## Florida Senate - 2004

## CS for SB 1680

 $\mathbf{By}$  the Committee on Health, Aging, and Long-Term Care; and Senator Saunders

_	317-2065-04
1	A bill to be entitled
2	An act relating to the licensure of health care
3	providers; designating parts I, II, III, and IV
4	of ch. 408, F.S., relating to health care
5	administration; creating ss. 408.801-408.819,
6	F.S.; providing a short title; providing
7	legislative findings and intent; providing
8	applicability; providing definitions;
9	prohibiting the provision of certain services
10	without obtaining a license from the Agency for
11	Health Care Administration; requiring that the
12	license be displayed; requiring that licensure
13	fees cover the agency's cost of the licensure,
14	inspection, and regulation of providers;
15	authorizing the agency to adopt rules;
16	providing requirements for license application;
17	providing for late fees; providing duties of
18	the agency, including requirements for
19	inspections; authorizing the electronic
20	submission of information to the agency;
21	providing requirements for licensure upon a
22	change of ownership of a provider; specifying
23	license categories; requiring background
24	screening of a licensee, administrator,
25	financial officer, or controlling interest;
26	providing minimum licensure requirements;
27	providing requirements for a licensee that
28	discontinues operation; requiring that notice
29	be provided to clients; requiring a licensee to
30	inform clients of certain rights; requiring an
31	applicant for licensure to provide proof of
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1	liability insurance and financial ability to
2	operate; authorizing the agency to make
3	inspections and investigations; prohibiting
4	certain unlicensed activity; providing
5	penalties; providing for administrative fines;
6	authorizing the agency to impose a moratorium
7	under certain circumstances; specifying grounds
8	under which the agency may deny or revoke a
9	license; authorizing the agency to institute
10	proceedings for an injunction against a
11	provider; requiring that fees and fines be
12	deposited into the Health Care Trust Fund and
13	used for administering the laws and rules
14	governing providers; providing rulemaking
15	authority; amending s. 112.045, F.S., relating
16	to the Drug-Free Workplace Act; requiring
17	drug-testing laboratories to be in compliance
18	with part II of ch. 408, F.S.; deleting
19	obsolete and repetitive provisions; providing
20	for rules and licensure fees; amending ss.
21	383.301, 383.305, 383.309, 383.315, 383.324,
22	383.33, and 383.335, F.S., and repealing ss.
23	383.304, 383.325, 383.331, and 383.332, F.S.,
24	relating to the Birth Center Licensure Act;
25	requiring birth centers to be in compliance
26	with part II of ch. 408, F.S.; providing for
27	licensure fees; authorizing the agency to adopt
28	rules; providing for administrative fines;
29	conforming provisions with the requirements of
30	part II of ch. 408, F.S.; amending ss. 390.011,
31	390.012, 390.014, and 390.018, F.S., and

1	repealing ss. 390.013, 390.015, 390.016,
2	390.017, 390.019, and 390.021, F.S., relating
3	to the regulation of abortion clinics;
4	requiring abortion clinics to be in compliance
5	with part II of ch. 408, F.S.; providing for
6	licensure fees; authorizing the agency to adopt
7	rules; providing for administrative fines;
8	conforming provisions with the requirements of
9	part II of ch. 408, F.S.; amending s. 394.455,
10	F.S., relating to the Florida Mental Health
11	Act; clarifying a definition; amending ss.
12	394.67, 394.875, 394.877, 394.878, 394.879,
13	394.90, and 394.902, F.S., and repealing s.
14	394.876, F.S., relating to the Community
15	Substance Abuse and Mental Health Services Act;
16	defining the term "short-term residential
17	treatment facility"; requiring substance abuse
18	or mental health facilities, programs, and
19	services to be in compliance with part II of
20	ch. 408, F.S.; providing for licensure fees;
21	authorizing the agency to adopt rules;
22	providing for administrative penalties;
23	conforming provisions with the requirements of
24	part II of ch. 408, F.S.; amending ss. 395.003,
25	395.004, 395.0161, 395.0163, 395.0199,
26	395.1046, 395.1055, and 395.1065, F.S., and
27	repealing ss. 395.002(4), 395.0055, and
28	395.0162, F.S., relating to hospitals and other
29	licensed facilities; requiring hospitals and
30	other licensed facilities to be in compliance
31	with part II of ch. 408, F.S.; providing for
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1	licensure fees; authorizing the agency to adopt
2	rules; providing for administrative fines;
3	conforming provisions with the requirements of
4	part II of ch. 408, F.S.; amending s. 395.0197,
5	F.S.; providing that a health care facility
6	must use the services of, rather than hire, a
7	risk manager; restricting the number of
8	internal risk management programs in separate
9	hospitals which may be the responsibility of a
10	risk manager; providing exceptions; amending
11	ss. 395.10973, 395.10974, and 395.10975, F.S.,
12	relating to health care risk managers;
13	requiring health care risk managers to comply
14	with part II of ch. 408, F.S.; providing for
15	fees; authorizing the agency to adopt rules;
16	providing for administrative fines; conforming
17	provisions with the requirements of part II of
18	ch. 408, F.S.; amending ss. 400.022, 400.051,
19	400.062, 400.063, 400.071, 400.102, 400.111,
20	400.1183, 400.121, 400.141, 400.17, 400.179,
21	400.18, 400.19, 400.191, 400.20, 400.211, and
22	400.23, F.S., and repealing ss. 400.021(5) and
23	(20), 400.125, and 400.241(1) and (2), F.S.,
24	relating to nursing homes; requiring nursing
25	homes to be in compliance with part II of ch.
26	408, F.S.; providing for licensure fees;
27	authorizing the agency to adopt rules;
28	providing for administrative fines; revising
29	reporting requirements; conforming provisions
30	with the requirements of part II of ch. 408,
31	F.S.; amending ss. 400.402, 400.407, 400.4075,

1	400.408, 400.411, 400.412, 400.414, 400.417,
2	400.4174, 400.4176, 400.418, 400.419, 400.42,
3	400.424, 400.4255, 400.4256, 400.427, 400.4275,
4	400.431, 400.434, 400.441, 400.442, 400.444,
5	400.452, and 400.454, F.S., and repealing ss.
6	400.415, 400.4178(7), 400.435(1), 400.447(1),
7	(2), and (3), and 400.451, F.S., relating to
8	assisted living facilities; requiring assisted
9	living facilities to be in compliance with part
10	II of ch. 408, F.S.; providing for licensure
11	fees; authorizing the agency to adopt rules;
12	providing for administrative fines; conforming
13	provisions with the requirements of part II of
14	ch. 408, F.S.; amending ss. 400.464, 400.471,
15	400.474, 400.484, 400.494, 400.495, 400.497,
16	400.506, 400.509, and 400.512, F.S., and
17	repealing s. 400.515, F.S., relating to home
18	health agencies and nurse registries; requiring
19	home health agencies and nurse registries to be
20	in compliance with part II of ch. 408, F.S.;
21	providing for licensure fees; authorizing the
22	agency to adopt rules; providing for
23	administrative fines; conforming provisions
24	with the requirements of part II of ch. 408,
25	F.S.; amending ss. 400.551, 400.554, 400.555,
26	400.556, 400.5565, 400.557, 400.5572, 400.559,
27	400.56, and 400.562, F.S., and repealing ss.
28	400.5575, 400.558, and 400.564, F.S., relating
29	to adult day care centers; requiring adult day
30	care centers to be in compliance with part II
31	of ch. 408, F.S.; providing for licensure fees;
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2providing for administrative fines; conforming3provisions with the requirements of part II of4ch. 408, F.S.; amending ss. 400.602, 400.605,5400.606, 400.6065, 400.607, and 400.6095, F.S.,6relating to hospices; requiring hospices to be7in compliance with part II of ch. 408, F.S.;8providing for licensure fees; authorizing the9agency to adopt rules; providing for10administrative fines; conforming provisions11with the requirements of part II of ch. 408,12F.S.; amending ss. 400.617, 400.619, 400.6194,13400.6196, 400.621, 400.6211, and 400.625, F.S.,14and repealing s. 400.622, F.S., relating to15adult family-care homes; requiring adult16family-care homes to be in compliance with part17II of ch. 408, F.S.; providing for licensure18fees; authorizing the agency to adopt rules;19provisions with the requirements of part II of21ch. 408, F.S.; amending ss. 400.801 and22400.805, F.S., relating to homes for special23services and transitional living facilities;24requiring such homes and facilities to be in25compliance with part II of ch. 408, F.S.;26providing for licensure fees; authorizing the27agency to adopt rules; providing for28administrative fines; conforming provisions29with the requirements of part II of ch. 408,30F.S.; amending ss. 400.902, 400.903, 400.905,31	1	authorizing the agency to adopt rules;
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requiring such homes and facilities to be in compliance with part II of ch. 408, F.S.; providing for licensure fees; authorizing the agency to adopt rules; providing for administrative fines; conforming provisions with the requirements of part II of ch. 408, F.S.; amending ss. 400.902, 400.903, 400.905,	22	400.805, F.S., relating to homes for special
25 compliance with part II of ch. 408, F.S.; 26 providing for licensure fees; authorizing the 27 agency to adopt rules; providing for 28 administrative fines; conforming provisions 29 with the requirements of part II of ch. 408, 30 F.S.; amending ss. 400.902, 400.903, 400.905,	23	services and transitional living facilities;
26 providing for licensure fees; authorizing the 27 agency to adopt rules; providing for 28 administrative fines; conforming provisions 29 with the requirements of part II of ch. 408, 30 F.S.; amending ss. 400.902, 400.903, 400.905,	24	requiring such homes and facilities to be in
27 agency to adopt rules; providing for 28 administrative fines; conforming provisions 29 with the requirements of part II of ch. 408, 30 F.S.; amending ss. 400.902, 400.903, 400.905,	25	compliance with part II of ch. 408, F.S.;
28 administrative fines; conforming provisions 29 with the requirements of part II of ch. 408, 30 F.S.; amending ss. 400.902, 400.903, 400.905,	26	providing for licensure fees; authorizing the
<ul> <li>with the requirements of part II of ch. 408,</li> <li>F.S.; amending ss. 400.902, 400.903, 400.905,</li> </ul>	27	agency to adopt rules; providing for
30 F.S.; amending ss. 400.902, 400.903, 400.905,	28	administrative fines; conforming provisions
	29	with the requirements of part II of ch. 408,
31 400.907, 400.908, 400.912, 400.914, and	30	F.S.; amending ss. 400.902, 400.903, 400.905,
	31	400.907, 400.908, 400.912, 400.914, and

1	400.915, F.S., and repealing ss. 400.906,
2	400.910, 400.911, 400.913, 400.916, and
3	400.917, F.S., relating to prescribed pediatric
4	extended care centers; requiring such centers
5	to be in compliance with part II of ch. 408,
б	F.S.; providing for licensure fees; authorizing
7	the agency to adopt rules; providing for
8	administrative fines; conforming provisions
9	with the requirements of part II of ch. 408,
10	F.S.; amending ss. 400.925, 400.93, 400.931,
11	400.932, 400.933, and 400.935, F.S., and
12	repealing ss. 400.95, 400.953(2), 400.955(4),
13	and 400.956, F.S., relating to home medical
14	equipment providers; requiring home medical
15	equipment providers to be in compliance with
16	part II of ch. 408, F.S.; providing for
17	licensure fees; authorizing the agency to adopt
18	rules; providing for administrative fines;
19	conforming provisions with the requirements of
20	part II of ch. 408, F.S.; amending ss. 400.960,
21	400.962, 400.967, 400.968, and 400.969, F.S.,
22	and repealing ss. 400.963 and 400.965, F.S.,
23	relating to intermediate care facilities for
24	the developmentally disabled; requiring such
25	facilities to be in compliance with part II of
26	ch. 408, F.S.; providing for licensure fees;
27	authorizing the agency to adopt rules;
28	providing for administrative fines; conforming
29	provisions with the requirements of part II of
30	ch. 408, F.S.; amending s. 400.908, F.S.;
31	requiring health care services pools to be in
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1	compliance with part II of ch. 408, F.S.;
2	providing for licensure fees; authorizing the
3	agency to adopt rules; providing for
4	administrative fines; conforming provisions
5	with the requirements of part II of ch. 408,
6	F.S.; amending ss. 400.991, 400.9915, 400.992,
7	400.9925, 400.993, 400.9935, and 400.995, F.S.,
8	and repealing ss. 400.9905(2), 400.994, and
9	400.9945, F.S., relating to health care
10	clinics; requiring health care clinics to be in
11	compliance with part II of ch. 408, F.S.;
12	providing for licensure fees; authorizing the
13	agency to adopt rules; providing for
14	administrative fines; conforming provisions
15	with the requirements of part II of ch. 408,
16	F.S.; amending s. 408.831, F.S., relating to
17	the authority of the Agency for Health Care
18	Administration to impose certain penalties
19	against a regulated or licensed entity;
20	conforming provisions to changes made by the
21	act; amending s. 440.102, F.S., relating to the
22	drug-free workplace program; requiring
23	laboratories to be in compliance with the
24	requirements of part II of ch. 408, F.S.;
25	conforming provisions to changes made by the
26	act; amending ss. 483.035, 483.051, 483.061,
27	483.091, 483.101, 483.111, 483.172, 483.201,
28	483.221, and 483.23, F.S., and repealing ss.
29	483.131 and 483.25, F.S., relating to clinical
30	laboratories; requiring clinical laboratories
31	to be in compliance with part II of ch. 408,

1	F.S.; providing for licensure fees; authorizing
2	the agency to adopt rules; providing for
3	administrative fines; conforming provisions
4	with the requirements of part II of ch. 408,
5	F.S.; amending ss. 483.291, 483.294, 483.30,
6	483.302, and 483.32, F.S., and repealing ss.
7	483.311, 483.317(1), 483.322(1), and 483.328,
8	F.S., relating to multiphasic health testing
9	centers; requiring such centers to be in
10	compliance with part II of ch. 408, F.S.;
11	providing for licensure fees; authorizing the
12	agency to adopt rules; providing for
13	administrative fines; conforming provisions
14	with the requirements of part II of ch. 408,
15	F.S.; providing for ss. 408.801-408.819, F.S.,
16	to prevail in the case of a conflict with other
17	laws governing the licensure of health care
18	providers by the agency; authorizing the agency
19	to issue a license for less than a specified
20	period and to charge a prorated fee; providing
21	an effective date.
22	
23	Be It Enacted by the Legislature of the State of Florida:
24	
25	Section 1. Part I of chapter 408, Florida Statutes,
26	consisting of sections 408.02, 408.031, 408.032, 408.033,
27	408.034, 408.035, 408.036, 408.0361, 408.037, 408.038,
28	408.039, 408.040, 408.041, 408.042, 408.043, 408.044, 408.045,
29	408.0455, $408.05$ , $408.061$ , $408.062$ , $408.063$ , $408.07$ , $408.08$ ,
30	<u>408.09, 408.10, 408.15, 408.16, 408.18, 408.185, 408.20,</u>
31	<u>408.301, 408.302, 408.40, 408.50, 408.70, 408.7056, 408.7057,</u>
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1 and 408.7071, is created and entitled "Health Facility and 2 Services Planning." 3 Section 2. Part II of chapter 408, Florida Statutes, consisting of sections 408.801, 408.802, 408.803, 408.804, 4 5 408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811, б 408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818, 7 408.819, and 408.831, is created and entitled "Health Care 8 Licensing: General Provisions." 9 Section 3. Part III of chapter 408, Florida Statutes, 10 consisting of sections 408.90, 408.901, 408.902, 408.903, 11 408.904, 408.905, 408.906, 408.907, 408.908, and 408.909, is created and entitled "Health Insurance Access." 12 Section 4. Part IV of chapter 408, Florida Statutes, 13 consisting of sections 408.911, 408.913, 408.914, 408.915, 14 15 408.916, 408.917, and 408.918, is created and entitled "Health and Human Services Eligibility Access System." 16 17 Section 5. Sections 408.801 through 408.819, Florida Statutes, are created to read: 18 408.801 Short title; purpose. --19 20 (1) This part may be cited as the "Health Care Licensing Procedures Act." 21 (2) The Legislature finds that there is unnecessary 22 duplication and variation in the requirements for licensure by 23 24 the Agency for Health Care Administration, brought about by 25 the historical pattern of legislative action focused exclusively on a single type of regulated provider. It is the 26 27 intent of the Legislature to provide a streamlined and consistent set of basic licensing requirements for all such 28 29 providers in order to minimize confusion, standardize 30 terminology, and include issues that are otherwise not 31

1 adequately addressed in the statutes pertaining to specific 2 providers. 3 408.802 Applicability.--The provisions of this part apply to the provision of services that necessitate licensure 4 5 as defined in this part and to the following entities licensed б or registered by the Agency for Health Care Administration, as 7 further described in chapters 112, 383, 390, 394, 395, 400, 8 440, and 483: (1) Laboratories authorized to perform testing under 9 10 the Drug-Free Workplace Act, as provided under ss. 112.0455 11 and 440.102. (2) Birth centers, as provided under chapter 383. 12 (3) Abortion clinics, as provided under chapter 390. 13 14 (4) Crisis stabilization units, as provided under 15 parts I and IV of chapter 394. Short-term residential treatment units, as 16 (5) 17 provided under parts I and IV of chapter 394. Residential treatment facilities, as provided 18 (6) 19 under part IV of chapter 394. (7) Residential treatment centers for children and 20 adolescents, as provided under part IV of chapter 394. 21 22 (8) Hospitals, as provided under part I of chapter 23 395. 24 (9) Ambulatory surgical centers, as provided under 25 part I of chapter 395. (10) Mobile surgical facilities, as provided under 26 27 part I of chapter 395. 28 (11) Private review agents, as provided under part I 29 of chapter 395. 30 (12) Health care risk managers, as provided under part 31 I of chapter 395.

