

By Senator Diaz de la Portilla

36-812B-04

1 A bill to be entitled
2 An act relating to public health services;
3 providing legislative intent with respect to
4 the licensure and regulation of facilities that
5 provide care for medically fragile or
6 technologically dependent children; providing
7 definitions; providing requirements for the
8 licensure of subacute pediatric prescribed
9 extended alternative care centers; providing
10 for the licensing of such facilities by the
11 Agency for Health Care Administration;
12 providing criminal sanctions; prescribing a
13 license fee; providing requirements for
14 applicants for licensure; providing
15 requirements for a licensee in administering
16 and managing a SPPEAC center; requiring that
17 each center have an advisory board; providing
18 for membership on the advisory board; providing
19 requirements for the admission of a child to a
20 SPPEAC center; requiring each center to
21 maintain policies for child care; requiring
22 that a board-certified pediatrician serve as
23 the medical director of a center; providing
24 requirements for the nursing services provided
25 at a SPPEAC center; providing requirements for
26 the qualifications and experience of nursing
27 personnel; specifying the minimum
28 staff-to-child ratio for a center; providing
29 requirements for ancillary professional staff;
30 requiring that a SPPEAC center provide certain
31 educational services for children admitted to

1 the center; requiring in-service training for
2 center staff and family members of children
3 admitted to the center; requiring that the
4 center maintain certain medical records;
5 requiring that a center have a committee to
6 conduct reviews for quality assurance;
7 providing requirements for dietary services
8 provided at a center; providing requirements
9 for the physical environment of a SPPEAC
10 center; requiring that a center maintain
11 certain specified safety, medical, and
12 emergency equipment; providing requirements for
13 infection control; providing requirements for
14 transportation services provided by a center;
15 requiring that a center conform to certain
16 minimum emergency standards; providing an
17 effective date.

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19 Be It Enacted by the Legislature of the State of Florida:
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21 Section 1. Purpose.--It is the intent of the
22 Legislature to provide for the licensure and regulation of
23 subacute pediatric prescribed extended alternative care
24 facilities that provide transitional care for medically
25 fragile or technologically dependent children on a short-term
26 basis of 90 days or less. It is the intent of the Legislature
27 to establish and enforce basic standards for SPPEAC centers in
28 order to assure that the centers provide the necessary
29 family-centered medical, developmental, physiological,
30 nutritional, psychosocial, and family training services.

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1 Section 2. Definitions.--As used in this act, the
2 term:

3 (1) "Administrator," "manager," or "supervisor"
4 includes the manager, supervisor, and members of the board of
5 directors and the officers of any firm, partnership,
6 association, or corporation with whom the applicant may
7 contract to provide for the management or supervision of the
8 SPPEAC center.

9 (2) "Advisory board" means a group of health care
10 professionals and at least one consumer approved by the SPPEAC
11 medical and nursing directors to serve each SPPEAC center to
12 review policies, procedures, and licensure requirements and to
13 provide consultation to the administrators of the center.

14 (3) "Agency" means the Agency for Health Care
15 Administration.

16 (4) "Ancillary services" include, but are not limited
17 to, speech therapy, occupational therapy, physical therapy,
18 social work, and developmental, childhood, and psychological
19 services.

20 (5) "Applicant" means an individual applicant applying
21 for licensure or members of a board of directors and the
22 officers of a firm, partnership, association, or corporation
23 applying for licensure.

24 (6) "Basic services" includes, but is not limited to,
25 development, implementation, and monitoring of a comprehensive
26 plan of care, developed in conjunction with a child's parent
27 or guardian, which specifies the medical, nursing,
28 psychosocial, and developmental therapies required by the
29 medically fragile or technologically dependent child served,
30 as well as the caregiver-training needs of the child's parent
31 or guardian.

1 (7) "Executive director" or "owner" means an
2 individual who has general administrative charge of a SPPEAC
3 center.

4 (8) "Licensee" means a facility that has been issued a
5 licence to operate as a SPPEAC center.

6 (9) "Medical director" means a physician who is
7 licensed under chapter 458 or chapter 459, Florida Statutes,
8 who is certified by the American Board of Pediatrics or the
9 American Osteopathic Board of Pediatrics, and who serves as
10 the liaison between the SPPEAC and the medical community.

11 (10) "Medical records" means the medical records
12 maintained by a SPPEAC center in accordance with accepted
13 professional standards and practices.

14 (11) "Medically fragile or technologically dependent
15 child" means a child who, because of a medical condition,
16 requires continuous therapeutic interventions or skilled
17 nursing supervision.

18 (12) "Nursing director" means a registered nurse who
19 is licensed under chapter 464, Florida Statutes, and who is
20 responsible for providing continuous supervision of services
21 provided by a SPPEAC center and managing the daily nursing
22 services of the center.

23 (13) "Plan of care" means the comprehensive plan for
24 implementing the medical, nursing, psychosocial,
25 developmental, and education therapies provided by a SPPEAC
26 center.

27 (14) "Premises" means the buildings, beds, and
28 facilities located at the address of the licensee.

29 (15) "Prescribing physician" means the physician
30 licensed under chapter 458 or chapter 459, Florida Statutes,
31 who signs the order admitting a child to a SPPEAC center.

1 (16) "Primary physician" means the physician licensed
2 under chapter 458 or chapter 459, Florida Statutes, who
3 maintains overall responsibility for a child's medical
4 management and who is available for consultation and
5 collaboration with the staff of the SPPEAC center.

6 (17) "Quality assurance" means the mandatory program
7 that all SPPEAC centers must have to assure periodic review of
8 medical records at least annually and the determination of the
9 quality and appropriateness of care rendered by the center and
10 changes required to effectuate that care.

11 (18) "Quality assurance committee" means a group of
12 health care professionals, such as physicians, registered
13 nurses, licensed practical nurses, and therapists, and at
14 least one consumer approved by the SPPEAC board of directors
15 to serve each SPPEAC center by reviewing SPPEAC medical
16 records and treatment procedures and evaluating the quality of
17 care provided to each child.

