff at the higher staffing level.
- (c) Approval of acuity system. -- The agency shall adopt rules prescribing the method by which the agency will approve a health care facility's acuity system. Such rules may include a system for class approval of acuity systems.
 - (d) Minimum skill mix.--
- 1. The skill mix reflected in a staffing plan must ensure that all of the following elements of the nursing process are performed in the planning and delivery of care for each patient: assessment, nursing diagnosis, planning, intervention, evaluation, and patient advocacy.
- 2. Registered nurses must constitute at least 80 percent of the direct care nurses included in the staffing plan.
- 3. The skill mix may not incorporate or assume that nursing care functions required by licensing laws or rules or accepted standards of practice to be performed by a licensed nurse are to be performed by unlicensed assistive personnel.
 - (4) COMPLIANCE WITH PLAN. --

- (a) As a condition of licensing or license renewal, a health care facility must at all times staff in accordance with its staffing plan and the staffing standards set forth in this section. However, nothing in this section shall be deemed to preclude a health care facility from implementing higher direct care nurse-to-patient staffing levels.
- (b) No nurse shall be assigned, or included in the count of assigned nursing staff for purposes of compliance with minimum staffing requirements, in a nursing department or unit or a clinical area within the health care facility without appropriate licensing, prior orientation, and verification that the nurse is capable of providing competent nursing care to the patients therein.
 - (5) RECORDKEEPING. --
- (a) As a condition of licensing or license renewal, each health care facility shall maintain accurate daily records showing:
- 1. The number of patients admitted, released, and present in each nursing department or unit within the facility.
- 2. The individual acuity level of each patient present in each nursing department or unit within the facility.
- 3. The identity and duty hours of each direct care nurse in each nursing department or unit within the facility.
- (b) As a condition of licensing or license renewal, each health care facility shall maintain daily statistics, by nursing department and unit, of mortality, morbidity, infection, accident, injury, and medical errors.
- (c) All records required to be kept under this subsection shall be maintained for a period of 7 years.

1 (d) All records required to be kept under this 2 subsection shall be made available upon request to the agency and to the public. However, information released to the public 3 4 shall not contain the name of or other personal identifying 5 information, apart from acuity level, about any individual 6 patient. 7 Section 5. Section 395.0504, Florida Statutes, is 8 created to read: 9 395.0504 Mandatory overtime and excessive duty 10 hours.--11 (1) MANDATORY OVERTIME PROHIBITED. --12 (a) Notwithstanding any other provision of law to the 13 contrary and subject only to the exceptions included in this 14 section, a health care facility shall not mandate or otherwise 15 require, directly or indirectly, a health care employee to 16 work or be on duty in excess of any one of the following: 17 1. The scheduled workshift or duty period. 2. Twelve hours in a 24-hour period. 18 19 3. Eighty hours in a 14-consecutive-day period. 20 (b) As used in this section, "mandatory" or "mandate" means any request that, if refused or declined by the health 21 22 care employee, may result in discharge, discipline, loss of 23 promotion, or other adverse employment consequence. 24 (c) Nothing in this subsection is intended to prohibit a health care employee from voluntarily working overtime. 25 26 (2) MAXIMUM HOURS.--27 (a) No health care employee may work or be on duty for 28 more than 16 hours in any 24-hour period.

24-hour period must have at least 8 consecutive hours off duty

(b) Any health care employee working 16 hours in any

31 before being required to return to duty.

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- (c) No health care employee may be required to work or be on duty for more than 7 consecutive days without at least one consecutive 24-hour period off duty within that time.
 - (3) EXCEPTIONS.--

- (a) Declared state of emergency. --
- 1. During a declared state of emergency in which a health care facility is requested or may otherwise reasonably be expected to provide an exceptional level of emergency or other medical services to the community, the mandatory overtime prohibition in subsection (1) shall be lifted to the following extent:
- a. Health care employees may be required to work or remain on duty up to the maximum hour limitations set forth in subsection (2), provided the health care facility has taken the steps set forth in subsection (2).
- b. Prior to requiring any health care employee to work mandatory overtime, the health care facility must make reasonable efforts to fill its immediate staffing needs through alternative efforts, including requesting off-duty staff to voluntarily report to work, requesting on-duty staff to volunteer for overtime hours, and recruiting per diem and registry staff to report to work.
- c. This exemption shall not exceed the duration of the declared state of emergency or the health care facility's direct role in responding to medical needs resulting from the declared state of emergency, whichever is less.
- 2. During a declared state of emergency in which a health care facility is requested or may otherwise reasonably be expected to provide an exceptional level of emergency or other medical services to the community, the maximum hours

limitations in subsection (2) shall be lifted to the following
extent:

- a. Health care employees may work or remain on duty beyond the maximum hour limitation set forth in subsection (2), provided:
- (I) The decision to work the additional time is voluntarily made by the individual health care employee affected.
- uninterrupted 4-hour rest period before the completion of the first 16 hours of duty and an uninterrupted 8-hour rest period at the completion of 24 hours of duty. As used in this sub-sub-subparagraph, "rest period" means a period in which an individual may be required to remain on the premises of the health care facility but is free of all restraint, duty, or responsibility for work or duty.
- (III) No health care employee shall work or remain on duty for more than 28 consecutive hours in a 72-hour period.
- More than 16 hours in a 24-hour period who informs the health care facility that he or she needs immediate rest must be relieved from duty as soon thereafter as possible, consistent with patient safety needs, and given at least 8 uninterrupted hours off duty before being required to return for duty.
- b. This exemption shall not exceed the duration of the declared state of emergency or the health care facility's direct role in responding to medical needs resulting from the declared state of emergency, whichever is less.
- (b) Collective bargaining agreement.--A work shift schedule or overtime program established pursuant to a collective bargaining agreement negotiated on behalf of the

 health care employees by a bona fide labor organization may provide for mandatory on-duty hours in excess of those permitted under paragraph (1)(a), provided adequate measures are included in the agreement to ensure against excessive fatigue on the part of the affected employees.

Section 6. Section 395.0505, Florida Statutes, is created to read:

395.0505 Employee rights.--

- (1) RIGHT TO REFUSE ASSIGNMENT UNDER CONDITIONS THAT VIOLATE STANDARDS.--
- (a) Work assignment policy.--As a condition of licensure, each health care facility shall adopt and disseminate to direct care nursing staff a written policy, which complies with the requirements set forth in paragraphs (b) and (c), detailing the circumstances under which a direct care nurse may refuse a work assignment.
- (b) Minimum conditions.--At a minimum, the work assignment policy shall permit a direct care nurse to refuse an assignment:
- 1. That the nurse is not prepared by education, training, or experience to safely fulfill without compromising or jeopardizing patient safety, the nurse's ability to meet forseeable patient needs, or the nurse's license.
- 2. For which the nurse has volunteered to work overtime but determines that his or her level of fatigue or decreased alertness would compromise or jeopardize patient safety, the nurse's ability to meet foreseeable patient needs, or the nurse's license.
- 3. That would otherwise violate requirements set forth in ss. 395.0500-395.0509.

- (c) Minimum procedures.--At a minimum, the work assignment policy shall contain procedures for the following:
- 1. Reasonable requirements for prior notice to the nurse's supervisor regarding the nurse's request and supporting reasons for being relieved of the assignment or continued duty.
- 2. Where feasible, an opportunity for the nurse's supervisor to review the specific conditions supporting the nurse's request and to decide whether to remedy the conditions, to relieve the nurse of the assignment, or to deny the nurse's request to be relieved of the assignment or continued duty.
- 3. A process that permits the nurse to exercise the right to refuse the assignment or continued duty when the nurse's supervisor denies the request to be relieved if:
- a. The nurse's supervisor rejects the request without proposing a remedy or the proposed remedy would be inadequate or untimely;
- b. Complaint and investigation process with a regulatory agency would be untimely to address the concern; and
- c. The employee in good faith believes the assignment meets conditions justifying refusal.
 - (2) WHISTLEBLOWER PROTECTIONS. --
- (a) Discrimination prohibited.--A health care facility shall not discriminate against, retaliate against, or penalize in any manner with respect to compensation, terms, conditions, or privileges of employment an employee who in good faith, individually or in conjunction with another person or persons:
- 1. Reports a violation or suspected violation of ss. 395.0500-395.0509 to a public regulatory agency, a private

 accrediting body, or management personnel of the health care
facility;

- 2. Initiates, cooperates, or otherwise participates in an investigation or proceeding brought by a regulatory agency or private accrediting body concerning matters covered by ss. 395.0500-395.0509;
- 3. Informs or discusses with other employees, employee representatives, patients, patient representatives, or the public violations or suspected violations of ss.