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1	(13) Nursing homes, as provided under part II of
2	chapter 400.
3	(14) Assisted living facilities, as provided under
4	part III of chapter 400.
5	(15) Home health agencies, as provided under part IV
6	of chapter 400.
7	(16) Nurse registries, as provided under part IV of
8	chapter 400.
9	(17) Companion services or homemaker services
10	providers, as provided under part IV of chapter 400.
11	(18) Adult day care centers, as provided under part V
12	of chapter 400.
13	(19) Hospices, as provided under part VI of chapter
14	400.
15	(20) Adult family-care homes, as provided under part
16	VII of chapter 400.
17	(21) Homes for special services, as provided under
18	part VIII of chapter 400.
19	(22) Transitional living facilities, as provided under
20	part VIII of chapter 400.
21	(23) Prescribed pediatric extended care centers, as
22	provided under part IX of chapter 400.
23	(24) Home medical equipment providers, as provided
24	under part X of chapter 400.
25	(25) Intermediate care facilities for the
26	developmentally disabled, as provided under part XI of chapter
27	400.
28	(26) Health care services pools, as provided under
29	part XII of chapter 400.
30	(27) Health care clinics, as provided under part XIII
31	of chapter 400.
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1	(28) Clinical laboratories, as provided under part I
2	of chapter 483.
3	(29) Multiphasic health testing centers, as provided
4	under part II of chapter 483.
5	408.803 DefinitionsAs used in this part, the term:
6	(1) "Agency" means the Agency for Health Care
7	Administration, which is the licensing agency under this part.
8	(2) "Applicant" means an individual, corporation,
9	partnership, firm, association, or governmental entity that
10	submits an application to the agency for a license.
11	(3) "Authorizing statute" means the statute
12	authorizing the licensed operation of a provider listed in s.
13	408.802.
14	(4) "Certification" means certification as a Medicare
15	or Medicaid provider of the services that necessitate
16	licensure or certification pursuant to the federal Clinical
17	Laboratory Improvement Amendments (CLIA).
18	(5) "Change of ownership" means an event in which the
19	licensee changes to a different legal entity or in which 45
20	percent or more of the ownership or voting shares is
21	transferred or assigned, including the final transfer or
22	assignment of multiple transfers or assignments over a 2-year
23	period which cumulatively total 45 percent or greater.
24	However, a change solely in the management company is not a
25	change of ownership.
26	(6) "Client" means any person receiving services from
27	a provider listed in s. 408.802.
28	(7) "Controlling interest" means:
29	(a) The applicant for licensure or a licensee;
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1	(b) A person or entity that serves as an officer of,
2	is on the board of directors of, or has a 5 percent or greater
3	ownership interest in the applicant or licensee; or
4	(c) A person or entity that serves as an officer of,
5	is on the board of directors of, or has a 5 percent or greater
6	ownership interest in the management company or other entity,
7	related or unrelated, which the applicant or licensee may
8	contract with to operate the provider.
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10	The term does not include a voluntary board member.
11	(8) "License" means any permit, registration,
12	certificate, or license issued by the agency.
13	(9) "Licensee" means an individual, corporation,
14	partnership, firm, association, or governmental entity that is
15	issued a permit, registration, certificate, or license by the
16	agency. The licensee is legally responsible for all aspects of
17	the provider operation.
18	(10) "Moratorium" means a prohibition on the
19	acceptance of new clients.
20	(11) "Provider" means any activity, service, agency,
21	or facility regulated by the agency and listed in s. 408.802.
22	(12) "Services that necessitate licensure" means those
23	services, including residential services, which require a
24	valid license before those services may be provided in
25	accordance with authorizing statutes and agency rules.
26	(13) "Voluntary board member" means a director of a
27	not-for-profit corporation or organization who serves solely
28	in a voluntary capacity for the licensee, does not receive any
29	remuneration for his or her services on the board of
30	directors, and has no financial interest in the corporation or
31	organization. The agency shall recognize a person as a
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1 voluntary board member following submission of a statement to the agency by the director and the not-for-profit corporation 2 3 or organization which affirms that the director conforms to this definition. The statement affirming the status of the 4 5 director must be submitted to the agency on a form provided by б the agency. 7 408.804 License required; display.--8 (1) It is unlawful to provide services that 9 necessitate licensure, or operate or maintain a provider 10 offering or providing services that necessitate licensure, 11 without first obtaining from the agency a license authorizing 12 such operation. 13 (2) A license must be displayed in a conspicuous place readily visible to clients who enter at the address that 14 appears on the license and is valid only in the hands of the 15 individual, firm, partnership, association, or corporation to 16 17 whom it is issued and may not be sold, assigned, or otherwise transferred, voluntarily or involuntarily. The license is 18 19 valid only for the licensee, provider, and location for which 20 the license is originally issued. 408.805 Fees required; adjustments.--Unless otherwise 21 limited by authorizing statutes, license fees must be 22 reasonably calculated by the agency to cover its costs in 23 24 carrying out its responsibilities under this part, authorizing statutes, and applicable rules, including the cost of 25 licensure, inspection, and regulation of providers, and must 26 27 be of such amount that the total fees collected do not exceed the cost of administering and enforcing compliance with this 28 29 part, authorizing statutes, and applicable rules. 30 (1) Licensure fees shall be adjusted for biennial 31 licensure in agency rules.

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1	(2) The agency shall annually adjust licensure fees,
2	including fees paid per bed, by not more than the change in
3	the consumer price index based on the 12 months immediately
4	preceding the increase.
5	(3) The agency may, by rule, adjust licensure fees to
6	cover the cost of regulation under this part, authorizing
7	statutes, and applicable rules.
8	(4) An inspection fee must be paid as required in
9	authorizing statutes.
10	(5) Licensure and inspection fees are nonrefundable.
11	(6) When a change is reported which requires issuance
12	of a license, a fee must be assessed. The fee must be based on
13	the actual cost of processing and issuing the license.
14	(7) A fee may be charged to a licensee requesting a
15	duplicate license. The fee may not exceed the actual cost of
16	duplication and postage.
17	(8) Total fees collected may not exceed the cost of
18	carrying out the provisions of this part, authorizing
19	statutes, or applicable rules.
20	408.806 License application process
21	(1) An application for licensure must be made to the
22	agency on forms furnished by the agency, submitted under oath,
23	and accompanied by the appropriate license fee in order to be
24	accepted and considered timely. The application must contain
25	information required by authorizing statutes and applicable
26	rules and must include:
27	(a) The name, address, and social security number of
28	the applicant and each controlling interest if the applicant
29	or controlling interest is an individual.
30	(b) The name, address, and federal employer
31	identification number or taxpayer identification number of the
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1 applicant and each controlling interest if the applicant or 2 controlling interest is not an individual. 3 (c) The name by which the provider is to be known. 4 (d) The total number of beds or capacity requested, as 5 applicable. б (e) The location of the provider for which application 7 is made, a report or letter from the zoning authority 8 indicating the location is zoned appropriately for its use, and a satisfactory fire safety report from the local authority 9 10 having jurisdiction or the state fire marshal. If the provider 11 is a community residential home under chapter 419, the zoning requirement must be satisfied by proof of compliance with 12 chapter 419. 13 (f) The name of the person or persons under whose 14 management or supervision the provider will be operated and 15 the name of the administrator if required. 16 17 (g) Any information that the agency finds is necessary to determine the ability of the applicant to carry out its 18 19 responsibilities, including inspection, under this part and authorizing statutes, as specified in rule. 20 (2)(a) The applicant for a renewal license must submit 21 22 an application that must be received by the agency at least 60 days prior to the expiration of the current license. 23 24 (b) The applicant for initial licensure due to a 25 change of ownership must submit an application that must be received by the agency at least 60 days prior to the date of 26 27 change of ownership. (c) For any other application or request, the 28 29 applicant must submit an application or request that must be 30 received by the agency at least 60 days prior to the requested 31

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1 effective date, unless otherwise specified in authorizing 2 statutes or rules. 3 (3) Upon receipt of an application for a license, the agency shall examine the application and, within 30 days after 4 5 receipt, notify the applicant in writing of any apparent б errors or omissions and request any additional information 7 required. 8 (4) Requested information omitted from an application 9 for licensure, license renewal, or change of ownership, other than an inspection, must be filed with the agency within 21 10 11 days after the agency's request for omitted information, or the application shall be deemed incomplete, and shall be 12 withdrawn from further consideration and the fees forfeited. 13 (5) Licensees subject to the provisions of this part 14 shall be issued biennial licenses unless conditions of the 15 license category specify a shorter license period. The agency 16 17 may not issue an initial license to a health care provider subject to the certificate-of-need provisions in ss. 18 19 408.031-408.045 if the licensee has not been issued a certificate of need or exemption, when applicable. The agency 20 may issue an initial license for less than the full 2-year 21 period by charging a prorated licensure fee and specifying a 22 different renewal date than would otherwise be required for 23 biennial licensure. Failure to apply for the renewal of a 24 license prior to the expiration date renders the license null 25 and void and the former licensee may not be issued a new 26 27 license unless the licensee reapplies for an initial license and meets all current qualifications for licensure, including 28 construction standards for facilities where applicable and 29 30 complies with certificate-of-need requirements if the 31 applicant is subject to the provisions of ss. 408.031-408.045.

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1	(6) The failure to file a timely application and
2	license fee shall result in a late fee charged to the licensee
3	in an amount equal to 50 percent of the licensure fee. If a
4	renewal application is not received by the agency 60 days in
5	advance of the license expiration date, the agency shall
6	notify the licensee of this late fee within 10 days after the
7	date the renewal application was due.
8	(7) Within 60 days after the receipt of a complete
9	application, the agency shall approve or deny the application.
10	(8) Each license issued shall indicate the name of the
11	licensee, the provider or service that the licensee is
12	required or authorized to operate or offer, the date the
13	license is issued, the expiration date of the license, the
14	maximum capacity of the licensed premises if applicable, and
15	any other information required by authorizing statutes or
16	deemed necessary by the agency.
17	(9)(a) An initial inspection is not required for
18	companion services or homemaker services providers, as
19	provided under part IV of chapter 400 or for health care
20	services pools, as provided under part XII of chapter 400.
21	(b) If an inspection is required by the authorizing
22	statute for a license application other than an initial
23	application, the inspection must be unannounced. This
24	paragraph does not apply to inspections required pursuant to
25	ss. 483.035, 395.0161(4), and 383.324(3).
26	(c) If a provider is not available when an inspection
27	is attempted, the application shall be withdrawn from further
28	consideration.
29	(10) The agency may establish procedures for the
30	electronic submission of required information, including, but
31	not limited to:
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1 (a) Licensure applications and required signatures. 2 (b) Payment of fees. 3 (c) Notarization of applications. 4 5 Requirements for electronic submission of any documents б required by this part or authorizing statutes may be 7 established by rule. 8 408.807 Change of ownership. -- Whenever a change of 9 ownership occurs: 10 (1) The transferor shall notify the agency in writing 11 at least 60 days before the anticipated date of transfer of 12 ownership. 13 (2) The transferee shall make application to the 14 agency for a license within the timeframes required in s. 15 408.806. The transferor shall be responsible and liable 16 (3) 17 for: The lawful operation of the provider and the 18 (a) 19 welfare of the clients served until the date the transferee is 20 licensed by the agency. (b) Any and all penalties imposed against the 21 transferor for violations occurring before the date of change 22 23 of ownership. 24 (4) Any restriction on licensure, including a 25 conditional license existing at the time of a change of 26 ownership, shall remain in effect until removed by the agency. 27 The transferee shall maintain records of the (5) transferor as required in this part, authorizing statutes, and 28 29 applicable rules including: (a) All <u>client records</u>. 30 31 (b) Inspection reports. 20

1       (c) All records required to be maintained pursuant to         2       409.913, if applicable.         3       408.808 License categories         4       (1) STANDARD LICENSEA standard license may be         5       issued at the time of initial licensure, license renewal, or         6       change of ownership. A standard license shall be issued when         7       the applicant is in compliance with all statutory requirements         8       and agency rules. Unless sooner revoked, a standard license         9       expires 2 years following the date of issue.         10       (2) PROVISIONAL LICENSEA provisional license may be         11       issued:       (a) Pursuant to s. 408.809(3).         12       (a) Pursuant to s. 408.809(3).       (b) When the applicant is in substantial compliance         14       with statutory requirements and applicable rules. A       provisional license for this purpose shall be issued for a         16       maximum of 1 year and may not be renewed.       (c) When a denial or revocation proceeding is pending,         17       (c) When a denial or revocation proceeding. If judicial relief         18       a provisional license for this purpose is effective until         19       final agency disposition of the proceeding. If judicial relief         18       sought from the final agency disposition, the		
408.808License categories4(1)STANDARD LICENSEA standard license may be5issued at the time of initial licensure, license renewal, or6change of ownership. A standard license shall be issued when7the applicant is in compliance with all statutory requirements8and agency rules. Unless sooner revoked, a standard license9expires 2 years following the date of issue.10(2)PROVISIONAL LICENSEA provisional license may be11issued:12(a)Pursuant to s. 408.809(3).13(b)When the applicant is in substantial compliance14with statutory requirements and applicable rules. A15provisional license for this purpose shall be issued for a16maximum of 1 year and may not be renewed.17(c)When a denial or revocation proceeding is pending,18a provisional license for this purpose is effective until19final agency disposition of the proceeding. If judicial relief10is sought from the final agency disposition, the court having11jurisdiction may require the agency to issue a temporary12license for the duration of the judicial proceeding.13(3)INACTIVE LICENSEAn inactive license may be14issued to a health care provider subject to the15certificate-of-need provisions in ss. 408.031-408.045 when the16provider will be temporarily unable to provide services but is17reasonably expected to resume services within 12 months. Such </td <td>1</td> <td>(c) All records required to be maintained pursuant to</td>	1	(c) All records required to be maintained pursuant to
4       (1) STANDARD LICENSEA standard license may be         5       issued at the time of initial licensure, license renewal, or         6       change of ownership. A standard license shall be issued when         7       the applicant is in compliance with all statutory requirements         8       and agency rules. Unless sconer revoked, a standard license         9       expires 2 years following the date of issue.         10       (2) PROVISIONAL LICENSEA provisional license may be         11       issued:         12       (a) Pursuant to s. 408.809(3).         13       (b) When the applicant is in substantial compliance         with statutory requirements and applicable rules. A         15       provisional license for this purpose shall be issued for a         16       maximum of 1 year and may not be renewed.         17       (c) When a denial or revocation proceeding is pending,         18       a provisional license for this purpose is effective until         19       final agency disposition of the proceeding. If judicial relief         10       is sought from the final agency disposition, the court having         11       jurisdiction may require the agency to issue a temporary         12       license for the duration of the judicial proceeding.         13       (3) INACTIVE LICENSEAn inactive license may		
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	30	upon demonstration by the licensee of the provider's progress
21	31	toward reopening. Any request by a licensee for an inactive
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1	license or to extend the previously approved inactive period
2	must be submitted to the agency, accompanied by written
3	justification for the inactive license with the beginning and
4	ending dates of inactivity, including a plan for the transfer
5	of any clients to other providers, and the appropriate
6	licensure fees. The agency may not accept a request that is
7	submitted after initiating closure, after any suspension of
8	service, or after notifying clients of closure or suspension
9	of service. Upon agency approval, the provider shall notify
10	clients of any necessary discharge or transfer as required by
11	authorizing statutes. The beginning of the inactive license
12	shall be the date the provider ceases operations. The end of
13	the inactive period shall become the license expiration date
14	and all licensure fees must be current, paid in full, and may
15	be prorated. Reactivation of an inactive license requires the
16	approval of a renewal application, including payment of
17	licensure fees and agency inspections indicating compliance
18	with all requirements of this part, authorizing statutes, and
19	applicable rules.
20	(4) OTHER LICENSESOther licensure types may be
21	issued pursuant to authorizing statutes.
22	408.809 Background screening; prohibited offenses
23	(1) Level 2 background screening pursuant to chapter
24	435 must be conducted through the agency on each of the
25	following persons, who shall be considered an employee for the
26	purposes of conducting screening under chapter 435:
27	(a) The licensee if an individual;
28	(b) The administrator or a similarly titled person who
29	is responsible for the day-to-day operation of the provider;
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1	(c) The financial officer or similarly titled
2	individual who is responsible for the financial operation of
3	the licensee or provider; and
4	(d) Any controlling interest if the agency has reason
5	to believe that such person has been convicted of any offense
6	prohibited by s. 435.04. For each controlling interest who has
7	been convicted of any such offense, the licensee shall submit
8	to the agency a description and explanation of the conviction
9	at the time of license application.
10	(2) Proof of compliance with level 2 screening
11	standards submitted within the previous 5 years to meet any
12	provider or professional licensure requirements of the agency,
13	the Department of Health, or the Department of Children and
14	Family Services satisfies the requirements of this section,
15	provided that such proof is accompanied, under penalty of
16	perjury, by an affidavit of compliance with the provisions of
17	chapter 435. Proof of compliance with the background screening
18	requirements of the Office of Insurance Regulation for an
19	applicant for a certificate of authority to operate a
20	continuing care retirement community under chapter 651,
21	submitted within the previous 5 years, satisfies the
22	Department of Law Enforcement and Federal Bureau of
23	Investigation portions of a level 2 background check.
24	(3) A provisional license may be granted to an
25	applicant when each individual required by this section to
26	undergo background screening has met the standards for the
27	Department of Law Enforcement background check, but the agency
28	has not yet received background screening results from the
29	Federal Bureau of Investigation. A standard license may be
30	granted to the licensee upon the agency's receipt of a report
31	of the results of the Federal Bureau of Investigation
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1	background screening for each individual required by this
2	section to undergo background screening which confirms that
3	all standards have been met, or upon the granting of a
4	disqualification exemption by the agency as set forth in
5	chapter 435. Any other person who is required to undergo level
б	2 background screening may serve in his or her capacity
7	pending the agency's receipt of the report from the Federal
8	Bureau of Investigation. However, the person may not continue
9	to serve if the report indicates any violation of background
10	screening standards and a disqualification exemption has not
11	been requested of or granted by the agency as set forth in
12	chapter 435.
13	(4) When a change in the administrator of a provider
14	occurs, the licensee must notify the agency of the change
15	within the time period specified in the authorizing statute or
16	rules and must provide evidence of compliance with background
17	screening requirements of this section; except that an
18	administrator who has met the standards for the Department of
19	Law Enforcement background check, but for whom background
20	screening results from the Federal Bureau of Investigation
21	have not yet been received, may be employed pending a receipt
22	of the Federal Bureau of Investigation background screening
23	report. An individual may not continue to serve as
24	administrator if the Federal Bureau of Investigation
25	background screening report indicates any violation of
26	background screening standards.
27	(5) Background screening is not required to obtain a
28	certificate of exemption issued under s. 483.106.
29	408.810 Minimum licensure requirementsIn addition
30	to the licensure requirements specified in chapter 112,
31	chapter 383, chapter 390, chapter 394, chapter 395, chapter
	24