18 (19) "Acute care" means a level of health care in
19 which a patient is treated for a brief but severe episode of
20 illness for conditions that are the result of disease or
21 trauma in addition to recovery from surgery.

22 (20) "Long-term care" means a provision of services,
23 including health care, personal care, social services, and
24 economic assistance, delivered in a variety of settings for an
25 extended period of time.

26 (21) "Transitional care" means a type of care that may
27 include rehabilitation services, specialized care for certain
28 conditions or postsurgical care and other services associated
29 with the transition between the hospital and home. Children
30 who are on these units and who have been hospitalized recently
31 have more complicated medical needs. The goal of subacute care

1 is to discharge children to their homes or to a lower level of
2 care.

3 (22) "Subacute" means the level of care which falls
4 between acute care and chronic care or long-term care.

5 (23) "Subacute pediatric prescribed extended
6 alternative care center" or "SPPEAC center" means any building
7 or other place, whether operated for profit or not, which
8 provides basic services, as described in this act, to three or
9 more medically fragile or technologically dependent children
10 who are not related to the owner or executive director by
11 blood, marriage, or adoption and who require such services as
12 determined by a physician or an advanced registered nurse
13 practitioner. Infants and children considered for admission to
14 a SPPEAC center must have a complex medical condition that
15 requires daily care, transitional care, or continual care. The
16 prerequisite for admission is a prescription from the child's
17 attending physician or primary physician and consent of the
18 child's parent or guardian.

19 (24) "Transition" means the link between acute care
20 and home or long-term care.

21 Section 3. License required.--

22 (1) A person, firm, association, partnership, or
23 corporation may not directly or indirectly operate a SPPEAC
24 center in this state without first applying for and receiving
25 a license from the agency to operate the facility. Any person,
26 firm, association, partnership, or corporation that violates
27 this subsection commits a felony of the third degree,
28 punishable as provided in s. 775.082, s. 775.083, or s.
29 775.084.

30 (2) Any person operating a facility in this state is
31 subject to the requirements of this act.

1 (3) An applicant for licensure must submit a separate
2 application for each building of a facility if the buildings
3 are located on separate premises.

4 (4) A SPPEAC licensee may not operate a facility at a
5 capacity greater than the number of beds indicated on the face
6 of the license.

7 (5) A license issued for the operation of a SPPEAC
8 center expires 1 year following the date of issuance, unless
9 sooner suspended or revoked. An applicant for license renewal
10 must comply with the provisions of this act.

11 (6) Another licensed entity that is a business or
12 organization that provides a complementary service or product
13 for the benefit of the SPPEAC client and his or her family may
14 collocate with a SPPEAC center.

15 Section 4. Licensure procedure.--

16 (1) Application for a license to operate a SPPEAC
17 center must be made on a form prescribed by the agency and
18 must be submitted to the agency under oath by the owner or
19 administrator of the center.

20 (2) Except for a county or municipality, each
21 applicant must submit a license fee to the Agency for Health
22 Care Administration, along with the application for licensure,
23 in an amount determined by the agency to be sufficient to
24 cover the agency's costs in carrying out its responsibilities
25 under this part. This license fee may not be less than \$500 or
26 more than \$1,200.

27 (3) All information provided on the application forms,
28 or by a request for additional information, must be accurate
29 and current at the time of filing.

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1 (4) An applicant for an initial license to operate a
2 SPPEAC center shall submit an application providing all of the
3 information required by the agency, which must include:

4 (a) The number of beds for which the license is being
5 requested.

6 (b) The name of the SPPEAC center's administrator,
7 manager, executive director, or supervisor; the name and
8 license number of the director of nursing and all other
9 currently employed licensed personnel; and the number of
10 currently employed supportive personnel including, but not
11 limited to, respiratory technicians, certified nursing
12 assistants, emergency medical technicians, and paramedics
13 having responsibility for any part of the care given to
14 clients.

15 (c) A listing of the number of dietary, housekeeping,
16 maintenance, and other personnel who are available on a daily
17 basis.

18 (d) Certificates of approval from the local zoning
19 authority indicating that the location of the facility
20 conforms to local zoning ordinances.

21 (e) Proof of financial ability to operate the facility
22 in accordance with the requirements of this act, which must be
23 documented as follows:

24 1. A projection of revenue and expenses for the first
25 12 months of operation, including a conversion of the
26 projection to a cash-flow analysis, a balance sheet as of the
27 beginning of the reporting period, and a pro forma balance
28 sheet as of the end of the reporting period. These documents
29 must be prepared in accordance with generally accepted
30 accounting principles;

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1 2. A copy of all deeds, contracts for sale, and
2 leases, whether existing or proposed, showing that the
3 applicant is responsible for the operation of the facility;

4 3. A contingency plan that demonstrates the ability of
5 the applicant to handle extraordinary occurrences that would
6 have a financial impact, such as major repairs, purchase of
7 capital equipment, or decrease in paid children's days. An
8 applicant meets this requirement if necessary contingency
9 funds are guaranteed from within the applicant's organization
10 or from proprietors, partners, or stockholders, or are
11 evidenced as available from commitments from lending
12 institutions, a line of credit, a letter of credit, or similar
13 evidence. If the contingency funds are guaranteed by the
14 applicant's organization, a proprietor, partners, or
15 stockholders, the guarantors must submit a signed statement
16 that the required funds shall be made available when
17 necessary. The applicant must have a positive cash flow,
18 including contingency funding, for each of the first 12 months
19 of operation and must have a contingency plan for an amount
20 not less than 80 percent of the total expenses detailed in the
21 operating budget for the first 12 months of operation. If a
22 line of credit exists, a letter from the lending institution
23 must be submitted which states:

- 24 a. The amount;
25 b. The terms and conditions;
26 c. The interest rate;
27 d. The repayment schedule;
28 e. The collateral;
29 f. The guarantors; and
30 g. The balance available on the date of license
31 application;

1 4. The names of proprietors, partners, or stockholders
2 owning at least a 10-percent interest, and the officers of:

- 3 a. The applicant;
4 b. The lessor;
5 c. The management company; and
6 d. The seller.