 395.0500-395.0509; or
- 4. Otherwise avails himself or herself of the rights set forth in ss. 395.0500-395.0509.
- (b) "Good faith" defined.--For purposes of this subsection, an employee is deemed to act in good faith if the employee reasonably believes that:
 - 1. The information reported or disclosed is true; and
 - 2. A violation has occurred or may occur.
- Section 7. Section 395.0506, Florida Statutes, is created to read:

395.0506 Private right of action.--

(1) RIGHT TO LEGAL AND EQUITABLE RELIEF.--Any health care facility that violates the provisions of s. 395.0504 or s. 395.0505 may be held liable to the employees affected in an action brought in a court of competent jurisdiction for such legal or equitable relief as may be appropriate to effectuate the purposes of ss. 395.0500-395.0509, including, but not limited to, reinstatement, promotion, lost wages and benefits, and compensatory and consequential damages resulting from the violations, together with an equal amount in liquidated damages. The court in such action shall, in addition to any

judgment awarded to the plaintiffs, award reasonable attorneys' fees and costs to be paid by the defendants.

(2) RIGHT TO PRIVATE ACTION NOT LIMITED.--The employee's right to institute a private action under this section is not limited by any other rights granted under ss. 395.0500-395.0509.

Section 8. Section 395.0507, Florida Statutes, is created to read:

395.0507 Posting of notices; public disclosure.--

- (1) POSTED NOTICES.--
- (a) Each health care facility shall post in a conspicuous place readily accessible to the general public a notice prepared by the agency setting forth in summary form the mandatory provisions of ss. 395.0500-395.0509.
- (b) Mandatory and actual nurse staffing levels in each nursing department or unit shall be posted daily in a conspicuous place readily accessible to the general public.
 - (2) INFORMATION TO BE DISCLOSED. --
- (a) Upon request, the health care facility shall make copies of the staffing plan filed with the agency available to the public.
- (b) Each nursing department or unit within a facility shall post or otherwise make readily available to the nursing staff, during each work shift, the following:
- 1. A copy of the current staffing plan for that department or unit.
- 2. Documentation of the number of direct care nursing staff required to be present during the shift, based on the approved adopted acuity system.
- 30 <u>3. Documentation of the actual number of direct care</u>
 31 nursing staff present during the shift.

1 Section 9. Section 395.0508, Florida Statutes, is 2 created to read: 3 395.0508 Rulemaking authority.--4 (1) The agency shall be responsible for ensuring general compliance with s. 395.0503, relating to staffing 5 6 plans and standards, and is empowered to issue such rules as 7 necessary or appropriate to carry out this function. At a 8 minimum, such rules shall provide for: (a) Unannounced, random site visits of licensed health 9 10 care facilities. 11 (b) An accessible and confidential system by which the 12 public and nursing staff may report a health care facility's 13 failure to comply with the requirements of ss. 14 395.0500-395.0509. 15 (c) A systematic means for investigating and correcting violations of ss. 395.0500-395.0509. 16 (d) Public access to information regarding reports of 17 inspections, results, deficiencies, and corrections. 18 19 (e) A process for imposing the statutory penalties for 20 violations of the staffing requirements of ss. 21 395.0500-395.0509. 22 (2) The agency shall have jurisdiction to ensure compliance with ss. 395.0504 and 395.0505 and to implement 23 24 such rules as necessary or appropriate to carry out this 25 function. 26 Section 10. Section 395.0509, Florida Statutes, is 27 created to read: 28 395.0509 Penalties.--29 (1) REVOCATION OF LICENSE. -- A determination that a health care facility has violated the provisions of ss. 30

395.0500-395.0509 may result in the revocation of license under s. 395.003 or chapter 394.