1 400, chapter 440, or chapter 483, each applicant for licensure by the Agency for Health Care Administration must comply with 2 3 the requirements of this section in order to obtain and 4 maintain a license. 5 (1) An applicant for licensure must comply with б background screening requirements of s. 408.809. (2) An applicant for licensure must provide a 7 8 description and explanation of any exclusions, suspensions, or terminations of the applicant from the Medicare, Medicaid, or 9 10 federal Clinical Laboratory Improvement Amendments (CLIA) 11 programs. (3) Unless otherwise specified in this part, 12 authorizing statutes, or applicable rules, any information 13 14 required to be reported to the agency must be submitted within 10 calendar days after the report period or effective date of 15 16 the information. 17 (4) Whenever a licensee discontinues operation of a provider: 18 19 (a) The licensee must inform the agency not less than 30 days prior to the discontinuance of operation and inform 20 21 clients of discharge as required by authorizing statutes. Immediately upon discontinuance of operation of a provider, 22 the licensee shall surrender the license to the agency and the 23 24 license shall be canceled. (b) Upon final discharge of clients, each client shall 25 be given his or her records. Upon closure of a provider, the 26 27 licensee shall remain responsible for retaining and appropriately distributing all records within the timeframes 28 29 prescribed in authorizing statutes and applicable rules. In 30 addition, the licensee or, in the event of death or 31

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1 dissolution of a licensee, the estate or agent of the licensee 2 shall: 3 1. Make arrangements to forward records for each client to one of the following, based upon the client's 4 5 choice: the client or the client's legal representative, the б client's attending physician, or the health care provider where the client currently receives services; or 7 8 2. Cause a notice to be published in the newspaper of 9 greatest general circulation in the county where the provider 10 was located which advises clients of the discontinuance of the 11 provider operation. The notice must inform clients that they may obtain copies of their records and specify the name, 12 address, and telephone number of the person from whom the 13 copies of records may be obtained. The notice must appear at 14 least once a week for 4 consecutive weeks. 15 16 17 Failure to comply with this paragraph is a misdemeanor of the second degree, punishable as provided in s. 775.083. 18 19 (5)(a) On or before the first day services are provided to a client, a licensee must inform the client and 20 21 his or her immediate family or representative, if appropriate, 22 of the right to report: 1. Complaints. The statewide toll-free telephone 23 24 number for reporting complaints to the agency must be provided 25 to clients in a manner that is clearly legible and must 26 include the words: "To report a complaint regarding the 27 services you receive, please call toll free (phone number)". 2. Abusive, neglectful, or exploitative practices. The 28 29 statewide toll-free telephone number for the central abuse 30 hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report abuse, 31 26

1 neglect, or exploitation, please call toll-free (phone 2 number)." 3 The agency shall publish a minimum of a 90-day advance notice 4 5 of a change in the toll-free telephone numbers. б (b) Each licensee shall establish appropriate policies 7 and procedures for providing such notice to clients. 8 (6) An applicant must provide the agency with proof of 9 the applicant's legal right to occupy the property before a 10 license may be issued. Proof may include, but need not be 11 limited to, copies of warranty deeds, lease or rental agreements, contracts for deeds, quitclaim deeds, or other 12 13 such documentation. (7) An applicant shall provide proof of liability 14 insurance as defined in chapter 624, unless defined otherwise 15 in authorizing statute. 16 17 (8) Upon application for initial licensure or change-of-ownership licensure, the applicant shall furnish 18 19 satisfactory proof of the applicant's financial ability to operate in accordance with the requirements of this part, 20 21 authorizing statutes, and applicable rules. The agency shall establish standards for this purpose, including information 22 concerning the applicant's controlling interests. The agency 23 24 also shall establish documentation requirements, to be 25 completed by each applicant, that show anticipated provider revenues and expenditures, the basis for financing the 26 27 anticipated cash-flow requirements of the provider, and an 28 applicant's access to contingency financing. A current 29 certificate of authority, pursuant to chapter 651, may be 30 provided as proof of financial ability to operate. The agency 31 may require a licensee to provide proof of financial ability

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1 to operate at any time if there is evidence of financial instability, including, but not limited to, unpaid expenses 2 3 necessary for the basic operations of the provider. (9) A licensee or controlling interest may not 4 5 withhold from the agency any evidence of financial б instability, including, but not limited to, checks returned 7 due to insufficient funds, delinquent accounts, nonpayment of 8 withholding taxes, unpaid utility expenses, nonpayment for essential services, or adverse court action concerning the 9 10 financial viability of the provider or any other provider 11 licensed under this part which is under the control of the licensee. Any person found guilty of violating this subsection 12 commits a misdemeanor of the second degree, punishable as 13 provided in s. 775.083. Each day of continuing violation is a 14 15 separate offense. (10) The agency may not issue a license to a health 16 17 care provider subject to the certificate of need provisions in ss. 408.031-408.045 if the licensee has not been issued a 18 19 certificate of need or an exemption. Upon initial licensure of any such provider, the authorization contained in the 20 21 certificate of need shall be considered fully implemented and merged into the license, and shall have no force and effect 22 upon termination of the license for any reason. 23 24 408.811 Right of inspection; copies; inspection 25 reports.--26 (1) An authorized officer or employee of the agency 27 may make or cause to be made any inspections and 28 investigations as the agency deems necessary to determine the 29 state of compliance with this part, authorizing statutes, and 30 applicable rules. The right of inspection extends to any 31 business that the agency has reason to believe is being 28

1 operated as a provider without a license, but inspection of any business suspected of being operated without the 2 3 appropriate license may not be made without the permission of the owner or person in charge unless a warrant is first 4 5 obtained from a circuit court. Any application for a license б issued under this part, authorizing statutes, or applicable 7 rules constitutes permission for an appropriate inspection to 8 verify the information submitted on or in connection with the 9 application. 10 (a) All inspections shall be unannounced, except as 11 specified in s. 408.806. (b) Inspections for relicensure shall be conducted 12 biennially unless otherwise specified by authorizing statutes 13 14 or applicable rules. Inspections conducted in conjunction with 15 (2) certification may be accepted in lieu of a complete licensure 16 inspection. However, a licensure inspection may also be 17 conducted to review any licensure requirements that are not 18 19 also requirements of certification. The agency shall have access to and the licensee 20 (3) 21 shall provide copies of all provider records required during 22 an inspection at no cost to the agency. 23 (4)(a) Unless exempt from s. 119.07(1), each licensee shall maintain as public information, available upon request, 24 25 records of all inspection reports pertaining to that provider which have been filed with, or issued by, any governmental 26 27 agency. Effective July 1, 2004, copies of such reports shall be retained in the records of the provider for at least 5 28 29 years following the date the reports are filed and issued, 30 regardless of a change of ownership. 31

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1	(b) A licensee shall, upon the request of any person
2	who has completed a written application with intent to be
3	admitted by such provider or any person who is a patient of
4	such provider, or any relative, spouse, or guardian of any
5	such person, furnish to the requester a copy of the last
6	inspection report pertaining to the licensed provider which
7	was issued by the agency or by an accrediting organization if
8	such report is used in lieu of a licensure inspection.
9	408.812 Unlicensed activity
10	(1) A person may not offer or advertise to the public
11	services as defined by this part, authorizing statutes, or
12	application rules without obtaining a valid license from the
13	Agency for Health Care Administration. The holder of a license
14	may not advertise or hold out to the public that he or she
15	holds a license for other than that for which he or she
16	actually holds a license.
17	(2) The operation or maintenance of an unlicensed
18	provider or the performance of any services that necessitate
19	licensure is a violation of this part and authorizing
20	statutes. Unlicensed activity constitutes harm that materially
21	affects the health, safety, and welfare of clients. The
22	agency, or any state attorney, may, in addition to other
23	remedies provided in this part, bring an action for an
24	injunction to restrain such violation, or to enjoin the future
25	operation or maintenance of any such provider or the provision
26	of services that necessitate licensure in violation of this
27	part and authorizing statutes, until compliance with this
28	part, authorizing statutes, and agency rules has been
29	demonstrated to the satisfaction of the agency.
30	(3) Any person who owns, operates, or maintains an
31	unlicensed provider and who, after receiving notification from
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1 the agency, fails to cease operation and apply for a license under this part and authorizing statutes commits a felony of 2 3 the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a 4 separate offense. 5 6 (4) Any person found quilty of violating subsection 7 (3) a second or subsequent time commits a felony of the second 8 degree, punishable as provided under s. 775.082, s. 775.083, 9 or s. 775.084. Each day of continued operation is a separate offense. 10 11 (5) Any provider that fails to cease operation after agency notification may be fined \$1,000 for each day of 12 13 noncompliance. (6) When a licensee has an interest in more than one 14 provider and fails to license any provider rendering services 15 that necessitate licensure, the agency may revoke all 16 licenses, impose actions under s. 408.814, or impose a fine of 17 \$1,000 unless otherwise specified by authorizing statutes 18 19 against the licensee until such time as the licensee becomes appropriately licensed. 20 21 In addition to injunctive relief pursuant to (7) subsection (2), if the agency determines that an owner is 22 operating or maintaining a provider without obtaining a 23 24 license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the 25 provider, the owner is subject to the same actions and fines 26 27 imposed against a licensed provider as specified in this part, the authorizing statute, and agency rules. 28 29 (8) Any person aware of the operation of an unlicensed 30 provider must report that provider and operation to the 31 agency.

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1	408.813 Administrative finesAs a penalty for any
2	violation of this part, authorizing statutes, or applicable
3	rules, the agency may impose an administrative fine. Unless
4	the amount of the fine is prescribed by authorizing statutes
5	or applicable rules, the agency may establish criteria for the
6	amount of administrative fines applicable to this part,
7	authorizing statutes, and applicable rules. Each day of
8	violation constitutes a separate violation and is subject to a
9	separate fine. For fines that are upheld following
10	administrative or judicial review, the violator shall pay the
11	fine, plus interest at the rate as specified in s. 55.03 for
12	each day beyond the date set by the agency for payment of the
13	fine.
14	408.814 Moratoriums; emergency suspensions
15	(1) The agency may impose an immediate moratorium or
16	emergency suspension as defined in s. 120.60 on any provider
17	if the agency determines that any condition related to the
18	provider presents a threat to the health, safety, or welfare
19	of the clients.
20	(2) A provider, the license of which is denied or
21	revoked, may be subject to immediate imposition of a
22	moratorium or emergency suspension to run concurrently with
23	licensure denial, revocation, or injunction.
24	(3) A moratorium or emergency suspension remains in
25	effect after a change of ownership, unless the agency has
26	determined that the conditions that created the moratorium,
27	emergency suspension, or denial of licensure have been
28	corrected.
29	(4) When a moratorium or emergency suspension is
30	placed on a provider, notice of the action shall be posted and
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1 visible to the public at the location of the provider until 2 the action is lifted. 3 (5) The agency may by rule establish conditions that constitute grounds for imposing a moratorium or emergency 4 5 suspension on a provider and procedures for imposing and б lifting an action as necessary to administer this section. 7 408.815 License denial; revocation.--8 (1) In addition to grounds in authorizing statutes, 9 grounds for denying or revoking a license or application 10 include any of the following actions by a controlling 11 interest: (a) False representation of a material fact in the 12 license application or omission of any material fact from the 13 14 application. (b) An intentional or negligent act materially 15 affecting the health or safety of clients of the provider. 16 17 (c) A violation of this part, authorizing statutes, or 18 applicable rules. 19 (d) A demonstrated pattern of deficient performance. The applicant, licensee, or controlling interest 20 (e) 21 has been or is currently excluded, suspended, terminated from, 22 or has involuntarily withdrawn from participation in the state Medicaid program, the Medicaid program of any other state, or 23 24 the Medicare program or any other governmental or private 25 health care or health insurance program. (2) If a licensee lawfully continues to operate while 26 27 a denial or revocation is pending in litigation, the licensee must continue to meet all other requirements of this part, 28 29 authorizing statutes, and applicable rules, and must file 30 subsequent renewal applications for licensure, including licensure fees. Notwithstanding chapter 120, the agency may 31

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1 withhold a final decision on any application or request filed during this period until final agency action. 2 3 (3) An action under s. 408.814, or denial of the license of the transferor, may be grounds for denial of a 4 5 change-of-ownership application of the transferee. б 408.816 Injunctions.--7 In addition to the other powers provided by this (1)8 part and authorizing statutes, the agency may: 9 (a) Institute injunction proceedings in a court of 10 competent jurisdiction to restrain or prevent the 11 establishment or operation of a provider that does not have a license or is in violation of any provision of this part, 12 authorizing statutes, or applicable rules. The agency may also 13 institute injunction proceedings in a court of competent 14 jurisdiction when a violation of this part, authorizing 15 statutes, or applicable rules constitutes an emergency 16 17 affecting the immediate health and safety of a client. Enforce the provisions of this part, authorizing 18 (b) 19 statutes, or any minimum standard, rule, or order issued or entered into pursuant thereto when the attempt by the agency 20 21 to correct a violation through administrative sanctions has failed or when the violation materially affects the health, 22 safety, or welfare of clients or involves any operation of an 23 24 unlicensed provider. (c) Terminate the operation of a provider when a 25 violation of any provision of this part, authorizing statutes, 26 27 or any standard or rule adopted pursuant thereto exist that materially affect the health, safety, or welfare of clients. 28 29 (2) Such injunctive relief may be temporary or 30 permanent. 31