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8 The financial information submitted by the applicant for
9 compliance with requirements for proof of financial ability
10 must be prepared in accordance with generally accepted
11 accounting principles. The financial information must be
12 reviewed by the agency, and a decision shall be made regarding
13 the applicant's financial ability to operate a SPPEAC center.

14 All financial statements, other than projections, must be
15 certified as true and correct by a corporate officer, all
16 partners of a partnership, or an individual delegated by the
17 owner to do so, as appropriate.

18 (f) For new construction or new operations:

19 1. Certificates of zoning approval from the county or
20 the municipality if the facility is located within municipal
21 limits; and

22 2. Proof of approval for occupancy.

23 (g) For a change of the licensed operator, proof of
24 compliance with applicable provisions of this act.

25 (h) Such additional related information that the
26 agency determines is necessary in order to act upon the
27 application.

28 (5) An applicant for renewal of a license to operate a
29 SPPEAC facility must submit an application that includes:

30 (a) All of the information required by paragraphs
31 (4)(a), (d), (e), and (f); and

1 (b) The information required by paragraph (4)(b) for
2 each of the new personnel, if there has been a change of
3 administrator, executive director, manager, supervisor,
4 medical director, director of nursing services, or any
5 licensed nurse during the preceding year.

6 (6) If the licensee of a facility seeks to increase
7 the number of beds for which the facility is licensed, the
8 licensee must:

9 (a) Provide certificates of approval from the local
10 zoning authority indicating that the location of the facility
11 conforms to local zoning ordinances as to capacity; and

12 (b) Submit an application as required by subsection
13 (5) to modify the license accordingly.

14 (7) Each applicant for a license to operate a
15 facility, whether for initial licensure or for renewal, and
16 the administrator, executive director, manager, or supervisor
17 of the facility must:

18 (a) Be 18 years of age or older;

19 (b) Be of good moral character; and

20 (c) Have not been convicted or found guilty,
21 regardless of adjudication, in any jurisdiction, of any felony
22 involving fraud, embezzlement, fraudulent conversion,
23 misappropriation of property, violence against a person, or
24 moral turpitude.

25 (8) Documentation for the agency showing compliance
26 with subsection (7), whether for initial licensure or for
27 renewal, must be submitted with the application and must
28 include:

29 (a) Three character references for the applicant and
30 for the administrator, executive director, manager, or
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1 supervisor of the facility, except on renewal if previously
2 provided to the department;

3 (b) The criminal record, if any, of the applicant and
4 of the administrator, executive director, manager, or
5 supervisor of the facility listing the court, the date of
6 conviction, the offense, and the penalty imposed for each
7 conviction regardless of adjudication; and

8 (c) A copy of any injunctive or restrictive order or
9 federal or state administrative order relating to business
10 activity or health care services as a result of an action
11 brought by a public agency or department, including, without
12 limitation, an action affecting a licensee under chapter 391,
13 Florida Statutes, which is currently in effect with respect to
14 the applicant or the administrator, executive director,
15 manager, or supervisor of the facility.

16 (9)(a) Each facility must obtain and keep in force
17 liability insurance. Proof of liability insurance must be
18 submitted at the time of application. Liability insurance is
19 insurance against legal liability for death, injury, or
20 disability of any human being, or for damage to property, with
21 provision for medical, hospital, and surgical benefits to the
22 injured person, irrespective of the legal disability of the
23 insured, when issued as a part of a liability insurance
24 contract.

25 (b) Minimum liability insurance coverage shall be at
26 least \$50,000 per child for bodily injury and \$150,000 per
27 occurrence for the center, and \$50,000 per child for bodily
28 injury and \$150,000 per occurrence for the vehicles if
29 transportation services are provided by the center.

30 Section 5. Administration and management.--
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1 (1) The licensee of each SPPEAC center has full legal
2 authority and responsibility for operating the facility.
3 Responsibilities of the licensee include, but are not limited
4 to:

5 (a) Employing or otherwise arranging for the services
6 of personnel required to properly staff the center in
7 accordance with chapter 400, Florida Statutes, and this act;

8 (b) Adopting and making public a statement of the
9 children's rights in accordance with chapter 400, Florida
10 Statutes;

11 (c) Making application for a license to operate the
12 center in accordance with chapter 400, Florida Statutes, and
13 this act;

14 (d) Providing equipment and supplies required to meet
15 the basic needs of the children;

16 (e) Ensuring that the center is operated in compliance
17 with chapter 400, Florida Statutes, and this act;

18 (f) Ensuring that services identified as required to
19 meet the needs of the children are provided directly by center
20 personnel or secured from outside sources; and

21 (g) Ensuring that a copy of chapter 400, Florida
22 Statutes, a copy of the SPPEAC rules adopted according to this
23 act, a medical dictionary, the current year's copy of the
24 American Academy of Pediatrics Red Book, and the current
25 year's drug reference book are available in the center.

26 (2) The licensee shall manage the center on a sound
27 financial basis and shall have the financial ability to
28 operate the facility in accordance with the requirements of
29 this act. A violation of this standard includes issuing bad
30 checks; failing to make timely tax and payroll deposits; or
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1 failing to meet financial obligations for food, shelter, care,
2 and utilities when due.

3 (3) Each SPPEAC center shall be organized in
4 accordance with a written table of organization which
5 describes the lines of authority and communication down to the
6 child-care level. The organizational structure must be
7 designed to ensure an integrated continuum of services to the
8 clients.

9 (4)(a) The licensee of each center shall designate one
10 person as executive director who is responsible and
11 accountable for the overall management of the center.

12 (b) The center executive director shall designate, in
13 writing or per organizational chart, a person who is
14 responsible for operating the center when the executive
15 director is absent from the center for 24 hours or longer.