(2) FINES.--

- (a) A health care facility that violates any staffing requirements set forth in s. 395.0503 is subject to a fine of not less than \$15,000 per day, per violation, for each day that the violation occurs or continues.
- (b) A health care facility that fails to post a notice required under ss. 395.0500-395.0509 is subject to a fine of \$1,000 per day for each day that the required notice is not posted.
- (c) A health care facility that violates s. 395.0504 or s. 395.0505 is subject to a fine of \$15,000 per violation.
- (d) A person or health care facility that fails to report or falsifies, or coerces, threatens, intimidates, or otherwise influences another person to fail to report or to falsify, information required to be reported under ss.

 395.0500-395.0509 is subject to a fine of up to \$15,000 for each such incident.
- (3) ORDERS OF CORRECTION; ACTIONS FOR FAILURE TO COMPLY.--
- (a) Upon investigation, the agency shall notify the health care facility of all deficiencies in its compliance with ss. 395.0500-395.0509 and the rules adopted thereunder. Such notice may include an order to take corrective action within a time specific, including, but not limited to:
 - 1. Revising the facility staffing plan.
- 2. Reducing the number of patients within a nursing department or unit.
- 30 <u>3. Temporarily closing a nursing department or unit to</u>
 31 any further patient admissions until corrections are made.

1	4. Temporarily transferring patients to another
2	nursing department or unit within the facility until
3	corrections are made.
4	(b) The agency is empowered to issue an order of
5	correction:
6	1. On an emergency basis, without prior notice or
7	opportunity for a hearing, if the investigation shows that
8	patient care is being compromised in a manner that poses an
9	immediate threat to the health or safety of patients.
10	2. In accordance with the provisions of s. 395.003.
11	(c) The order of correction shall be in writing and
12	shall contain a statement of the reasons for the order.
13	(d) Upon the failure of a health care facility to
14	comply with an order of correction in a timely manner, the
15	agency may take such action as it deems appropriate,
16	including, but not limited to:
17	1. Appointing an administrative overseer for the
18	<u>facility.</u>
19	2. Closing the facility or unit to patient admissions.
20	3. Placing the facility's emergency room on bypass
21	status.
22	4. Revoking the facility's license.
23	(4) CRIMINAL SANCTIONS Any person who willfully
24	violates any provision of ss. 395.0500-395.0509 in a manner
25	that evidences a pattern or practice of violations which is
26	likely to have a serious and adverse impact on patient care or
27	the potential for serious injury or death of patients or
28	employees commits a misdemeanor of the first degree,
29	punishable as provided in s. 775.082 or s. 775.083.

(5) LOSS OF MEDICAID REIMBURSEMENT.--

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1 A determination that a health care facility has 2 violated the provisions ss. 395.0500-395.0509 shall result in 3 an order of reimbursement to the Medicaid program or in 4 termination from participation in the Medicaid program for a 5 period of time to be determined by the agency. (b) Any health care facility that falsifies or causes 6 7 to be falsified documentation required by ss. 8 395.0500-395.0509 shall be prohibited from receiving any 9 Medicaid reimbursement for a period of 6 months. 10 Section 11. This act shall take effect July 1, 2002. 11 12 13 HOUSE SUMMARY 14 Creates the "Safe Staffing for Quality of Care Act." Provides legislative findings. Provides definitions. Provides staffing requirements for hospital, emergency 15 care, ambulatory, outpatient surgery, and psychiatric facilities, including a staffing plan and staffing standards. Provides for compliance with the staffing plan 16 17 standards. Provides for compliance with the staffing plan as a condition of licensing or license renewal. Requires certain recordkeeping as a condition of licensure. Prohibits mandatory overtime and excessive duty hours for facility employees and specifies maximum hours. Provides for emergency exceptions and provides limitations. Provides employee rights, including the right to refuse assignments that violate standards, and whistleblower protections. Provides for private rights of action for certain violations. Requires public disclosure of information relating to requirements of the act. Provides rulemaking authority of the Agency for Health Care Administration. Provides for administrative penalties, including fines, and orders to correct deficiencies, 18 19 20 21 22 23 including fines, and orders to correct deficiencies, closure of a facility or unit to admissions, and revocation of the facility's license. Provides a first degree misdemeanor penalty for certain violations. Provides for termination of a facility from the Medicaid 24 25 26 program. 27 2.8 29 30 31