1	(3) If action is necessary to protect clients of
2	providers from immediate, life-threatening situations, the
3	court may allow a temporary injunction without bond upon
4	proper proof being made. If it appears by competent evidence
5	or a sworn, substantiated affidavit that a temporary
6	injunction should be issued, the court, pending the
7	determination on final hearing, shall enjoin the operation of
8	the provider.
9	408.817 Administrative proceedingsAdministrative
10	proceedings challenging agency licensure enforcement action
11	shall be reviewed on the basis of the facts and conditions
12	that resulted in the agency action.
13	408.818 Health Care Trust FundUnless otherwise
14	prescribed by authorizing statutes, all fees and fines
15	collected pursuant to this part, authorizing statutes, and
16	applicable rules shall be deposited into the Health Care Trust
17	Fund, created in s. 408.16, and used to pay the costs of the
18	agency in administering the provider program paying the fees
19	or fines.
20	408.819 RulesThe agency may adopt rules necessary
21	to administer this part. Any licensed provider that is in
22	operation at the time of adoption of any applicable rule under
23	this part or authorizing statutes shall be given a reasonable
24	time under the particular circumstances, not to exceed 6
25	months after the date of such adoption, within which to comply
26	with such rule, unless otherwise specified by rule.
27	Section 6. Subsection (12), paragraph (a) of
28	subsection (13), and subsection (17) of section 112.0455,
29	Florida Statutes, are amended to read:
30	112.0455 Drug-Free Workplace Act
31	(12) DRUG-TESTING STANDARDS; LABORATORIES
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1 (a) The requirements of ss. 408.801-408.819 apply to the provision of services that necessitate licensure pursuant 2 3 to this section and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for 4 5 Health Care Administration pursuant to this section. 6 (b) (a) A laboratory may analyze initial or 7 confirmation drug specimens only if: 8 The laboratory is licensed and approved by the 1. 9 Agency for Health Care Administration using criteria 10 established by the United States Department of Health and 11 Human Services as general guidelines for modeling the state drug testing program and in accordance with part II of chapter 12 408. Each applicant for licensure must comply with all 13 requirements of part II of chapter 408, with the exception of 14 s. 408.810(5)-(10).the following requirements: 15 a. Upon receipt of a completed, signed, and dated 16 17 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 18 19 in chapter 435, of the managing employee, or other similarly 20 titled individual responsible for the daily operation of the 21 laboratory, and of the financial officer, or other similarly titled individual who is responsible for the financial 22 operation of the laboratory, including billings for services. 23 24 The applicant must comply with the procedures for level 2 25 background screening as set forth in chapter 435, as well as 26 the requirements of s. 435.03(3). 27 b. The agency may require background screening of any other individual who is an applicant if the agency has 28 29 probable cause to believe that he or she has been convicted of 30 an offense prohibited under the level 2 standards for 31 screening set forth in chapter 435. 36

1	a proof of compliance with the level 2 heateneund
	c. Proof of compliance with the level 2 background
2	screening requirements of chapter 435 which has been submitted
3	within the previous 5 years in compliance with any other
4	health care licensure requirements of this state is acceptable
5	in fulfillment of screening requirements.
6	d. A provisional license may be granted to an
7	applicant when each individual required by this section to
8	undergo background screening has met the standards for the
9	Department of Law Enforcement background check, but the agency
10	has not yet received background screening results from the
11	Federal Bureau of Investigation, or a request for a
12	disqualification exemption has been submitted to the agency as
13	<del>set forth in chapter 435, but a response has not yet been</del>
14	issued. A license may be granted to the applicant upon the
15	agency's receipt of a report of the results of the Federal
16	Bureau of Investigation background screening for each
17	individual required by this section to undergo background
18	screening which confirms that all standards have been met, or
19	upon the granting of a disqualification exemption by the
20	agency as set forth in chapter 435. Any other person who is
21	required to undergo level 2 background screening may serve in
22	his or her capacity pending the agency's receipt of the report
23	from the Federal Bureau of Investigation. However, the person
24	may not continue to serve if the report indicates any
25	violation of background screening standards and a
26	disqualification exemption has not been requested of and
27	granted by the agency as set forth in chapter 435.
28	e. Each applicant must submit to the agency, with its
29	application, a description and explanation of any exclusions,
30	permanent suspensions, or terminations of the applicant from
31	the Medicare or Medicaid programs. Proof of compliance with
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1 the requirements for disclosure of ownership and control 2 interests under the Medicaid or Medicare programs shall be 3 accepted in lieu of this submission. f. Each applicant must submit to the agency a 4 5 description and explanation of any conviction of an offense 6 prohibited under the level 2 standards of chapter 435 by a 7 member of the board of directors of the applicant, its 8 officers, or any individual owning 5 percent or more of the 9 applicant. This requirement does not apply to a director of a 10 not-for-profit corporation or organization if the director 11 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day 12 operational decisions of the corporation or organization, 13 receives no remuneration for his or her services on the 14 corporation or organization's board of directors, and has no 15 financial interest and has no family members with a financial 16 17 interest in the corporation or organization, provided that the director and the not-for-profit corporation or organization 18 19 include in the application a statement affirming that the 20 director's relationship to the corporation satisfies the 21 requirements of this sub-subparagraph. 22 g. A license may not be granted to any applicant if 23 the applicant or managing employee has been found guilty of, 24 regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 25 level 2 standards for screening set forth in chapter 435, 26 27 unless an exemption from disqualification has been granted by 28 the agency as set forth in chapter 435. 29 h. The agency may deny or revoke licensure if the 30 applicant: 31

1 (I) Has falsely represented a material fact in the 2 application required by sub-subparagraph e. or 3 sub-subparagraph f., or has omitted any material fact from the application required by sub-subparagraph e. or 4 5 sub-subparagraph f.; or б (II) Has had prior action taken against the applicant 7 under the Medicaid or Medicare program as set forth in 8 sub-subparagraph e. 9 i. An application for license renewal must contain the 10 information required under sub-subparagraphs e. and f. 11 2. The laboratory has written procedures to ensure chain of custody. 12 13 3. The laboratory follows proper quality control procedures, including, but not limited to: 14 The use of internal quality controls including the 15 a. use of samples of known concentrations which are used to check 16 17 the performance and calibration of testing equipment, and periodic use of blind samples for overall accuracy. 18 19 b. An internal review and certification process for 20 drug test results, conducted by a person qualified to perform 21 that function in the testing laboratory. Security measures implemented by the testing 22 c. laboratory to preclude adulteration of specimens and drug test 23 24 results. 25 d. Other necessary and proper actions taken to ensure reliable and accurate drug test results. 26 27 (c) (b) A laboratory shall disclose to the employer a 28 written test result report within 7 working days after receipt 29 of the sample. All laboratory reports of a drug test result 30 shall, at a minimum, state: 31

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1 1. The name and address of the laboratory which 2 performed the test and the positive identification of the 3 person tested. 4 2. Positive results on confirmation tests only, or 5 negative results, as applicable. б 3. A list of the drugs for which the drug analyses 7 were conducted. 8 4. The type of tests conducted for both initial and 9 confirmation tests and the minimum cutoff levels of the tests. 10 5. Any correlation between medication reported by the 11 employee or job applicant pursuant to subparagraph (8)(b)2. and a positive confirmed drug test result. 12 13 14 No report shall disclose the presence or absence of any drug 15 other than a specific drug and its metabolites listed pursuant to this section. 16 17 (d)(c) The laboratory shall submit to the Agency for Health Care Administration a monthly report with statistical 18 19 information regarding the testing of employees and job 20 applicants. The reports shall include information on the methods of analyses conducted, the drugs tested for, the 21 number of positive and negative results for both initial and 22 confirmation tests, and any other information deemed 23 24 appropriate by the Agency for Health Care Administration. No 25 monthly report shall identify specific employees or job applicants. 26 27 (e)(d) Laboratories shall provide technical assistance 28 to the employer, employee, or job applicant for the purpose of 29 interpreting any positive confirmed test results which could have been caused by prescription or nonprescription medication 30 31 taken by the employee or job applicant. 40

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1 (13) RULES.--2 (a) The Agency for Health Care Administration may 3 adopt additional rules to support this law and part II of 4 chapter 408, using criteria established by the United States 5 Department of Health and Human Services as general guidelines б for modeling drug-free workplace laboratories the state 7 drug-testing program, concerning, but not limited to: 8 Standards for drug-testing laboratory licensing and 1. 9 denial, suspension, and revocation of a license. 10 2. Urine, hair, blood, and other body specimens and 11 minimum specimen amounts which are appropriate for drug testing, not inconsistent with other provisions established by 12 13 law. Methods of analysis and procedures to ensure 14 3. reliable drug-testing results, including standards for initial 15 tests and confirmation tests, not inconsistent with other 16 17 provisions established by law. Minimum cutoff detection levels for drugs or their 4. 18 19 metabolites for the purposes of determining a positive test 20 result, not inconsistent with other provisions established by 21 law. Chain-of-custody procedures to ensure proper 22 5. identification, labeling, and handling of specimens being 23 24 tested, not inconsistent with other provisions established by 25 law. Retention, storage, and transportation procedures 26 6. 27 to ensure reliable results on confirmation tests and retests. 28 7. A list of the most common medications by brand name 29 or common name, as applicable, as well as by chemical name, which may alter or affect a drug test. 30 31 41

1	(17) LICENSE FEEFees from licensure of drug-testing
2	laboratories shall be sufficient to carry out the
3	responsibilities of the Agency for Health Care Administration
4	for the regulation of drug-testing laboratories. In accordance
5	with s. 408.805, an applicant or licensee shall pay a fee for
6	each license application submitted under this part and part II
7	of chapter 408. The fee may not be less than \$16,000 or more
8	than \$20,000 per biennium and shall be established by rule.
9	The Agency for Health Care Administration shall collect fees
10	for all licenses issued under this part. Each nonrefundable
11	fee shall be due at the time of application and shall be
12	payable to the Agency for Health Care Administration to be
13	deposited in a trust fund administered by the Agency for
14	Health Care Administration and used only for the purposes of
15	this section. The fee schedule is as follows: For licensure
16	as a drug-testing laboratory, an annual fee of not less than
17	\$8,000 or more than \$10,000 per fiscal year; for late filing
18	of an application for renewal, an additional fee of \$500 per
19	day shall be charged.
20	Section 7. Section 383.301, Florida Statutes, is
21	amended to read:
22	383.301 Licensure and regulation of birth centers;
23	legislative intentIt is the intent of the Legislature to
24	provide for the protection of public health and safety in the
25	establishment, maintenance, and operation of birth centers by
26	providing for licensure of birth centers and for the
27	development, establishment, and enforcement of minimum
28	standards with respect to birth centers. The requirements of
29	part II of chapter 408 apply to the provision of services that
30	necessitate licensure pursuant to ss. 383.30-383.335 and part
31	II of chapter 408 and to entities licensed by or applying for
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1 such licensure from the Agency for Health Care Administration pursuant to ss. 383.30-383.335. 2 3 Section 8. Section 383.304, Florida Statutes, is 4 repealed. 5 Section 9. Section 383.305, Florida Statutes, is 6 amended to read: 7 383.305 Licensure; issuance, renewal, denial, 8 suspension, revocation; fees; background screening.--9 (1) In accordance with s. 408.805, an applicant or 10 licensee shall pay a fee for each license application 11 submitted under this part and part II of chapter 408. The amount of the fee shall be established by rule. 12 (1)(a) Upon receipt of an application for a license 13 and the license fee, the agency shall issue a license if the 14 applicant and facility have received all approvals required by 15 law and meet the requirements established under ss. 16 17 383.30-383.335 and by rules promulgated hereunder. (b) A provisional license may be issued to any birth 18 19 center that is in substantial compliance with ss. 383.30-383.335 and with the rules of the agency. 20 A 21 provisional license may be granted for a period of no more than 1 year from the effective date of rules adopted by the 22 agency, shall expire automatically at the end of its term, and 23 24 may not be renewed. 25 (c) A license, unless sooner suspended or revoked, 26 automatically expires 1 year from its date of issuance and is 27 renewable upon application for renewal and payment of the fee 28 prescribed, provided the applicant and the birth center meet 29 the requirements established under ss. 383.30-383.335 and by 30 rules promulgated hereunder. A complete application for 31

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1 renewal of a license shall be made 90 days prior to expiration 2 of the license on forms provided by the agency. 3 (2) An application for a license, or renewal thereof, shall be made to the agency upon forms provided by it and 4 5 shall contain such information as the agency reasonably 6 requires, which may include affirmative evidence of ability to 7 comply with applicable laws and rules. 8 (3)(a) Each application for a birth center license, or 9 renewal thereof, shall be accompanied by a license fee. Fees 10 shall be established by rule of the agency. Such fees are 11 payable to the agency and shall be deposited in a trust fund administered by the agency, to be used for the sole purpose of 12 carrying out the provisions of ss. 383.30-383.335. 13 (b) The fees established pursuant to ss. 14 383.30-383.335 shall be based on actual costs incurred by the 15 agency in the administration of its duties under such 16 17 sections. (4) Each license is valid only for the person or 18 19 governmental unit to whom or which it is issued; is not 20 subject to sale, assignment, or other transfer, voluntary or 21 involuntary; and is not valid for any premises other than those for which it was originally issued. 22 23 (5) Each license shall be posted in a conspicuous 24 place on the licensed premises. 25 (6) Whenever the agency finds that there has been a 26 substantial failure to comply with the requirements 27 established under ss. 383.30-383.335 or in rules adopted under 28 those sections, it is authorized to deny, suspend, or revoke a 29 license. 30 31

1	(2) <del>(7)</del> Each applicant for licensure must comply with
2	the following requirements of part II of chapter 408, with the
3	exception of s. 408.810(7)-(10).÷
4	(a) Upon receipt of a completed, signed, and dated
5	application, the agency shall require background screening, in
6	accordance with the level 2 standards for screening set forth
7	in chapter 435, of the managing employee, or other similarly
8	titled individual who is responsible for the daily operation
9	of the center, and of the financial officer, or other
10	similarly titled individual who is responsible for the
11	financial operation of the center, including billings for
12	patient care and services. The applicant must comply with the
13	procedures for level 2 background screening as set forth in
14	chapter 435 as well as the requirements of s. 435.03(3).
15	(b) The agency may require background screening of any
16	other individual who is an applicant if the agency has
17	probable cause to believe that he or she has been convicted of
18	- a crime or has committed any other offense prohibited under
19	the level 2 standards for screening set forth in chapter 435.
20	(c) Proof of compliance with the level 2 background
21	screening requirements of chapter 435 which has been submitted
22	within the previous 5 years in compliance with any other
23	health care licensure requirements of this state is acceptable
24	in fulfillment of the requirements of paragraph (a).
25	(d) A provisional license may be granted to an
26	applicant when each individual required by this section to
27	undergo background screening has met the standards for the
28	Department of Law Enforcement background check, but the agency
29	has not yet received background screening results from the
30	Federal Bureau of Investigation, or a request for a
31	disqualification exemption has been submitted to the agency as
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1 set forth in chapter 435 but a response has not yet been 2 issued. A standard license may be granted to the applicant 3 upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each 4 5 individual required by this section to undergo background 6 screening which confirms that all standards have been met, or 7 upon the granting of a disqualification exemption by the 8 agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in 9 10 his or her capacity pending the agency's receipt of the report 11 from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any 12 violation of background screening standards and a 13 disqualification exemption has not been requested of and 14 granted by the agency as set forth in chapter 435. 15 16 (e) Each applicant must submit to the agency, with its 17 application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from 18 19 the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control 20 21 interests under the Medicaid or Medicare programs shall be accepted in lieu of this submission. 22 23 (f) Each applicant must submit to the agency a 24 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 25 26 member of the board of directors of the applicant, its 27 officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a 28 29 not-for-profit corporation or organization if the director 30 serves solely in a voluntary capacity for the corporation or 31 organization, does not regularly take part in the day-to-day 46

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1	operational decisions of the corporation or organization,
2	receives no remuneration for his or her services on the
3	corporation or organization's board of directors, and has no
4	financial interest and has no family members with a financial
5	interest in the corporation or organization, provided that the
6	director and the not-for-profit corporation or organization
7	include in the application a statement affirming that the
8	director's relationship to the corporation satisfies the
9	requirements of this paragraph.
10	(g) A license may not be granted to an applicant if
11	the applicant or managing employee has been found guilty of,
12	regardless of adjudication, or has entered a plea of nolo
13	contendere or guilty to, any offense prohibited under the
14	<del>level 2 standards for screening set forth in chapter 435,</del>
15	unless an exemption from disqualification has been granted by
16	the agency as set forth in chapter 435.
17	(h) The agency may deny or revoke licensure if the
18	applicant:
19	1. Has falsely represented a material fact in the
20	application required by paragraph (e) or paragraph (f), or has
21	omitted any material fact from the application required by
22	<del>paragraph (e) or paragraph (f); or</del>
23	2. Has had prior action taken against the applicant
24	under the Medicaid or Medicare program as set forth in
25	<del>paragraph (e).</del>
26	(i) An application for license renewal must contain
27	the information required under paragraphs (e) and (f).
28	Section 10. Section 383.309, Florida Statutes, is
29	amended to read:
30	383.309 Minimum standards for birth centers; rules and
31	enforcement
	47

1	(1) The agency shall adopt and enforce rules to
2	administer ss. 383.30-383.335 and part II of chapter 408,
3	which rules shall include, but are not limited to, reasonable
4	and fair minimum standards for ensuring that:
5	(a) Sufficient numbers and qualified types of
6	personnel and occupational disciplines are available at all
7	times to provide necessary and adequate patient care and
8	safety.
9	(b) Infection control, housekeeping, sanitary
10	conditions, disaster plan, and medical record procedures that
11	will adequately protect patient care and provide safety are
12	established and implemented.
13	(c) Licensed facilities are established, organized,
14	and operated consistent with established programmatic
15	standards.
16	(2) Any licensed facility that is in operation at the
17	time of adoption of any applicable rule under ss.
18	<del>383.30-383.335 shall be given a reasonable time under the</del>
19	particular circumstances, not to exceed 1 year after the date
20	of such adoption, within which to comply with such rule.
21	(2) (3) The agency may not establish any rule governing
22	the design, construction, erection, alteration, modification,
23	repair, or demolition of birth centers. It is the intent of
24	
	the Legislature to preempt that function to the Florida
25	the Legislature to preempt that function to the Florida Building Commission and the State Fire Marshal through
25 26	Building Commission and the State Fire Marshal through
_	Building Commission and the State Fire Marshal through
26	Building Commission and the State Fire Marshal through adoption and maintenance of the Florida Building Code and the
26 27	Building Commission and the State Fire Marshal through adoption and maintenance of the Florida Building Code and the Florida Fire Prevention Code. However, the agency shall
26 27 28	Building Commission and the State Fire Marshal through adoption and maintenance of the Florida Building Code and the Florida Fire Prevention Code. However, the agency shall provide technical assistance to the commission and the State
26 27 28 29	Building Commission and the State Fire Marshal through adoption and maintenance of the Florida Building Code and the Florida Fire Prevention Code. However, the agency shall provide technical assistance to the commission and the State Fire Marshal in updating the construction standards of the