16 (c) Responsibilities of the center executive director
17 include, but are not limited to:

18 1. Maintaining or causing to be maintained the
19 following written records and any other records required by
20 this act. The records must be kept in a place, form, and
21 system ordinarily employed in acceptable medical and business
22 practices and must be available in the center for inspection
23 by the agency during normal business hours.

24 a. A census record that indicates the number of
25 children currently receiving services in the center;

26 b. A record of all accidents or unusual incidents
27 involving any child or staff member which caused, or had the
28 potential to cause, injury or harm to any person or property
29 within the center. Such records must contain a clear
30 description of each accident or incident, the names of the
31 persons involved, a description of all medical or other

1 services provided to these persons, the names of those who
2 provided such services, and the steps taken, if any, to
3 prevent recurrence of such accident or incidents in the
4 future;

5 c. A copy of current agreements with third-party
6 providers;

7 d. A copy of current agreements with each consultant
8 employed by the center and documentation of each consultant's
9 visits and required written, dated reports;

10 e. A personnel record, drug testing, and criminal
11 background check for each employee, including the employee's
12 current license or certificate number, as applicable; the
13 original employment application and references furnished from
14 the most recent health care employer and employment history
15 for the preceding 5 years; and a copy of all job performance
16 evaluations; and

17 f. Fiscal records in accordance with subsection (5).

18 2. Ensuring the development and maintenance of a
19 current job description for each employee.

20 3. Ensuring that each employee is furnished with a
21 copy of written personnel policies governing conditions of
22 employment, including the job description for the employee's
23 own position.

24 4. Ensuring that each employee receives at least a
25 yearly written job-performance evaluation that is discussed
26 with the employee, notes job performance strengths and
27 weaknesses, and discusses plans to correct any weaknesses in
28 job performance.

29 5. Ensuring that each employee is assigned duties that
30 are consistent with the employee's job description and with
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1 the employee's level of education, preparation, and
2 experience.

3 (5)(a) The licensee for each SPPEAC center shall
4 maintain fiscal records in accordance with the requirements of
5 this act.

6 (b) Each center shall use an accrual or cash system of
7 accounting which reflects transactions of the business.
8 Records and accounts of transactions, general ledgers, or
9 disbursement journals must be posted at least quarterly and
10 must be available for review by the agency.

11 Section 6. Advisory board.--

12 (1) Each SPPEAC center must have an advisory board.
13 Membership on the advisory board must include, but need not be
14 limited to:

15 (a) A physician who is familiar with SPPEAC services;

16 (b) A registered nurse who has experience in the care
17 of medically fragile or technologically dependent children;

18 (c) A developmentalist or child life specialist who
19 has experience in the care of medically fragile or
20 technologically dependent children and their families;

21 (d) A social worker who has experience in the care of
22 medically fragile or technologically dependent children and
23 their families; and

24 (e) A consumer representative who is a parent or
25 guardian of a child placed in the SPPEAC center.

26 (2) The advisory board shall:

27 (a) Review the policy and procedure components of the
28 SPPEAC center to assure conformance with the standards for
29 licensure; and

30 (b) Provide consultation with respect to the
31 operational and programmatic components of the SPPEAC center.

1 Section 7. Admission, transfer, and discharge
2 policies.--

3 (1) Each SPPEAC center must have written policies and
4 procedures governing the admission, transfer, and discharge of
5 children.

6 (2) The admission of each child to a SPPEAC center
7 must be under the supervision of the center nursing director
8 or his or her designee, and must be in accordance with the
9 center's policies and procedures.

10 (3) Each child admitted to a SPPEAC center shall be
11 admitted upon prescription of a prescribing physician and the
12 child shall remain under the care of the licensed primary
13 physician for the duration of his or her stay in the center.

14 (4) Each child admitted to a SPPEAC center must meet
15 at least the following criteria:

16 (a) The child must be medically fragile or
17 technologically dependent.

18 (b) The child may not, prior to admission, present
19 significant risk of infection to other children or personnel.
20 The medical and nursing directors shall review, on a
21 case-by-case basis, any child who is suspected of having an
22 infectious disease to determine whether admission is
23 appropriate.

24 (c) The child must be medically stabilized and require
25 skilled nursing care or other interventions.

26 (5) If the child meets the criteria specified in
27 paragraphs (4)(a), (b), and (c), the medical director or
28 nursing director of the SPPEAC center shall implement a
29 preadmission plan that delineates services to be provided and
30 appropriate sources for such services.

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1 (a) If the child is hospitalized at the time of
2 referral, preadmission planning must include the participation
3 of the child's parent or guardian and relevant medical,
4 nursing, social services, and developmental staff to assure
5 that the hospital's discharge plans will be implemented
6 following the child's placement in the SPPEAC center.

7 (b) A consent form, outlining the purpose of a SPPEAC
8 center, family responsibilities, authorized treatment,
9 appropriate release of liability, and emergency disposition
10 plans must be signed by the parent or guardian and witnessed
11 before the child is admitted to a SPPEAC center. The parent or
12 guardian shall be provided a copy of the consent form.
13 Confidentiality of SPPEAC records shall be maintained in
14 accordance with section 456.057, Florida Statutes.

15 Section 8. Child care policies.--

16 (1) Each SPPEAC center shall develop, implement, and
17 maintain written policies and procedures governing all child
18 care and related medical services or other services provided.

19 (2) A group of professional staff from the SPPEAC
20 center shall develop and maintain child care policies and
21 procedures. The group shall include the medical director or
22 medical consultant, the center administrator or executive
23 director, and the director of nursing services. All child care
24 policies and procedures must be reviewed annually and revised
25 as needed.

26 (3) The child care policies and procedures developed
27 shall, at a minimum, ensure client care in compliance with
28 chapter 400, Florida Statutes, and the standards contained in
29 this act.

1 Section 9. Medical director.--A board-certified
2 pediatrician shall serve as the medical director for a SPPEAC
3 center. Responsibilities of the medical director include:

4 (1) Periodically reviewing services in order to assure
5 acceptable levels of quality;

6 (2) Maintaining a liaison with the medical community;

7 (3) Advising center personnel of the development of
8 new programs and modifications of existing programs;

9 (4) Ensuring that medical consultation will be
10 available in the event of the medical director's absence;

11 (5) Serving on committees as defined and required by
12 the center's policies;

13 (6) Consulting with the center's executive director on
14 the health status of facility personnel;

15 (7) Reviewing reports of all accidents or unusual
16 incidents occurring on the premises and identifying to the
17 center's executive director hazards to health and safety; and

18 (8) Ensuring the development of a policy and procedure
19 for delivering emergency services and regular services when a
20 child's attending physician or designated alternate is not
21 available.

22 Section 10. Nursing services.--

23 (1) A registered nurse shall serve full-time as the
24 director of nursing at each SPPEAC center. The director of
25 nursing must:

26 (a) Hold a baccalaureate degree in nursing;

27 (b) Be licensed in this state as a registered nurse;

28 (c) Have a current healthcare provider basic life
29 support biennial certification;

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1 (d) Have successfully completed a certification course
2 in pediatric basic cardiac life support and advanced cardiac
3 life support, with biennial recertification; and

4 (e) Have at least 2 years of experience in general
5 pediatric care, including at least 6 months of experience in
6 pediatric acute care during the previous 5 years.

7 (2) The director of nursing is responsible for the
8 daily nursing operations of the SPPEAC center, including:

9 (a) Ensuring that qualified personnel and ancillary
10 services are available as necessary to assure the health,
11 safety, and proper care of children; and

12 (b) Ensuring that policies and procedures to control
13 infection are included in the center's policy manual.

14 (3)(a) Each SPPEAC center must have a minimum of one
15 full-time equivalent registered nurse and one full-time
16 equivalent respiratory therapist on site at all times.

17 (b) A registered nurse must:

18 1. Hold an associate degree in nursing at a minimum;

19 2. Be licensed in this state as a registered nurse;

20 3. Have successfully completed a preceptor program in
21 pediatric specialty care; and

22 4. Receive biennial certification in healthcare
23 provider basic life support, pediatric basic cardiac life
24 support, and pediatric advanced life support.

25 (c) A licensed respiratory therapist must:

26 1. Be licensed in this state as a licensed respiratory
27 therapist;

28 2. Have successfully completed a 3-month preceptor
29 program in pediatric nursing, which includes experience in
30 caring for acutely ill or chronically ill children; and

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1 3. Receive biennial certification in healthcare
2 provider basic life support, pediatric basic cardiac life
3 support, and pediatric advanced life support.

4 (d) A licensed practical nurse must:

5 1. Be licensed in this state as a practical nurse;

6 2. Have successfully completed a 3-month preceptor
7 program in pediatric nursing, including experience in caring
8 for acutely ill or chronically ill children; and

9 3. Receive biennial certification in healthcare
10 provider basic life support, pediatric basic cardiac life
11 support, and pediatric advanced life support.

12 (e) The registered nurses, licensed practical nurses,
13 and respiratory therapists of a SPPEAC center are responsible
14 for:

15 1. Providing nursing interventions, providing
16 educational services to increase the family's confidence and
17 competence in caring for the child with special needs,
18 providing assistance to facilitate coping with the effects of
19 chronic illness on the child and family, supporting effective
20 relationships among siblings and the ill child, and providing
21 interventions to foster normal development and psychosocial
22 adaptation;

23 2. Possessing knowledge of the availability of and
24 requirements for accessing community resources; and

25 3. Fostering and maintaining a collaborative
26 relationship with the interdisciplinary health team. An
27 interdisciplinary health team is a group of health care
28 professionals consisting of an occupational therapist, a
29 physical therapist, a speech therapist, and a physician.

30 (4)(a) If nursing assistants, emergency medical
31 technicians, and paramedics are used to augment licensed nurse

1 staff, each nursing assistant, emergency medical technician,
2 and paramedic must:
3 1. Be certified as a nursing assistant, emergency
4 medical technician, or paramedic;
5 2. Have successfully completed a 3-month preceptor
6 program in caring for infants and toddlers;
7 3. Provide references documenting his or her skill in
8 caring for infants and children; and
9 4. Receive certification every 2 years in basic
10 cardiac life support.
11 (b) Each nursing assistant, emergency medical
12 technician, and paramedic must work under the supervision of a
13 licensed nurse and may provide direct care to children in the
14 SPPEAC center.
15 (5) At least three staff members, including at least
16 one respiratory therapist, one registered nurse, and one
17 other, must be on duty at all times and at least one staff
18 member per three children must be on duty at all times. As
19 used in this subsection, the term "other" means a nursing
20 assistant, an emergency medical technician, a paramedic, a
21 certified respiratory therapist, or a respiratory therapist
22 technician. Total staffing for nursing services shall be, at a
23 minimum, in the following ratios:
24 (a) One to three children - one registered nurse and
25 one other.
26 (b) Four to six children - one registered nurse and
27 two others.
28 (c) Seven to nine children - one registered nurse, one
29 licensed practical nurse, and one other.
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1 (d) Ten to 12 children - two registered nurses, and
2 two others; or one registered nurse, two licensed practical
3 nurses, and one other.

4 (e) Thirteen to 15 children - two registered nurses,
5 one licensed practical nurse, and two others.

6 (f) Sixteen to 18 children - two registered nurses,
7 two licensed practical nurses, and two others.

8 (g) Nineteen to 21 children - two registered nurses,
9 three licensed practical nurses, and two others.

10 (h) Twenty-two to 24 children - three registered
11 nurses, two licensed practical nurses, and three others.

12 (i) Twenty-five children to 28 children - three
13 registered nurses, three licensed practical nurses, and three
14 others.

15 (j) Twenty-nine to 32 children - four registered
16 nurses, three licensed practical nurses, and four others.

17 (k) For every one to eight additional children - one
18 registered nurse, one licensed practical nurse, and one other
19 will be added to the staff.