1 enforce the special-occupancy provisions of the Florida 2 Building Code and the Florida Fire Prevention Code which apply 3 to birth centers in conducting any inspection authorized under 4 this chapter. 5 Section 11. Subsection (1) of section 383.315, Florida б Statutes, is amended to read: 7 383.315 Agreements with consultants for advice or 8 services; maintenance.--(1) A birth center shall maintain in writing a 9 10 consultation agreement, signed within the current license 11 period year, with each consultant who has agreed to provide advice and services to the birth center as requested. 12 13 Section 12. Section 383.324, Florida Statutes, is amended to read: 14 15 383.324 Inspections and investigations; Inspection fees.--16 17 (1) The agency shall make or cause to be made such inspections and investigations as it deems necessary. 18 19 (2) Each facility licensed under s. 383.305 shall pay 20 to the agency, at the time of inspection, an inspection fee 21 established by rule of the agency. 22 (3) The agency shall coordinate all periodic inspections for licensure made by the agency to ensure that 23 24 the cost to the facility of such inspections and the 25 disruption of services by such inspections is minimized. Section 13. Section 383.325, Florida Statutes, is 26 27 repealed. 28 Section 14. Section 383.33, Florida Statutes, is 29 amended to read: 30 383.33 Administrative fines penalties; emergency 31 orders; moratorium on admissions.--49

1 (1) (1) (a) In addition to the requirements of part II of 2 chapter 408, the agency may deny, revoke, or suspend a 3 license, or impose an administrative fine, not to exceed \$500 per violation per day, for the violation of any provision of 4 ss. 383.30-383.335, part II of chapter 408, or applicable 5 б rules or any rule adopted under ss. 383.30-383.335. Each day 7 of violation constitutes a separate violation and is subject to a separate fine. 8 9 (2) (b) In determining the amount of the fine to be 10 levied for a violation, as provided in paragraph (a), the 11 following factors shall be considered: (a)<del>1.</del> The severity of the violation, including the 12 13 probability that death or serious harm to the health or safety of any person will result or has resulted; the severity of the 14 actual or potential harm; and the extent to which the 15 provisions of ss. 383.30-383.335, part II of chapter 408, or 16 17 applicable rules were violated. (b)2. Actions taken by the licensee to correct the 18 19 violations or to remedy complaints. 20 (c) Any previous violations by the licensee. (c) All amounts collected pursuant to this section 21 shall be deposited into a trust fund administered by the 22 agency to be used for the sole purpose of carrying out the 23 24 provisions of ss. 383.30-383.335. 25 (2) The agency may issue an emergency order immediately suspending or revoking a license when it 26 27 determines that any condition in the licensed facility 28 presents a clear and present danger to the public health and 29 safety. 30 (3) The agency may impose an immediate moratorium on 31 elective admissions to any licensed facility, building or 50

1 portion thereof, or service when the agency determines that any condition in the facility presents a threat to the public 2 3 health or safety. 4 Section 15. Sections 383.331 and 383.332, Florida 5 Statutes, are repealed. б Section 16. Subsection (1) of section 383.335, Florida 7 Statutes, is amended to read: 8 383.335 Partial exemptions.--9 (1) Any facility that which was providing obstetrical 10 and gynecological surgical services and was owned and operated 11 by a board-certified obstetrician on June 15, 1984, and that which is otherwise subject to licensure under ss. 12 383.30-383.335 as a birth center, is exempt from the 13 provisions of ss. 383.30-383.335 and part II of chapter 408 14 which restrict the provision of surgical services and outlet 15 forceps delivery and the administration of anesthesia at birth 16 17 centers. The agency shall adopt rules specifically related to the performance of such services and the administration of 18 19 anesthesia at such facilities. 20 Section 17. Subsection (5) of section 390.011, Florida Statutes, is amended to read: 21 22 390.011 Definitions.--As used in this chapter, the 23 term: 24 (5) "Hospital" means a facility defined in s. 395.002 25 and licensed under chapter 395. Section 18. Subsection (1) of section 390.012, Florida 26 Statutes, is amended to read: 27 28 390.012 Powers of agency; rules; disposal of fetal 29 remains.--30 (1) The agency may shall have the authority to develop 31 and enforce rules under ss. 390.001-390.021 and part II of 51

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1 chapter 408 for the health, care, and treatment of persons in 2 abortion clinics and for the safe operation of such clinics. 3 These rules shall be comparable to rules which apply to all 4 surgical procedures requiring approximately the same degree of 5 skill and care as the performance of first trimester б abortions. The rules shall be reasonably related to the 7 preservation of maternal health of the clients. The rules shall not impose a legally significant burden on a woman's 8 9 freedom to decide whether to terminate her pregnancy. The 10 rules shall provide for: 11 The performance of pregnancy termination (a) procedures only by a licensed physician. 12 13 The making, protection, and preservation of (b) 14 patient records, which shall be treated as medical records 15 under chapter 458. 16 Section 19. Section 390.013, Florida Statutes, is 17 repealed. Section 20. Section 390.014, Florida Statutes, is 18 19 amended to read: 20 390.014 Licenses; fees, display, etc.--The requirements of part II of chapter 408 apply 21 (1)22 to the provision of services that necessitate licensure pursuant to ss. 390.011-390.021 and part II of chapter 408 and 23 24 to entities licensed by or applying for such licensure from 25 the Agency for Health Care Administration pursuant to ss. 26 390.011-390.021. However, an applicant for licensure is exempt from s. 408.810(7)-(10). No abortion clinic shall operate in 27 28 this state without a currently effective license issued by the 29 agency. (2) A separate license shall be required for each 30 31 clinic maintained on separate premises, even though it is 52

1 operated by the same management as another clinic; but a 2 separate license shall not be required for separate buildings 3 on the same premises. 4 (3) In accordance with s. 408.805, an applicant or 5 licensee shall pay a fee for each license application б submitted under this part and part II of chapter 408. The fee 7 shall be established by rule and The annual license fee 8 required for a clinic shall be nonrefundable and shall be 9 reasonably calculated to cover the cost of regulation under 10 this chapter, but may not be less than\$70 or<del>\$35 nor</del> more 11 than\$500 per biennium<del>\$250</del>. (4) Counties and municipalities applying for licenses 12 under this act shall be exempt from the payment of the license 13 14 fees. 15 (5) The license shall be displayed in a conspicuous place inside the clinic. 16 17 (6) A license shall be valid only for the clinic to which it is issued, and it shall not be subject to sale, 18 19 assignment, or other transfer, voluntary or involuntary. No 20 license shall be valid for any premises other than those for which it was originally issued. 21 Section 21. Sections 390.015, 390.016, and 390.017, 22 Florida Statutes, are repealed. 23 24 Section 22. Section 390.018, Florida Statutes, is 25 amended to read: 26 390.018 Administrative fine penalty in lieu of revocation or suspension. -- In addition to the requirements of 27 part II of chapter 408 If the agency finds that one or more 28 29 grounds exist for the revocation or suspension of a license issued to an abortion clinic, the agency may, in lieu of such 30 31 suspension or revocation, impose a fine upon the clinic in an 53

1 amount not to exceed \$1,000 for each violation of any provision of this part, part II of chapter 408, or applicable 2 3 rules. The fine shall be paid to the agency within 60 days 4 from the date of entry of the administrative order. If the 5 licensee fails to pay the fine in its entirety to the agency б within the period allowed, the license of the licensee shall 7 stand suspended, revoked, or renewal or continuation may be refused, as the case may be, upon expiration of such period 8 9 and without any further administrative or judicial 10 proceedings. 11 Section 23. Sections 390.019 and 390.021, Florida 12 Statutes, are repealed. Section 24. Subsection (13) of section 394.455, 13 Florida Statutes, is amended to read: 14 15 394.455 Definitions.--As used in this part, unless the context clearly requires otherwise, the term: 16 17 (13) "Hospital" means a facility defined in s. 395.002 and licensed under chapter 395. 18 19 Section 25. Section 394.67, Florida Statutes, is amended to read: 20 394.67 Definitions.--As used in this part, the term: 21 22 (1)"Agency" means the Agency for Health Care 23 Administration. 24 (2) "Applicant" means an individual applicant, or any 25 officer, director, agent, managing employee, or affiliated person, or any partner or shareholder having an ownership 26 interest equal to a 5-percent or greater interest in the 27 28 corporation, partnership, or other business entity. 29 (2)(3) "Client" means any individual receiving services in any substance abuse or mental health facility, 30 31 program, or service, which facility, program, or service is 54

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operated, funded, or regulated by the agency and the 1 2 department or regulated by the agency. 3 (3)(4) "Crisis services" means short-term evaluation, 4 stabilization, and brief intervention services provided to a 5 person who is experiencing an acute mental or emotional б crisis, as defined in subsection(17)(18), or an acute substance abuse crisis, as defined in subsection(18)(19), to 7 prevent further deterioration of the person's mental health. 8 Crisis services are provided in settings such as a crisis 9 10 stabilization unit, an inpatient unit, a short-term 11 residential treatment program, a detoxification facility, or an addictions receiving facility; at the site of the crisis by 12 13 a mobile crisis response team; or at a hospital on an outpatient basis. 14 (4)(5) "Crisis stabilization unit" means a program 15 that provides an alternative to inpatient hospitalization and 16 17 that provides brief, intensive services 24 hours a day, 7 days a week, for mentally ill individuals who are in an acutely 18 19 disturbed state. 20 (5) "Department" means the Department of Children 21 and Family Services. (6) (7) "Director" means any member of the official 22 board of directors reported in the organization's annual 23 24 corporate report to the Florida Department of State, or, if no 25 such report is made, any member of the operating board of directors. The term excludes members of separate, restricted 26 boards that serve only in an advisory capacity to the 27 28 operating board. 29 (7)(8) "District administrator" means the person appointed by the Secretary of Children and Family Services for 30 31 55 CODING: Words stricken are deletions; words underlined are additions. the purpose of administering a department service district as
 set forth in s. 20.19.

3 <u>(8)(9)</u> "District plan" or "plan" means the combined 4 district substance abuse and mental health plan approved by 5 the district administrator and governing bodies in accordance 6 with this part.

7 <u>(9)(10)</u> "Federal funds" means funds from federal 8 sources for substance abuse or mental health facilities and 9 programs, exclusive of federal funds that are deemed eligible 10 by the Federal Government, and are eligible through state 11 regulation, for matching purposes.

12 <u>(10)(11)</u> "Governing body" means the chief legislative 13 body of a county, a board of county commissioners, or boards 14 of county commissioners in counties acting jointly, or their 15 counterparts in a charter government.

16 <u>(11)(12)</u> "Health and human services board" or "board" 17 means the board within a district or subdistrict of the 18 department which is established in accordance with s. 20.19 19 and designated in this part for the purpose of assessing the 20 substance abuse and mental health needs of the community and 21 developing a plan to address those needs.

22 (12)(13) "Licensed facility" means a facility licensed
 23 in accordance with this chapter.

24 <u>(13)(14)</u> "Local matching funds" means funds received 25 from governing bodies of local government, including city 26 commissions, county commissions, district school boards, 27 special tax districts, private hospital funds, private gifts, 28 both individual and corporate, and bequests and funds received 29 from community drives or any other sources.

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1 (14)(15) "Managing employee" means the administrator 2 or other similarly titled individual who is responsible for 3 the daily operation of the facility. 4 (15)(16) "Mental health services" means those 5 therapeutic interventions and activities that help to б eliminate, reduce, or manage symptoms or distress for persons 7 who have severe emotional distress or a mental illness and to 8 effectively manage the disability that often accompanies a 9 mental illness so that the person can recover from the mental 10 illness, become appropriately self-sufficient for his or her 11 age, and live in a stable family or in the community. The term also includes those preventive interventions and activities 12 that reduce the risk for or delay the onset of mental 13 disorders. The term includes the following types of services: 14 15 (a) Treatment services, such as psychiatric medications and supportive psychotherapies, which are intended 16 17 to reduce or ameliorate the symptoms of severe distress or 18 mental illness. 19 (b) Rehabilitative services, which are intended to 20 reduce or eliminate the disability that is associated with 21 mental illness. Rehabilitative services may include assessment of personal goals and strengths, readiness preparation, 22 specific skill training, and assistance in designing 23 24 environments that enable individuals to maximize their functioning and community participation. 25 Support services, which include services that 26 (C) assist individuals in living successfully in environments of 27 28 their choice. Such services may include income supports, 29 social supports, housing supports, vocational supports, or accommodations related to the symptoms or disabilities 30 31 associated with mental illness. 57

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1	(d) Case management services, which are intended to
1 2	assist individuals in obtaining the formal and informal
3	resources that they need to successfully cope with the
4	consequences of their illness. Resources may include treatment
5	or rehabilitative or supportive interventions by both formal
6	and informal providers. Case management may include an
7	assessment of client needs; intervention planning with the
, 8	client, his or her family, and service providers; linking the
9	client to needed services; monitoring service delivery;
10	evaluating the effect of services and supports; and advocating
11	on behalf of the client.
11	on benall of the client.
13	Mental health services may be delivered in a variety of
14	settings, such as inpatient, residential, partial hospital,
15	day treatment, outpatient, club house, or a drop-in or
16	self-help center, as well as in other community settings, such
17	as the client's residence or workplace. The types and
18	intensity of services provided shall be based on the client's
19	clinical status and goals, community resources, and
20	preferences. Services such as assertive community treatment
21	involve all four types of services which are delivered by a
22	multidisciplinary treatment team that is responsible for
23	identified individuals who have a serious mental illness.
24	(16) (17) "Patient fees" means compensation received by
25	a community substance abuse or mental health facility for
26	services rendered to a specific client from any source of
27	funds, including city, county, state, federal, and private
28	sources.
29	(17)(18) "Person who is experiencing an acute mental
30	or emotional crisis" means a child, adolescent, or adult who
31	is experiencing a psychotic episode or a high level of mental
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COD	<b>ING:</b> Words stricken are deletions; words underlined are additions.

1 or emotional distress which may be precipitated by a traumatic 2 event or a perceived life problem for which the individual's 3 typical coping strategies are inadequate. The term includes an 4 individual who meets the criteria for involuntary examination 5 specified in s. 394.463(1). б (18) (19) "Person who is experiencing an acute 7 substance abuse crisis" means a child, adolescent, or adult who is experiencing a medical or emotional crisis because of 8 9 the use of alcoholic beverages or any psychoactive or 10 mood-altering substance. The term includes an individual who 11 meets the criteria for involuntary admission specified in s. 397.675. 12 13 (19) (20) "Premises" means those buildings, beds, and 14 facilities located at the main address of the licensee and all other buildings, beds, and facilities for the provision of 15 acute or residential care which are located in such reasonable 16 17 proximity to the main address of the licensee as to appear to the public to be under the dominion and control of the 18 19 licensee. 20 (20)(21) "Program office" means the Mental Health Program Office of the Department of Children and Family 21 22 Services. (21)(22) "Residential treatment center for children 23 24 and adolescents" means a 24-hour residential program, 25 including a therapeutic group home, which provides mental health services to emotionally disturbed children or 26 adolescents as defined in s. 394.492(5) or (6) and which is a 27 private for-profit or not-for-profit corporation under 28 29 contract with the department which offers a variety of treatment modalities in a more restrictive setting. 30 31 59

1 (22)(23) "Residential treatment facility" means a 2 facility providing residential care and treatment to 3 individuals exhibiting symptoms of mental illness who are in need of a 24-hour-per-day, 7-day-a-week structured living 4 5 environment, respite care, or long-term community placement. б (23) "Short-term residential treatment facility" means 7 a program that provides an alternative to inpatient 8 hospitalization and that provides brief, intensive services 24 hours a day, 7 days a week, for mentally ill individuals who 9 10 are temporarily in need of a 24-hour-a-day structured 11 therapeutic setting in a less restrictive, but longer-stay 12 alternative to hospitalization. (24) "Sliding fee scale" means a schedule of fees for 13 identified services delivered by a service provider which are 14 based on a uniform schedule of discounts deducted from the 15 service provider's usual and customary charges. These charges 16 17 must be consistent with the prevailing market rates in the community for comparable services. 18 19 (25) "Substance abuse services" means services designed to prevent or remediate the consequences of substance 20 21 abuse, improve an individual's quality of life and 22 self-sufficiency, and support long-term recovery. The term includes the following service categories: 23 24 (a) Prevention services, which include information dissemination; education regarding the consequences of 25 substance abuse; alternative drug-free activities; problem 26 27 identification; referral of persons to appropriate prevention 28 programs; community-based programs that involve members of 29 local communities in prevention activities; and environmental strategies to review, change, and enforce laws that control 30 31 the availability of controlled and illegal substances. 60