20 Section 11. Ancillary professional staffing
21 standards.--Each SPPEAC center shall have available on at
22 least a consulting basis:

23 (1) A child development specialist who shall:

24 (a) Serve as a resource for SPPEAC center staff and
25 parents of children served; and

26 (b) Evaluate the developmental status of children
27 using standardized and nonstandardized procedures.

28 (2) A child life specialist who has a baccalaureate
29 degree in child life, early childhood education, or a related
30 field, and at least 1 year of experience in planning and

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1 implementing developmental stimulation programs for children.
2 The child life specialist shall:
3 (a) Plan and conduct individualized child development
4 and play programs; and
5 (b) Serve as a resource for SPPEAC center staff and
6 parents of children served.
7 (3) An occupational therapist who is licensed under
8 chapter 468, Florida Statutes, is registered with the American
9 Occupational Therapy Association, and has at least 1 year of
10 experience in evaluating and planning treatment for children
11 with neuromuscular and developmental needs. The occupational
12 therapist shall:
13 (a) Evaluate a child following referral by a physician
14 to determine neuromuscular status, developmental level,
15 perceptual motor functioning, need for adaptive equipment or
16 appliances, abilities for self-care, and the plan of care;
17 (b) Design and implement a therapeutic program to meet
18 the basic needs of each individual child;
19 (c) Maintain records documenting a child's therapy
20 program and progress; and
21 (d) Serve as a resource for SPPEAC center staff.
22 (4) A physical therapist who is licensed under chapter
23 468, Florida Statutes, is a graduate of a program approved by
24 the American Physical Therapy Association, and has at least 1
25 year of experience in evaluating and designing therapeutic
26 programs for children with developmental disabilities. The
27 physical therapist shall:
28 (a) Evaluate a child referred by a physician to
29 determine the child's neuromuscular status, including the
30 child's developmental level, gait, posture, and necessary
31 adaptive equipment;

1 (b) Design and implement a therapeutic program to meet
2 the needs of each individual child;

3 (c) Maintain records documenting a child's therapy
4 program and progress, as approved by the attending physician;
5 and

6 (d) Serve as a resource for SPPEAC center staff and
7 parents of children served.

8 (5) A speech pathologist who is certified by the
9 American Speech, Hearing, and Language Association and has at
10 least 1 year of experience in evaluating and treating children
11 at risk for, or experiencing problems with, communications
12 skills. The speech pathologist shall:

13 (a) Perform evaluations, including evaluation of a
14 child's prespeech, feeding, respiration, language, speech,
15 communication, and play, using formal and informal tests and
16 observations;

17 (b) Design and implement individualized therapeutic
18 programs for each child, including recommendations for
19 communication devices;

20 (c) Maintain records documenting the child's therapy
21 programs and progress; and

22 (d) Serve as a resource for SPPEAC center staff and
23 parents of children served.

24 (6) A respiratory therapist who shall:

25 (a) Evaluate a child following referral by a
26 physician, including an evaluation of the child's respiratory
27 condition;

28 (b) Perform diagnostic monitoring;

29 (c) Deliver aerosolized medications, bronchial hygiene
30 therapy, chest physiotherapy, pulmonary lung-expansion
31 therapy, and oxygen therapy;

- 1 (d) Monitor ventilator-dependent children;
2 (e) Maintain records documenting a child's therapy
3 programs and progress; and
4 (f) Serve as a resource for SPPEAC center staff and
5 parents of children served.
6 (7) A social worker who is licensed under chapter 490,
7 Florida Statutes, or chapter 491, Florida Statutes; holds a
8 master's degree in social work; and has at least 1 year of
9 experience in assessing, counseling, and planning
10 interventions for children and their families or guardians.
11 The social worker shall:
12 (a) Conduct family psychosocial assessments, as
13 requested by the medical or nursing director;
14 (b) Provide counseling, including emotional support
15 and grief resolution, as requested by the medical or nursing
16 director or family;
17 (c) Perform family advocacy and coordinate SPPEAC
18 services with community resources;
19 (d) Maintain records documenting social-work
20 intervention;
21 (e) Conduct home visits and home evaluations, as
22 requested by the medical director or nursing director; and
23 (f) Serve as a resource for SPPEAC center staff and
24 parents of children served.
25 (8) A licensed psychologist who has a doctoral degree
26 in child-development counseling, psychology, or a related
27 field and at least 1 year of experience in evaluating and
28 managing children. The licensed psychologist must be available
29 to the center as a consultant.
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1 (9) A dietitian who is registered with the American
2 Dietetic Association. The dietitian must be available to the
3 center as a consultant.

4 Section 12. Educational services.--Each SPPEAC center
5 shall develop a cooperative program with the local school
6 system to provide a planned educational program appropriate to
7 meet the needs of the individual child, or to provide a
8 board-certified instructor and planned educational program
9 appropriate to meet the basic needs of the individual child.

10 Section 13. In-service training for all caregivers.--

11 (1) Each SPPEAC center shall develop a comprehensive
12 training program that is available to all caregivers and
13 includes:

14 (a) In-service training for all family members; and

15 (b) Quarterly staff-development programs, appropriate
16 to the category of personnel for which the programs are
17 conducted, for the purpose of maintaining quality patient
18 care.

19 (2) All staff-development programs must be documented.

20 (3) Each new employee must participate in orientation
21 to acquaint the employee with the philosophy, organization,
22 program, practices, and goals of the SPPEAC center.

23 (4) At the time of the child's placement in the SPPEAC
24 center, the center shall provide a comprehensive orientation
25 to acquaint all family members with the philosophy and
26 services of the center.

27 Section 14. Medical records.--A medical record shall
28 be maintained for each child. The medical records must
29 contain:

30 (1) All details of the referral, admission,
31 correspondence, and papers concerning the child. Entries in

1 the medical record must be in ink and signed by authorized
2 personnel and include:
3 (a) Orders of the physician;
4 (b) Flow chart of medications and treatments
5 administered;
6 (c) Concise, accurate information and initialed case
7 notes reflecting progress toward plan-of-care goals and the
8 child's progress or reasons for lack of progress;
9 (d) Documentation of nutritional management and
10 special diets, as appropriate; and
11 (e) Documentation of physical, occupational, speech,
12 and other special therapies.
13 (2) An individualized plan of care developed within 10
14 working days after admission and revised to include
15 recommended changes in the therapeutic plans. The disposition
16 to be followed in the event of emergency situations must be
17 specified in the plan of care.
18 (3) The medical history, including allergies and
19 special precautions.
20 (4) The immunization record.
21 (5) The quarterly review of the plan of care, which is
22 performed in consultation with other professionals involved in
23 the child's care.
24 (6) A discharge order written by the primary
25 physician. The discharge order must be documented and entered
26 in the child's record. A discharge summary that includes the
27 reason for discharge must also be included.
28 Section 15. Quality assurance committee.--All SPPEAC
29 centers must have a quality assurance program and conduct
30 quarterly reviews of the SPPEAC center's medical records for
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1 at least half of the children served by the SPPEAC center at
2 the time of the review.

3 (1) The quality assurance review shall be conducted by
4 two members of the quality assurance committee. The
5 responsibilities for conducting quality assurance review shall
6 rotate among the members of the quality assurance committee
7 members at least annually. Within 15 working days after its
8 review, the quality assurance committee shall furnish copies
9 of its report to the medical and nursing directors of the
10 SPPEAC center.

11 (2)(a) Each quarterly quality assurance review must
12 include:

- 13 1. A review of the goals in each child's plan of care;
- 14 2. A review of the steps, process, and success in
15 achieving the goals; and
- 16 3. Identification of goals not being achieved as
17 expected, reasons for lack of achievement, and plans to
18 promote achievement of goals.

19 (b) Evidence that the plan of care has been revised to
20 accommodate the findings of a quality assurance report shall
21 be forwarded to the quality assurance committee within 10
22 working days after receipt of the report by the quality
23 assurance committee.

24 (c) Implementation of the revisions to the plan of
25 care must be documented on the child's medical record.

26 (3) The quality assurance committee shall also
27 ascertain the presence of the following documents in each
28 child's medical record:

29 (a) A properly executed consent form;

30 (b) A medical history for the child, including
31 notations from visits to health care providers; and

1 (c) Immunization records, documentation of allergies,
2 and special precautions.

3 Section 16. Dietary services.--A registered dietitian
4 shall be available for consultation regarding the nutritional
5 needs and special diets of individual children. If food is
6 prepared onsite, the center is subject to routine inspections
7 by the Department of Health and must conform to food service
8 standards for child care facilities adopted by the Department
9 of Health.

10 Section 17. Physical environment.--The SPPEAC center's
11 physical location and building must comply with at least the
12 following minimum requirements:

13 (1) Each facility licensed as a SPPEAC center must be
14 able to accommodate at least three medically fragile or
15 technologically dependent children.

16 (2) Specifications for a SPPEAC center include:

17 (a) Compliance with part V of chapter 553, Florida
18 Statutes, for accessibility of public buildings for
19 handicapped persons; and

20 (b) Adequate parking for staff and families to comply
21 with applicable local zoning requirements.

22 (3) Requirements for building space allocation
23 include:

24 (a) An isolation room with anteroom, a private
25 bathroom with shower or raised tub, and an individual air
26 conditioning and heating unit.

27 (b) A dining area large enough to accommodate at least
28 two-thirds of facility population at one time.

29 (c) A kitchen area that includes standard kitchen
30 equipment of stove, oven, refrigerator, dishwasher, and double
31 sink with disposal.

1 (d) An indoor play area, including accommodations for
2 mobile and nonmobile children.

3 (e) An outdoor play area, fenced and free of safety
4 hazards, with appropriate playground equipment and toys.

5 (f) Sleep rooms that comply with the following
6 requirements:

7 1. One appropriate bed or crib assigned per child;

8 2. A maximum of three children assigned to each sleep
9 room;

10 3. A minimum of 28 square feet per child;

11 4. Hanging closet space with drawers;

12 5. Direct access to a bathroom with shower or standard
13 tub;

14 6. A changing area with sink; and

15 7. Adequate seating with a minimum of one chair per
16 child.

17 (g) A laundry room with washer and dryer or daily
18 linen service.

19 (h) A business office.

20 (i) A children's bathroom in the common area which has
21 one toilet, one basin, and one standard bathtub or shower.

22 (j) An adult bathroom that has one toilet and one
23 basin.

24 (k) A staff lounge that includes:

25 1. A bathroom, with one toilet, one basin, and one
26 shower stall with private changing area per 15 staff members;
27 and

28 2. Secure lockers for personal items.

29 (l) A nurses station and medication area that includes
30 a locked cabinet and emergency kit.

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1 (m) An education room, including one area within this
2 room designated for children 0-2 years of age.

3 (n) A gymnasium area for therapies, with a minimum of
4 one private speech room.

5 Section 18. Furniture and linens.--Each SPPEAC center
6 must provide an appropriate mix of cribs, beds, highchairs,
7 infant seats, and changing tables to meet the needs of the
8 children being served. All provided items must be maintained
9 in a safe and sanitary condition. A minimum of one bed or crib
10 per child is required, which may not be occupied by more than
11 one child at a time. Linens must be changed and mattresses
12 sanitized before use by another child.

13 Section 19. Equipment.--Each SPPEAC center shall
14 provide safety, medical, and emergency equipment as described
15 in this section. All equipment must be maintained in a safe,
16 usable, and sanitary condition.

17 (1) The following items of safety equipment must be
18 available on the premises:

19 (a) Extinguishers, alarms, and smoke detectors, as
20 required by the Life Safety Code, NFPA-101, 1985 edition;

21 (b) Circuit interrupters;

22 (c) Flush door openers;

23 (d) Child-proof safety latches on closets and
24 cabinets;

25 (e) Safety straps on all highchairs, swings, and
26 infant seats;

27 (f) Locks on specific storage cabinets;

28 (g) Bumper pads on infant cribs; and

29 (h) Covers for electric outlets.