1	(b) Assessment services, which include the evaluation
2	of individuals and families in order to identify their
3	strengths and determine their required level of care,
4	motivation, and need for treatment and ancillary services.
5	(c) Intervention services, which include early
6	identification, short-term counseling and referral, and
7	outreach.
8	(d) Rehabilitation services, which include
9	residential, outpatient, day or night, case management,
10	in-home, psychiatric, and medical treatment, and methadone or
11	medication management.
12	(e) Ancillary services, which include self-help and
13	other support groups and activities; aftercare provided in a
14	structured, therapeutic environment; supported housing;
15	supported employment; vocational services; and educational
16	services.
17	Section 26. Section 394.875, Florida Statutes, is
18	amended to read:
19	394.875 Crisis stabilization units, short-term
20	residential treatment facilities, residential treatment
21	facilities, and residential treatment centers for children and
22	adolescents; authorized services; license required;
23	penalties
24	(1)(a) The purpose of a crisis stabilization unit is
25	to stabilize and redirect a client to the most appropriate and
26	least restrictive community setting available, consistent with
27	the client's needs. Crisis stabilization units may screen,
28	assess, and admit for stabilization persons who present
29	themselves to the unit and persons who are brought to the unit
30	under s. 394.463. Clients may be provided 24-hour
31	observation, medication prescribed by a physician or
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psychiatrist, and other appropriate services. Crisis 1 2 stabilization units shall provide services regardless of the 3 client's ability to pay and shall be limited in size to a maximum of 30 beds. 4 5 (b) The purpose of a short-term residential treatment б unit is to provide intensive services in a 24-hour-a-day 7 structured therapeutic setting as a less restrictive, but 8 longer-stay alternative to hospitalization. 9 (c)(b) The purpose of a residential treatment facility 10 is to be a part of a comprehensive treatment program for 11 mentally ill individuals in a community-based residential 12 setting. 13 (d) (c) The purpose of a residential treatment center 14 for children and adolescents is to provide mental health 15 assessment and treatment services pursuant to ss. 394.491, 394.495, and 394.496 to children and adolescents who meet the 16 17 target population criteria specified in s. 394.493(1)(a), (b), or (c). 18 19 (2) The requirements of part II of chapter 408 apply to the provision of services that necessitate licensure 20 pursuant to ss. 394.455-394.904 and part II of chapter 408 and 21 22 to entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to ss. 23 24 394.455-394.904. However, an applicant for licensure is exempt 25 from the provisions of s. 408.810(8), (9), and (10). It is unlawful for any entity to hold itself out as a crisis 26 27 stabilization unit, a residential treatment facility, or a 28 residential treatment center for children and adolescents, or 29 to act as a crisis stabilization unit, a residential treatment 30 facility, or a residential treatment center for children and 31

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1 adolescents, unless it is licensed by the agency pursuant to 2 this chapter. 3 (3) Any person who violates subsection (2) is guilty of a misdemeanor of the first degree, punishable as provided 4 5 in s. 775.082 or s. 775.083. б (4) The agency may maintain an action in circuit court 7 to enjoin the unlawful operation of a crisis stabilization 8 unit, a residential treatment facility, or a residential treatment center for children and adolescents if the agency 9 10 first gives the violator 14 days' notice of its intention to 11 maintain such action and if the violator fails to apply for licensure within such 14-day period. 12 13 (3) (5) The following entities are exempt from 14 licensure as required in ss. 394.455-394.904 Subsection (2) 15 does not apply to: (a) Hospitals licensed under chapter 395 or programs 16 operated within such hospitals. Homes for special services 17 licensed under chapter 400; or 18 19 (b) Nursing homes licensed under chapter 400. 20 (c) Comprehensive transitional education programs 21 licensed under s. 393.067. 22 (4) (4) (6) The department, in consultation with the agency, may establish multiple license classifications for 23 24 residential treatment facilities. 25 (5) (7) The agency may not issue a license to a crisis stabilization unit unless the unit receives state mental 26 27 health funds and is affiliated with a designated public 28 receiving facility. 29 (6) (6) (8) The agency may issue a license for a crisis 30 stabilization unit or short-term residential treatment 31 facility, certifying the number of authorized beds for such 63

facility as indicated by existing need and available 1 2 appropriations. The agency may disapprove an application for 3 such a license if it determines that a facility should not be 4 licensed pursuant to the provisions of this chapter. Any 5 facility operating beds in excess of those authorized by the б agency shall, upon demand of the agency, reduce the number of 7 beds to the authorized number, forfeit its license, or provide 8 evidence of a license issued pursuant to chapter 395 for the 9 excess beds.

10 (7)(9) A children's crisis stabilization unit which 11 does not exceed 20 licensed beds and which provides separate facilities or a distinct part of a facility, separate 12 13 staffing, and treatment exclusively for minors may be located 14 on the same premises as a crisis stabilization unit serving adults. The department, in consultation with the agency, shall 15 adopt rules governing facility construction, staffing and 16 17 licensure requirements, and the operation of such units for 18 minors.

19 (8) (10) The department, in consultation with the agency, must adopt rules governing a residential treatment 20 center for children and adolescents which specify licensure 21 standards for: admission; length of stay; program and 22 staffing; discharge and discharge planning; treatment 23 24 planning; seclusion, restraints, and time-out; rights of patients under s. 394.459; use of psychotropic medications; 25 and standards for the operation of such centers. 26

27 <u>(9)(11)</u> Notwithstanding the provisions of subsection
28 (6)(8), crisis stabilization units may not exceed their
29 licensed capacity by more than 10 percent, nor may they exceed
30 their licensed capacity for more than 3 consecutive working
31 days or for more than 7 days in 1 month.

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1	(10) (12) Notwithstanding the other provisions of this
2	section, any facility licensed under former chapter 396 and
3	chapter 397 for detoxification, residential level I care, and
4	outpatient treatment may elect to license concurrently all of
5	the beds at such facility both for that purpose and as a
6	long-term residential treatment facility pursuant to this
7	section, if all of the following conditions are met:
8	(a) The licensure application is received by the
9	department prior to January 1, 1993.
10	(b) On January 1, 1993, the facility was licensed
11	under former chapter 396 and chapter 397 as a facility for
12	detoxification, residential level I care, and outpatient
13	treatment of substance abuse.
14	(c) The facility restricted its practice to the
15	treatment of law enforcement personnel for a period of at
16	least 12 months beginning after January 1, 1992.
17	(d) The number of beds to be licensed under this
18	chapter is equal to or less than the number of beds licensed
19	under former chapter 396 and chapter 397 as of January 1,
20	1993.
21	(e) The licensee agrees in writing to a condition
22	placed upon the license that the facility will limit its
23	treatment exclusively to law enforcement personnel and their
24	immediate families who are seeking admission on a voluntary
25	basis and who are exhibiting symptoms of posttraumatic stress
26	disorder or other mental health problems, including drug or
27	alcohol abuse, which are directly related to law enforcement
28	work and which are amenable to verbal treatment therapies; the
29	licensee agrees to coordinate the provision of appropriate
30	postresidential care for discharged individuals; and the
31	licensee further agrees in writing that a failure to meet any
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1 condition specified in this paragraph shall constitute grounds 2 for a revocation of the facility's license as a residential 3 treatment facility. (f) The licensee agrees that the facility will meet 4 5 all licensure requirements for a residential treatment 6 facility, including minimum standards for compliance with 7 lifesafety requirements, except those licensure requirements 8 which are in express conflict with the conditions and other 9 provisions specified in this subsection. 10 (q) The licensee agrees that the conditions stated in 11 this subsection must be agreed to in writing by any person acquiring the facility by any means. 12 13 Any facility licensed under this subsection is not required to 14 15 provide any services to any persons except those included in the specified conditions of licensure, and is exempt from any 16 17 requirements related to the 60-day or greater average length of stay imposed on community-based residential treatment 18 19 facilities otherwise licensed under this chapter. 20 (13) Each applicant for licensure must comply with the 21 following requirements: 22 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in 23 24 accordance with the level 2 standards for screening set forth 25 in chapter 435, of the managing employee and financial officer, or other similarly titled individual who is 26 27 responsible for the financial operation of the facility, 28 including billings for client care and services. The applicant 29 must comply with the procedures for level 2 background 30 screening as set forth in chapter 435, as well as the 31 requirements of s. 435.03(3). 66

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1	(b) The agency may require background screening of any
2	other individual who is an applicant if the agency has
3	<del>probable cause to believe that he or she has been convicted of</del>
4	a crime or has committed any other offense prohibited under
5	the level 2 standards for screening set forth in chapter 435.
6	(c) Proof of compliance with the level 2 background
7	screening requirements of chapter 435 which has been submitted
8	within the previous 5 years in compliance with any other
9	health care licensure requirements of this state is acceptable
10	in fulfillment of the requirements of paragraph (a).
11	(d) A provisional license may be granted to an
12	applicant when each individual required by this section to
13	undergo background screening has met the standards for the
14	Department of Law Enforcement background check, but the agency
15	has not yet received background screening results from the
16	Federal Bureau of Investigation, or a request for a
17	disqualification exemption has been submitted to the agency as
18	<del>set forth in chapter 435, but a response has not yet been</del>
19	issued. A standard license may be granted to the applicant
20	upon the agency's receipt of a report of the results of the
21	Federal Bureau of Investigation background screening for each
22	individual required by this section to undergo background
23	screening which confirms that all standards have been met, or
24	upon the granting of a disqualification exemption by the
25	agency as set forth in chapter 435. Any other person who is
26	required to undergo level 2 background screening may serve in
27	his or her capacity pending the agency's receipt of the report
28	from the Federal Bureau of Investigation. However, the person
29	may not continue to serve if the report indicates any
30	violation of background screening standards and a
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1 disqualification exemption has not been requested of and 2 granted by the agency as set forth in chapter 435. 3 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 4 5 permanent suspensions, or terminations of the applicant from 6 the Medicare or Medicaid programs. Proof of compliance with 7 the requirements for disclosure of ownership and control 8 interests under the Medicaid or Medicare programs shall be accepted in lieu of this submission. 9 10 (f) Each applicant must submit to the agency a 11 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 12 member of the board of directors of the applicant, its 13 officers, or any individual owning 5 percent or more of the 14 applicant. This requirement does not apply to a director of a 15 not-for-profit corporation or organization if the director 16 17 serves solely in a voluntary capacity for the corporation or 18 organization, does not regularly take part in the day-to-day 19 operational decisions of the corporation or organization, receives no remuneration for his or her services on the 20 21 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 22 interest in the corporation or organization, provided that the 23 24 director and the not-for-profit corporation or organization 25 include in the application a statement affirming that the 26 director's relationship to the corporation satisfies the 27 requirements of this paragraph. 28 (q) A license may not be granted to an applicant if 29 the applicant or managing employee has been found guilty of, 30 regardless of adjudication, or has entered a plea of nolo 31 contendere or guilty to, any offense prohibited under the 68

1 level 2 standards for screening set forth in chapter 435, 2 unless an exemption from disqualification has been granted by 3 the agency as set forth in chapter 435. 4 (h) The agency may deny or revoke licensure if the 5 applicant: б 1. Has falsely represented a material fact in the 7 application required by paragraph (e) or paragraph (f), or has 8 omitted any material fact from the application required by 9 paragraph (e) or paragraph (f); or 10 2. Has had prior action taken against the applicant 11 under the Medicaid or Medicare program as set forth in 12 paragraph (e). 13 (i) An application for license renewal must contain 14 the information required under paragraphs (e) and (f). Section 27. Section 394.876, Florida Statutes, is 15 16 repealed. 17 Section 28. Section 394.877, Florida Statutes, is 18 amended to read: 19 394.877 Fees.--(1) In accordance with s. 408.805, an applicant or 20 21 licensee shall pay a fee for each license application 22 submitted under this part and part II of chapter 408. The amount of the fee shall be established by rule. Each 23 24 application for licensure or renewal must be accompanied by a 25 fee set by the department, in consultation with the agency, by rule.Such fees shall be reasonably calculated to cover only 26 the cost of regulation under this chapter. 27 (2) All fees collected under this section shall be 28 29 deposited in the Health Care Trust Fund. 30 Section 29. Section 394.878, Florida Statutes, is 31 amended to read:

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1 394.878 Issuance and renewal of licenses.--(1) Upon review of the application for licensure and 2 3 receipt of appropriate fees, the agency shall issue an original or renewal license to any applicant that meets the 4 5 requirements of this chapter. б (2) A license is valid for a period of 1 year. An 7 applicant for renewal of a license shall apply to the agency 8 no later than 90 days before expiration of the current <del>license.</del> 9 10 (3) A license may not be transferred from one entity 11 to another and is valid only for the premises for which it was originally issued. For the purposes of this subsection, 12 "transfer" includes, but is not limited to, transfer of a 13 majority of the ownership interests in a licensee or transfer 14 of responsibilities under the license to another entity by 15 16 contractual arrangement. 17 (4) Each license shall state the services which the 18 licensee is required or authorized to perform and the maximum 19 residential capacity of the licensed premises. 20 (1) (1) (5) The agency may issue a probationary license to 21 an applicant that has completed the application requirements of this chapter but has not, at the time of the application, 22 23 developed an operational crisis stabilization unit or 24 residential treatment facility. The probationary license shall expire 90 days after issuance and may once be renewed 25 for an additional 90-day period. The agency may cancel a 26 27 probationary license at any time. 28 (2) (6) The agency may issue an interim license to an 29 applicant that has substantially completed all application 30 requirements and has initiated action to fully meet such 31 requirements. The interim license shall expire 90 days after 70

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1 issuance and, in cases of extreme hardship, may once be 2 renewed for an additional 90-day period. 3 (7) Any applicant which fails to file an application for license renewal during the 90-day relicensure period shall 4 5 be considered unlicensed and subject to penalties pursuant to б s. 394.875. 7 Section 30. Subsections (1), (3), and (4) of section 8 394.879, Florida Statutes, are amended to read: 394.879 Rules; enforcement.--9 10 (1) The agency, in consultation with the department, 11 may adopt rules to administer part II of chapter 408. The department, in consultation with the agency, shall adopt rules 12 13 pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including, at a minimum, rules 14 providing standards to ensure that: 15 (a) Sufficient numbers and types of qualified 16 17 personnel are on duty and available at all times to provide necessary and adequate client safety and care. 18 19 (b) Adequate space is provided each client of a 20 licensed facility. 21 (c) Licensed facilities are limited to an appropriate number of beds. 22 23 (d) Each licensee establishes and implements adequate 24 infection control, housekeeping, sanitation, disaster planning, and medical recordkeeping. 25 (e) Licensed facilities are established, organized, 26 27 and operated in accordance with programmatic standards of the 28 department. 29 (f) The operation and purposes of these facilities 30 assure individuals' health, safety, and welfare. 31 71

1 (3) The department, in consultation with the agency, 2 shall allow any licensed facility in operation at the time of 3 adoption of any rule a reasonable period, not to exceed 1 4 year, to bring itself into compliance with department rules 5 such rule. б (4) In accordance with part II of chapter 408, the 7 agency may impose an administrative penalty of no more than 8 \$500 per day against any licensee that violates any rule 9 adopted pursuant to this section and may suspend or revoke the 10 license or deny the renewal application of such licensee. In 11 imposing such penalty, the agency shall consider the severity of the violation, actions taken by the licensee to correct the 12 13 violation, and previous violations by the licensee. Fines collected under this subsection shall be deposited in the 14 Mental Health Facility Licensing Trust Fund. 15 Section 31. Paragraph (a) of subsection (1) of section 16 17 394.90, Florida Statutes, is amended to read: 394.90 Inspection; right of entry; records.--18 19 (1)(a) The department and the agency, in accordance 20 with s. 408.811, may enter and inspect at any time a licensed 21 facility to determine whether the facility is in compliance 22 with this chapter and applicable the rules of the department. Section 32. Section 394.902, Florida Statutes, is 23 24 amended to read: 25 394.902 Denial, suspension, and revocation; other 26 remedies.--27 (1) The agency may issue an emergency order suspending 28 or revoking a license if the agency determines that the 29 continued operation of the licensed facility presents a clear 30 and present danger to the public health or safety. 31

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1 (2) The agency may impose a moratorium on elective 2 admissions to a licensee or any program or portion of a 3 licensed facility if the agency determines that any condition in the facility presents a threat to the public health or 4 5 safety. б (3) If the agency determines that an applicant or 7 licensee is not in compliance with this chapter or the rules 8 adopted under this chapter, the agency may deny, suspend, or 9 revoke the license or application or may suspend, revoke, or 10 impose reasonable restrictions on any portion of the license. 11 If a license is revoked, the licensee is barred from submitting any application for licensure to the agency for a 12 period of 6 months following revocation. 13 (4) The agency may maintain an action in circuit court 14 to enjoin the operation of any licensed or unlicensed facility 15 in violation of this chapter or the rules adopted under this 16 17 <del>chapter.</del> (5) License denial, suspension, or revocation 18 19 procedures shall be in accordance with chapter 120. 20 Section 33. Subsection (4) of section 395.002, Florida Statutes, is repealed. 21 Section 34. Section 395.003, Florida Statutes, is 22 23 amended to read: 24 395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation .--25 26 (1)(a) The requirements of part II of chapter 408 27 apply to the provision of services that necessitate licensure 28 pursuant to ss. 395.001-395.1065 and part II of chapter 408 29 and to entities licensed by or applying for such licensure 30 from the Agency for Health Care Administration pursuant to ss. 31

1 395.001-395.1065. However, an applicant for licensure is exempt from certain requirements of s. 408.810, as follows: 2 3 (a) An applicant for an ambulatory surgery center or a mobile surgical facility license is exempt from s. 4 5 408.810(7) - (10); and б (b) An applicant for a hospital license is exempt from 7 s. 408.810(7)-(9). No person shall establish, conduct, or 8 maintain a hospital, ambulatory surgical center, or mobile 9 surgical facility in this state without first obtaining a 10 license under this part. 11 (2)(a) (b)1. A It is unlawful for any person may not to use or advertise to the public, in any way or by any medium 12 whatsoever, any facility as a "hospital," "ambulatory surgical 13 center," or "mobile surgical facility" unless such facility 14 has first secured a license under the provisions of this part. 15 (b)2. Nothing in This part does not apply applies to 16 17 veterinary hospitals or to commercial business establishments using the word "hospital," "ambulatory surgical center," or 18 19 "mobile surgical facility" as a part of a trade name if no 20 treatment of human beings is not performed on the premises of 21 such establishments. (2)(a) Upon the receipt of an application for a 22 license and the license fee, the agency shall issue a license 23 24 if the applicant and facility have received all approvals 25 required by law and meet the requirements established under this part and in rules. Such license shall include all beds 26 27 and services located on the premises of the facility. 28 (b) A provisional license may be issued to a new 29 facility or a facility that is in substantial compliance with this part and with the rules of the agency. A provisional 30 31 license shall be granted for a period of no more than 1 year 74

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and shall expire automatically at the end of its term. A
 provisional license may not be renewed.

3 (c) A license, unless sooner suspended or revoked, 4 shall automatically expire 2 years from the date of issuance and shall be renewable biennially upon application for renewal 5 б and payment of the fee prescribed by s. 395.004(2), provided the applicant and licensed facility meet the requirements 7 8 established under this part and in rules. An application for 9 renewal of a license shall be made 90 days prior to expiration 10 of the license, on forms provided by the agency.

11 (3)(d) The agency shall, at the request of a licensee, issue a single license to a licensee for facilities located on 12 13 separate premises. Such a license shall specifically state the location of the facilities, the services, and the licensed 14 beds available on each separate premises. If a licensee 15 requests a single license, the licensee shall designate which 16 17 facility or office is responsible for receipt of information, payment of fees, service of process, and all other activities 18 19 necessary for the agency to carry out the provisions of this 20 part.

(4) (4) (e) The agency shall, at the request of a licensee 21 that is a teaching hospital as defined in s. 408.07(44), issue 22 a single license to a licensee for facilities that have been 23 24 previously licensed as separate premises, provided such separately licensed facilities, taken together, constitute the 25 same premises as defined in s. 395.002(24). Such license for 26 27 the single premises shall include all of the beds, services, 28 and programs that were previously included on the licenses for 29 the separate premises. The granting of a single license under this paragraph shall not in any manner reduce the number of 30 31 beds, services, or programs operated by the licensee.

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1	(5) <del>(f)</del> Intensive residential treatment programs for
2	children and adolescents which have received accreditation
3	from the Joint Commission on Accreditation of Healthcare
4	Organizations and which meet the minimum standards developed
5	by rule of the agency for such programs shall be licensed by
6	the agency under this part.
7	(3)(a) Each license shall be valid only for the person
8	to whom it is issued and shall not be sold, assigned, or
9	otherwise transferred, voluntarily or involuntarily. A
10	license is only valid for the premises for which it was
11	originally issued.
12	(b)1. An application for a new license is required if
13	ownership, a majority of the ownership, or controlling
14	interest of a licensed facility is transferred or assigned and
15	when a lessee agrees to undertake or provide services to the
16	extent that legal liability for operation of the facility
17	rests with the lessee. The application for a new license
18	<del>showing such change shall be made at least 60 days prior to</del>
19	the date of the sale, transfer, assignment, or lease.
20	(6) <sup>2.</sup> After a change of ownership has occurred, the
21	transferee shall be liable for any liability to the state,
22	regardless of when identified, resulting from changes to
23	allowable costs affecting provider reimbursement for Medicaid
24	participation or Public Medical Assistance Trust Fund
25	Assessments, and related administrative fines. The
26	transferee, simultaneously with the transfer of ownership,
27	<del>shall pay or make arrangements to pay to the agency or the</del>
28	department any amount owed to the agency or the department;
29	payment assurances may be in the form of an irrevocable credit
30	instrument or payment bond acceptable to the agency or the
31	department provided by or on behalf of the transferor. The
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issuance of a license to the transferee shall be delayed 1 2 pending payment or until arrangement for payment acceptable to 3 the agency or the department is made. (7) (4) The agency shall issue a license which 4 5 specifies the service categories and the number of hospital б beds in each bed category for which a license is received. 7 Such information shall be listed on the face of the license. 8 All beds which are not covered by any specialty-bed-need 9 methodology shall be specified as general beds. A licensed 10 facility shall not operate a number of hospital beds greater 11 than the number indicated by the agency on the face of the license without approval from the agency under conditions 12 13 established by rule. 14 (8)(5)(a) Adherence to patient rights, standards of 15 care, and examination and placement procedures provided under part I of chapter 394 shall be a condition of licensure for 16 17 hospitals providing voluntary or involuntary medical or psychiatric observation, evaluation, diagnosis, or treatment. 18 19 (b) Any hospital that provides psychiatric treatment 20 to persons under 18 years of age who have emotional 21 disturbances shall comply with the procedures pertaining to the rights of patients prescribed in part I of chapter 394. 22 (9)(6) A No specialty hospital may not shall provide 23 24 any service or regularly serve any population group beyond 25 those services or groups specified in its license. (7) Licenses shall be posted in a conspicuous place on 26 27 each of the licensed premises. 28 (10) (10) (8) In addition to the requirements of ss. 29 408.801-408.819, whenever the agency finds that there has been a substantial failure to comply with the requirements 30 31

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1 established under this part or in rules, the agency is authorized to deny, modify, suspend, or revoke: 2 3 (a) A license; That part of a license which is limited to a 4 (b) 5 separate premises, as designated on the license; or 6 (c) Licensure approval limited to a facility, 7 building, or portion thereof, or a service, within a given premises. 8 9 Section 35. Section 395.004, Florida Statutes, is 10 amended to read: 11 395.004 Application for license, Fees; expenses.--(1) In accordance with s. 408.805, an applicant or 12 licensee shall pay a fee for each license application 13 submitted under this part and ss. 408.801-408.819. The amount 14 of the fee shall be established by rule An application for a 15 license or renewal thereof shall be made under oath to the 16 17 agency, upon forms provided by it, and shall contain such 18 information as the agency reasonably requires, which may 19 include affirmative evidence of ability to comply with 20 applicable laws and rules. 21 (2) Each application for a general hospital license, specialty hospital license, ambulatory surgical center 22 license, or mobile surgical facility license, or renewal 23 24 thereof, shall be accompanied by a license fee, in accordance with the following schedule: 25 (a) The biennial license, provisional license, and 26 27 license renewal fee required of a facility licensed under this part shall be reasonably calculated to cover the cost of 28 29 regulation under this part and shall be established by rule at the rate of not less than \$9.50 per hospital bed, nor more 30 31 than \$30 per hospital bed, except that the minimum license fee 78

1 shall be \$1,500 and the total fees collected from all licensed 2 facilities may not exceed the cost of properly carrying out 3 the provisions of this part. (b) Such fees shall be paid to the agency and shall be 4 5 deposited in the Planning and Regulation Trust Fund of the б agency, which is hereby created, for the sole purpose of carrying out the provisions of this part. 7 8 Section 36. Section 395.0055, Florida Statutes, is 9 repealed. 10 Section 37. Section 395.0161, Florida Statutes, is 11 amended to read: 395.0161 Licensure inspection.--12 (1) In accordance with s. 408.811, the agency shall 13 make or cause to be made such inspections and investigations 14 15 as it deems necessary, including: (a) Inspections directed by the Health Care Financing 16 17 Administration. 18 (b) Validation inspections. 19 (c) Lifesafety inspections. 20 (d) Licensure complaint investigations, including full 21 licensure investigations with a review of all licensure standards as outlined in the administrative rules. Complaints 22 received by the agency from individuals, organizations, or 23 24 other sources are subject to review and investigation by the 25 agency. (e) Emergency access complaint investigations. 26 27 (f) inspections of mobile surgical facilities at each 28 time a facility establishes a new location, prior to the 29 admission of patients. However, such inspections shall not be required when a mobile surgical facility is moved temporarily 30 31 to a location where medical treatment will not be provided. 79

1	(2) The agency shall accept, in lieu of its own
2	periodic inspections for licensure, the survey or inspection
3	of an accrediting organization, provided the accreditation of
4	the licensed facility is not provisional and provided the
5	licensed facility authorizes release of, and the agency
6	receives the report of, the accrediting organization. The
7	agency shall develop, and adopt by rule, criteria for
8	accepting survey reports of accrediting organizations in lieu
9	of conducting a state licensure inspection.
10	(3) In accordance with s. 408.805, an applicant or
11	licensee shall pay a fee for each license application
12	submitted under this part and part II of chapter 408.With the
13	exception of state-operated licensed facilities, each facility
14	licensed under this part shall pay to the agency, at the time
15	of inspection, the following fees:
16	(a) Inspection for licensureA fee shall be paid
17	which is not less than \$8 per hospital bed, nor more than \$12
18	per hospital bed, except that the minimum fee shall be \$400
19	per facility.
20	(b) Inspection for lifesafety onlyA fee shall be
21	paid which is not less than 75 cents per hospital bed, nor
22	more than \$1.50 per hospital bed, except that the minimum fee
23	shall be \$40 per facility.
24	(4) The agency shall coordinate all periodic
25	inspections for licensure made by the agency to ensure that
26	the cost to the facility of such inspections and the
27	disruption of services by such inspections is minimized.
28	Section 38. <u>Section 395.0162, Florida Statutes, is</u>
29	repealed.
30	Section 39. Subsections (2) and (3) of section
31	395.0163, Florida Statutes, are amended to read:
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1 395.0163 Construction inspections; plan submission and 2 approval; fees.--3 (2) (2) (a) The agency is authorized to charge an initial 4 fee of \$2,000 for review of plans and construction on all 5 projects, no part of which is refundable. The agency may also б collect a fee, not to exceed 1 percent of the estimated 7 construction cost or the actual cost of review, whichever is 8 less, for the portion of the review which encompasses initial 9 review through the initial revised construction document 10 review. The agency is further authorized to collect its 11 actual costs on all subsequent portions of the review and construction inspections. The initial fee payment shall 12 13 accompany the initial submission of plans and specifications. 14 Any subsequent payment that is due is payable upon receipt of 15 the invoice from the agency. (b) Notwithstanding any other provisions of law to the 16 17 contrary, all moneys received by the agency pursuant to the provisions of this section shall be deposited in the Planning 18 19 and Regulation Trust Fund, as created by s. 395.004, to be 20 held and applied solely for the operations required under this 21 section. 22 (3) In accordance with s. 408.811, the agency shall inspect a mobile surgical facility at initial licensure and at 23 24 each time the facility establishes a new location, prior to admission of patients. However, such inspections shall not be 25 required when a mobile surgical facility is moved temporarily 26 27 to a location where medical treatment will not be provided. 28 Section 40. Subsection (2) of section 395.0197, 29 Florida Statutes, is amended to read: 30 395.0197 Internal risk management program.--31 81

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1	(2) The internal risk management program is the
2	responsibility of the governing board of the health care
3	facility. Each licensed facility shall use the services of
4	<del>hire</del> a risk manager, licensed under s. 395.10974, who is
5	responsible for implementation and oversight of such
6	facility's internal risk management program as required by
7	this section. A risk manager must not be made responsible for
8	more than four internal risk management programs in separate
9	hospitals licensed facilities, unless the hospitals facilities
10	are under one corporate ownership or the risk management
11	programs are in rural hospitals.
12	Section 41. Section 395.0199, Florida Statutes, is
13	amended to read:
14	395.0199 Private utilization review
15	(1) The purpose of this section is to:
16	(a) Promote the delivery of quality health care in a
17	cost-effective manner.
18	(b) Foster greater coordination between providers and
19	health insurers performing utilization review.
20	(c) Protect patients and insurance providers by
21	ensuring that private review agents are qualified to perform
22	utilization review activities and to make informed decisions
23	on the appropriateness of medical care.
24	(d) This section does not regulate the activities of
25	private review agents, health insurers, health maintenance
26	organizations, or hospitals, except as expressly provided
27	herein, or authorize regulation or intervention as to the
28	correctness of utilization review decisions of insurers or
29	private review agents.
30	(2) The requirements of part II of chapter 408 apply
31	to the provision of services that necessitate registration or
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1 licensure pursuant to this section and part II of chapter 408 and to persons registered by or applying for such registration 2 3 from the Agency for Health Care Administration pursuant to this section. However, an applicant for registration is exempt 4 5 from the provisions of ss. 408.810(5), (6), (7), (8), (9), and 6 (10) and 408.811. A private review agent conducting 7 utilization review as to health care services performed or 8 proposed to be performed in this state shall register with the 9 agency in accordance with this section. In accordance with s. 408.805, an applicant or 10 (3) 11 registrant shall pay a fee for each registration issued under this part and part II of chapter 408. The amount of the fee 12 shall be established by rule, Registration shall be made 13 annually with the agency on forms furnished by the agency and 14 shall be accompanied by the appropriate registration fee as 15 set by the agency. The fee shall be sufficient to pay for the 16 17 administrative costs of registering the agent, but may shall 18 not exceed \$250. The agency may also charge reasonable fees, 19 reflecting actual costs, to persons requesting copies of 20 registration. 21 (4) Each applicant for registration must comply with 22 the following requirements: 23 (a) Upon receipt of a completed, signed, and dated 24 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 25 in chapter 435, of the managing employee or other similarly 26 27 titled individual who is responsible for the operation of the entity. The applicant must comply with the procedures for 28 29 level 2 background screening as set forth in chapter 435, as 30 well as the requirements of s. 435.03(3). 31

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1	(b) The agency may require background screening of any
2	other individual who is an applicant, if the agency has
3	<del>probable cause to believe that he or she has been convicted of</del>
4	a crime or has committed any other offense prohibited under
5	the level 2 standards for screening set forth in chapter 435.
6	(c) Proof of compliance with the level 2 background
7	screening requirements of chapter 435 which has been submitted
8	within the previous 5 years in compliance with any other
9	health care licensure requirements of this state is acceptable
10	in fulfillment of the requirements of paragraph (a).
11	(d) A provisional registration may be granted to an
12	applicant when each individual required by this section to
13	undergo background screening has met the standards for the
14	Department of Law Enforcement background check, but the agency
15	has not yet received background screening results from the
16	Federal Bureau of Investigation, or a request for a
17	disqualification exemption has been submitted to the agency as
18	<del>set forth in chapter 435 but a response has not yet been</del>
19	issued. A standard registration may be granted to the
20	applicant upon the agency's receipt of a report of the results
21	of the Federal Bureau of Investigation background screening
22	for each individual required by this section to undergo
23	background screening which confirms that all standards have
24	been met, or upon the granting of a disqualification exemption
25	by the agency as set forth in chapter 435. Any other person
26	who is required to undergo level 2 background screening may
27	serve in his or her capacity pending the agency's receipt of
28	the report from the Federal Bureau of Investigation. However,
29	the person may not continue to serve if the report indicates
30	any violation of background screening standards and a
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1 disqualification exemption has not been requested of and 2 granted by the agency as set forth in chapter 435. 3 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 4 5 permanent suspensions, or terminations of the applicant from 6 the Medicare or Medicaid programs. Proof of compliance with 7 the requirements for disclosure of ownership and control 8 interests under the Medicaid or Medicare programs shall be accepted in lieu of this submission. 9 10 (f) Each applicant must submit to the agency a 11 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 12 member of the board of directors of the applicant, its 13 officers, or any individual owning 5 percent or more of the 14 applicant. This requirement does not apply to a director of a 15 not-for-profit corporation or organization if the director 16 17 serves solely in a voluntary capacity for the corporation or 18 organization, does not regularly take part in the day-to-day 19 operational decisions of the corporation or organization, receives no remuneration for his or her services on the 20 21 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 22 interest in the corporation or organization, provided that the 23 24 director and the not-for-profit corporation or organization include in the application a statement affirming that the 25 26 director's relationship to the corporation satisfies the 27 requirements of this paragraph. 28 (q) A registration may not be granted to an applicant 29 if the applicant or managing employee has been found guilty 30 of, regardless of adjudication, or has entered a plea of nolo 31 contendere or guilty to, any offense prohibited under the 85

1 level 2 standards for screening set forth in chapter 435, 2 unless an exemption from disqualification has been granted by 3 the agency as set forth in chapter 435. 4 (h) The agency may deny or revoke the registration if 5 any applicant: б 1. Has falsely represented a material fact in the 7 application required by paragraph (e) or paragraph (f), or has 8 omitted any material fact from the application required by 9 paragraph (e) or paragraph (f); or 10 2. Has had prior action taken against the applicant 11 under the Medicaid or Medicare program as set forth in 12 paragraph (e). 13 (i) An application for registration renewal must 14 contain the information required under paragraphs (e) and (f). (4) (4) (5) Registration shall include the following: 15 (a) A description of the review policies and 16 17 procedures to be used in evaluating proposed or delivered 18 hospital care. 19 (b) The name, address, and telephone number of the 20 utilization review agent performing utilization review, who 21 shall be at least: 1. A licensed practical nurse or licensed registered 22 nurse, or other similarly qualified medical records or health 23 24 care professionals, for performing initial review when 25 information is necessary from the physician or hospital to determine the medical necessity or appropriateness of hospital 26 27 services; or A licensed physician, or a licensed physician 28 2. practicing in the field of psychiatry for review of mental 29 health services, for an initial denial determination prior to 30 31 a final denial determination by the health insurer and which 86

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shall include the written evaluation and findings of the
 reviewing physician.