30 (2) The following items of medical equipment must be
31 available on the premises:

- 1 (a) Suction machines - one per child requiring daily
2 suctioning, plus one suction machine for emergency use;
3 (b) Lockable narcotics cabinet;
4 (c) Mechanical percussors and hand percussors as
5 prescribed;
6 (d) Oxygen in two portable tanks, or piped in with
7 appropriate tubing, pediatric manual resuscitation, and masks
8 for faces and tracheostomies;
9 (e) Ventilator with provision for mixing gases to
10 provide prescribed oxygen concentration as specifically
11 prescribed or to be used as a back-up unit when a
12 ventilator-dependent child is in the center;
13 (f) Thermometers, excluding glass thermometers;
14 (g) Sphygmomanometers, stethoscopes, osteoscopes, and
15 ophthalmoscopes; and
16 (h) Supplies of disposable equipment as needed.
17 (3) The following items of emergency equipment and
18 supplies must be available on the premises:
19 (a) An emergency power-generator system, with adequate
20 generating power to maintain medical equipment in the center
21 in case of power failure.
22 (b) Basic emergency equipment, including:
23 1. Airways, in a range of appropriate pediatric sizes;
24 2. Suction catheters, in a range of appropriate
25 pediatric sizes;
26 3. Pediatric manual resuscitator, self-inflating, with
27 premie, infant, and pediatric masks;
28 4. Infant oxygen masks;
29 5. Child oxygen masks;
30 6. Oxygen regulator with mist bottle and heating
31 element;

- 1 7. Flashlight with extra batteries in each room;
2 8. Stethoscope;
3 9. Feeding tubes in a range of appropriate pediatric
4 sizes;
5 10. Disposable plastic syringes and needles in a range
6 of appropriate pediatric sizes;
7 11. Intravenous catheter, angio-catheter, and scalp
8 vein needles in a range of appropriate pediatric sizes;
9 12. Tourniquets; armboards in premie, infant, and
10 child sizes; and adhesive tape of various sizes;
11 13. Two-way stopcocks;
12 14. One electrical-outlet adapter for three-prong
13 outlets; and
14 15. Antiseptic preps and alcohol preps.
15 (c) Basic drugs and solutions, including:
16 1. Epinephrine ampules, two each of 1:1,000 and
17 1:10,000;
18 2. Dextrose in 25-percent solution and 50-percent
19 solution;
20 3. Ipecac, one 30cc bottle;
21 4. Sterile water, two vials;
22 5. Normal saline, two vials;
23 6. Dextrose 5 percent in water, one 500cc bag; and
24 7. Dextrose 5 percent in Lactated Ringer's, two 500cc
25 bags.
26 (4) Emergency equipment must be checked daily for
27 expiration, contamination, or damage, and a log must be
28 maintained and signed every day by the nurse responsible for
29 verifying the examining of emergency equipment.
30 Section 20. Infection control.--
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1 (1) Each SPPEAC center must have an isolation room
2 with a patient monitoring system for observing the child.

3 (2) Isolation procedures must be used to prevent
4 cross-infections.

5 (3) All cribs and beds must be labeled with the
6 individual child's name. Linens may be removed from cribs only
7 for laundering purposes.

8 (4) Bed linens must be changed at least every 2 days.

9 (5) Antimicrobial soap and disposable paper towels
10 must be provided at each sink.

11 (6) Children suspected of having a communicable
12 disease that may be transmitted through casual contact, as
13 determined by the facility's medical director, must be
14 isolated and the parents notified of the condition. Isolation
15 must be continued until a physician determines communicability
16 has passed.

17 (7) SPPEAC center staff members suspected of having a
18 communicable disease may not return to the SPPEAC center until
19 the signs and symptoms that relate to the communicable disease
20 are no longer present, as evidenced by a written statement
21 from a physician.

22 Section 21. Transportation services.--If
23 transportation is provided by a SPPEAC center and prescribed
24 by the primary physician, a procedure delineating personnel
25 and equipment to accompany the child must be included in the
26 procedure manual of the SPPEAC center.

27 Section 22. Emergency procedures.--

28 (1) Each SPPEAC center shall conform to the minimum
29 standards for child care facilities adopted by the State Fire
30 Marshal and shall be inspected annually by a certified fire
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1 inspector. The center must maintain a copy of the current
2 annual fire inspection report at the center.

3 (2) The center must have a working telephone that is
4 not locked and that is not a pay telephone.

5 (3) Emergency telephone numbers must be posted on or
6 in the immediate vicinity of all telephones.

7 (4) Each center must have an emergency power-generator
8 system with adequate generating power to maintain medical
9 equipment in the center in case of power failure. The
10 emergency generator must be tested every 30 days and
11 satisfactory mechanical operation must be documented on a log
12 designed for that purpose.

13 (5) Emergency transportation of a child must be
14 performed by a licensed emergency medical services provider,
15 with a SPPEAC center staff member accompanying the child.

16 (6) Facility staff may withhold or withdraw
17 cardiopulmonary resuscitation if presented with an order not
18 to resuscitate executed pursuant to s. 401.45. Facility staff
19 and facilities are not subject to criminal prosecution or
20 civil liability and are not considered to have engaged in
21 negligent or unprofessional conduct for withholding or
22 withdrawing cardiopulmonary resuscitation pursuant to such an
23 order and rules adopted by the agency. The absence of an order
24 not to resuscitate executed pursuant to s. 401.45 does not
25 preclude a physician from withholding or withdrawing
26 cardiopulmonary resuscitation as otherwise permitted by law.

27 Section 23. This act shall take effect upon becoming a
28 law.

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SENATE SUMMARY

Requires the Agency for Health Care Administration to license subacute pediatric prescribed extended alternative care centers that provide care for medically fragile or technologically dependent children. Specifies requirements for obtaining and maintaining such a license. Provides requirements for the professional staff employed by a SPPEAC center. Provides requirements for quality assurance for a center. Specifies minimum equipment and supplies that must be maintained by a center. (See bill for details.)