3 (c) A description of an appeal procedure for patients 4 or health care providers whose services are under review, who 5 may appeal an initial denial determination prior to a final 6 determination by the health insurer with whom the private 7 review agent has contracted. The appeal procedure shall 8 provide for review by a licensed physician, or by a licensed 9 physician practicing in the field of psychiatry for review of 10 mental health services, and shall include the written 11 evaluation and findings of the reviewing physician.

12 (d) A designation of the times when the staff of the 13 utilization review agent will be available by toll-free 14 telephone, which shall include at least 40 hours per week 15 during the normal business hours of the agent.

16 (e) An acknowledgment and agreement that any private 17 review agent which, as a general business practice, fails to 18 adhere to the policies, procedures, and representations made 19 in its application for registration shall have its 20 registration revoked.

(f) Disclosure of any incentive payment provision or quota provision which is contained in the agent's contract with a health insurer and is based on reduction or denial of services, reduction of length of stay, or selection of treatment setting.

26 (g) Updates of any material changes to review policies 27 or procedures.

28 (6) The agency may impose fines or suspend or revoke
 29 the registration of any private review agent in violation of

30 this section. Any private review agent failing to register or

31 update registration as required by this section shall be

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1 deemed to be within the jurisdiction of the agency and subject 2 to an administrative penalty not to exceed \$1,000. The agency 3 may bring actions to enjoin activities of private review 4 agents in violation of this section.

5 <u>(5)(7) An No</u> insurer <u>may not shall</u> knowingly contract 6 with or utilize a private review agent <u>that</u> which has failed 7 to register as required by this section or which has had a 8 registration revoked by the agency.

9 (6) (6) (8) A private review agent that which operates 10 under contract with the federal or state government for 11 utilization review of patients eligible for hospital or other services under Title XVIII or Title XIX of the Social Security 12 Act is exempt from the provisions of this section for services 13 provided under such contract. A private review agent that 14 which provides utilization review services to the federal or 15 state government and a private insurer shall not be exempt for 16 17 services provided to nonfederally funded patients. This section shall not apply to persons who perform utilization 18 19 review services for medically necessary hospital services 20 provided to injured workers pursuant to chapter 440 and shall not apply to self-insurance funds or service companies 21 authorized pursuant to chapter 440 or part VII of chapter 626. 22 (7) (9) Facilities licensed under this chapter shall 23 24 promptly comply with the requests of utilization review agents 25 or insurers which are reasonably necessary to facilitate prompt accomplishment of utilization review activities. 26 27 (8) (10) The agency shall adopt rules to implement the 28 provisions of this section. 29 Section 42. Subsection (1) of section 395.1046, 30 Florida Statutes, is amended to read:

31 395.1046 Complaint investigation procedures.--

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1 (1)In accordance with s. 408.811, the agency shall 2 investigate any complaint against a hospital for any violation 3 of s. 395.1041 that the agency reasonably believes to be legally sufficient. A complaint is legally sufficient if it 4 5 contains ultimate facts which show that a violation of this б chapter, or any rule adopted under this chapter by the agency, 7 has occurred. The agency may investigate, or continue to 8 investigate, and may take appropriate final action on a 9 complaint, even though the original complainant withdraws his 10 or her complaint or otherwise indicates his or her desire not 11 to cause it to be investigated to completion. When an investigation of any person or facility is undertaken, the 12 agency shall notify such person in writing of the 13 investigation and inform the person or facility in writing of 14 the substance, the facts which show that a violation has 15 occurred, and the source of any complaint filed against him or 16 17 The agency may conduct an investigation without her. 18 notification to any person if the act under investigation is a 19 criminal offense. The agency shall have access to all records 20 necessary for the investigation of the complaint. Section 43. Subsections (1), (7), and (8) of section 21 395.1055, Florida Statutes, are amended to read: 22 395.1055 Rules and enforcement.--23 24 (1) The agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part 25 and part II of chapter 408, which shall include reasonable and 26 27 fair minimum standards for ensuring that: 28 (a) Sufficient numbers and qualified types of 29 personnel and occupational disciplines are on duty and 30 available at all times to provide necessary and adequate 31 patient care and safety.

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1 (b) Infection control, housekeeping, sanitary 2 conditions, and medical record procedures that will adequately 3 protect patient care and safety are established and implemented. 4 5 (c) A comprehensive emergency management plan is 6 prepared and updated annually. Such standards must be included in the rules adopted by the agency after consulting 7 8 with the Department of Community Affairs. At a minimum, the 9 rules must provide for plan components that address emergency 10 evacuation transportation; adequate sheltering arrangements; 11 postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; 12 13 emergency equipment; individual identification of residents and transfer of records, and responding to family inquiries. 14 The comprehensive emergency management plan is subject to 15 review and approval by the local emergency management agency. 16 17 During its review, the local emergency management agency shall 18 ensure that the following agencies, at a minimum, are given 19 the opportunity to review the plan: the Department of Elderly 20 Affairs, the Department of Health, the Agency for Health Care 21 Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the 22 opportunity to review the plan. The local emergency 23 24 management agency shall complete its review within 60 days and 25 either approve the plan or advise the facility of necessary revisions. 26 27 (d) Licensed facilities are established, organized, 28 and operated consistent with established standards and rules. 29 (e) Licensed facility beds conform to minimum space, 30 equipment, and furnishings standards as specified by the 31 department.

1 (f) All hospitals submit such data as necessary to 2 conduct certificate-of-need reviews required under ss. 3 408.031-408.045. Such data shall include, but shall not be limited to, patient origin data, hospital utilization data, 4 5 type of service reporting, and facility staffing data. The б agency shall not collect data that identifies or could 7 disclose the identity of individual patients. The agency shall utilize existing uniform statewide data sources when available 8 9 and shall minimize reporting costs to hospitals. 10 (g) Each hospital has a quality improvement program 11 designed according to standards established by their current accrediting organization. This program will enhance quality of 12 13 care and emphasize quality patient outcomes, corrective action for problems, governing board review, and reporting to the 14 agency of standardized data elements necessary to analyze 15 quality of care outcomes. The agency shall use existing data, 16 17 when available, and shall not duplicate the efforts of other state agencies in order to obtain such data. 18 19 (7) Any licensed facility which is in operation at the 20 time of promulgation of any applicable rules under this part shall be given a reasonable time, under the particular 21 22 circumstances, but not to exceed 1 year from the date of such promulgation, within which to comply with such rules. 23 24 (7)<del>(8)</del> The agency may not adopt any rule governing the 25 design, construction, erection, alteration, modification, repair, or demolition of any public or private hospital, 26 27 intermediate residential treatment facility, or ambulatory 28 surgical center. It is the intent of the Legislature to 29 preempt that function to the Florida Building Commission and the State Fire Marshal through adoption and maintenance of the 30 31 Florida Building Code and the Florida Fire Prevention Code.

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1 However, the agency shall provide technical assistance to the 2 commission and the State Fire Marshal in updating the 3 construction standards of the Florida Building Code and the Florida Fire Prevention Code which govern hospitals, 4 5 intermediate residential treatment facilities, and ambulatory б surgical centers. 7 Section 395.1065, Florida Statutes, is Section 44. 8 amended to read: 395.1065 Criminal and administrative penalties; 9 10 injunctions; emergency orders; moratorium. --11 (1) Any person establishing, conducting, managing, or operating any facility without a license under this part is 12 13 quilty of a misdemeanor and, upon conviction, shall be fined not more than \$500 for the first offense and not more than 14 15 \$1,000 for each subsequent offense, and each day of continuing violation after conviction shall be considered a separate 16 17 offense. (1)(2)(a) The agency may deny, revoke, or suspend a 18 19 license or impose an administrative fine, not to exceed \$1,000 per violation, per day, for the violation of any provision of 20 this part, part II of chapter 408, or applicable rules adopted 21 under this part. Each day of violation constitutes a separate 22 violation and is subject to a separate fine. 23 24 (b) In determining the amount of fine to be levied for 25 a violation, as provided in paragraph (a), the following factors shall be considered: 26 27 The severity of the violation, including the 1. 28 probability that death or serious harm to the health or safety 29 of any person will result or has resulted, the severity of the actual or potential harm, and the extent to which the 30 31 provisions of this part were violated. 92

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1 2. Actions taken by the licensee to correct the 2 violations or to remedy complaints. 3 3. Any previous violations of the licensee. 4 (c) All amounts collected pursuant to this section 5 shall be deposited into the Planning and Regulation Trust б Fund, as created by s. 395.004. 7 (c)(d) The agency may impose an administrative fine 8 for the violation of s. 641.3154 or, if sufficient claims due 9 to a provider from a health maintenance organization do not 10 exist to enable the take-back of an overpayment, as provided 11 under s. 641.3155(5), for the violation of s. 641.3155(5). The administrative fine for a violation cited in this paragraph 12 13 shall be in the amounts specified in s. 641.52(5), and the provisions of paragraph (a) do not apply. 14 (2) (3) Notwithstanding the existence or pursuit of any 15 other remedy, the agency may maintain an action in the name of 16 17 the state for injunction or other process to enforce the provisions of this part, part II of chapter 408, and 18 19 applicable rules promulgated hereunder. 20 (4) The agency may issue an emergency order immediately suspending or revoking a license when it 21 22 determines that any condition in the licensed facility 23 presents a clear and present danger to public health and 24 safety. 25 (5) The agency may impose an immediate moratorium on elective admissions to any licensed facility, building, or 26 portion thereof, or service, when the agency determines that 27 28 any condition in the facility presents a threat to public 29 health or safety. 30 (3) (6) In seeking to impose penalties against a 31 facility as defined in s. 394.455 for a violation of part I of 93 **CODING:**Words stricken are deletions; words underlined are additions. **Florida Senate - 2004** 317-2065-04

1 chapter 394, the agency is authorized to rely on the 2 investigation and findings by the Department of Health in lieu 3 of conducting its own investigation. Section 45. Subsection (1) of section 395.10973, 4 5 Florida Statutes, is amended to read: б 395.10973 Powers and duties of the agency.--It is the 7 function of the agency to: (1) Adopt rules pursuant to ss. 120.536(1) and 120.548 9 to implement the provisions of this part and part II of 10 chapter 408 conferring duties upon it. 11 Section 46. Section 395.10974, Florida Statutes, is amended to read: 12 395.10974 Health care risk managers; qualifications, 13 14 licensure, fees.--15 (1) The requirements of part II of chapter 408 apply to the provision of services that necessitate licensure 16 17 pursuant to ss. 395.10971-395.10976 and part II of chapter 408 and to entities licensed by or applying for such licensure 18 19 from the Agency for Health Care Administration pursuant to ss. 20 395.10971-395.10976. Any person desiring to be licensed as a 21 health care risk manager shall submit an application on a form 22 provided by the agency. In order to qualify for licensure, the applicant shall submit evidence satisfactory to the agency 23 24 which demonstrates the applicant's competence, by education or 25 experience, in the following areas: (a) Applicable standards of health care risk 26 27 management. 28 Applicable federal, state, and local health and (b) 29 safety laws and rules. (c) General risk management administration. 30 31 (d) Patient care. 94

1 (e) Medical care. 2 (f) Personal and social care. 3 (g) Accident prevention. 4 (h) Departmental organization and management. 5 (i) Community interrelationships. б Medical terminology. (j) 7 8 Each applicant for licensure must comply with all provisions 9 of part II of chapter 408, with the exception of ss. 408.809, 10 408.810, and 408.811. The agency may require such additional 11 information, from the applicant or any other person, as may be reasonably required to verify the information contained in the 12 13 application. (2) The agency shall not grant or issue a license as a 14 15 health care risk manager to any individual unless from the application it affirmatively appears that the applicant: 16 17 (a) Is 18 years of age or over; (b) Is a high school graduate or equivalent; and 18 19 (c)1. Has fulfilled the requirements of a 1-year 20 program or its equivalent in health care risk management 21 training which may be developed or approved by the agency; 22 2. Has completed 2 years of college-level studies which would prepare the applicant for health care risk 23 24 management, to be further defined by rule; or 25 3. Has obtained 1 year of practical experience in 26 health care risk management. 27 (3) The agency shall issue a license to practice 28 health care risk management to any applicant who qualifies 29 under this section. In accordance with s. 408.805, an 30 applicant or licensee shall pay a fee for each license 31 application submitted under this part and part II of chapter 95

1 408. The amount of the fees shall be established by rule, as 2 follows: and submits an application fee of not more than \$757 3 a fingerprinting fee of not more than \$75, and a license fee 4 of not more than \$100. The agency shall by rule establish fees 5 and procedures for the issuance and cancellation of licenses. б (4) The agency shall renew a health care risk manager 7 license upon receipt of a biennial renewal application and fees. The agency shall by rule establish a procedure for the 8 9 biennial renewal of licenses. Section 47. Subsection (2) of section 395.10975, 10 11 Florida Statutes, is amended to read: 395.10975 Grounds for denial, suspension, or 12 13 revocation of a health care risk manager's license; administrative fine.--14 (2) If the agency finds that one or more of the 15 grounds set forth in subsection (1) exist, it may, in lieu of 16 17 or in addition to denial suspension or revocation, enter an order imposing one or more of the following penalties: 18 19 (a) Imposition of an administrative fine not to exceed 20 \$2,500 for each count or separate offense. 21 (b) Issuance of a reprimand. (c) Placement of the licensee on probation for a 22 period of time and subject to such conditions as the agency 23 24 may specify, including requiring the licensee to attend 25 continuing education courses or to work under the supervision of another licensee. 26 27 Section 48. Subsections (5) and (20) of section 28 400.021, Florida Statutes, are repealed. 29 Section 49. Subsection (3) of section 400.022, Florida 30 Statutes, is amended to read: 31 400.022 Residents' rights .--96

1	(3) Any violation of the resident's rights set forth
2	in this section shall constitute grounds for action by the
3	agency under the provisions of s. 400.102, s. 400.121, or part
4	II of chapter 408. In order to determine whether the licensee
5	is adequately protecting residents' rights, the <u>licensure</u>
6	annual inspection of the facility shall include private
7	informal conversations with a sample of residents to discuss
8	residents' experiences within the facility with respect to
9	rights specified in this section and general compliance with
10	standards, and consultation with the ombudsman council in the
11	local planning and service area of the Department of Elderly
12	Affairs in which the nursing home is located.
13	Section 50. Paragraph (b) of subsection (1) of section
14	400.051, Florida Statutes, is amended to read:
15	400.051 Homes or institutions exempt from the
16	provisions of this part
17	(1) The following shall be exempt from the provisions
18	of this part:
19	(b) Any hospital, as defined in <u>s. 395.002</u> <del>s.</del>
20	<del>395.002(11)</del> , that is licensed under chapter 395.
21	Section 51. Section 400.062, Florida Statutes, is
22	amended to read:
23	400.062 License required; fee; disposition; display;
24	transfer
25	(1) The requirements of part II of chapter 408 apply
26	to the provision of services that necessitate licensure
27	pursuant to this part and part II of chapter 408 and to
28	entities licensed by or applying for such licensure from the
29	Agency for Health Care Administration pursuant to this part.
30	It is unlawful to operate or maintain a facility without first
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obtaining from the agency a license authorizing such 1 operation. 2 3 Separate licenses shall be required for facilities (2) 4 maintained in separate premises, even though operated under 5 the same management. However, a separate license shall not be б required for separate buildings on the same grounds. (3) In accordance with s. 408.805, an applicant or 7 8 licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 9 10 annual license fee required for each license issued under this 11 part shall be comprised of two parts. Part I of the license fee shall be the basic license fee. The rate per bed for the 12 basic license fee shall be established biennially annually and 13 shall be\$100<del>\$50</del> per bed unless modified by rule. The agency 14 may adjust the per bed licensure fees by the Consumer Price 15 Index based on the 12 months immediately preceding the 16 17 increase to cover the cost of regulation under this part. Part II of the license fee shall be the resident protection fee, 18 19 which shall be at the rate of not less than 50 25 cents per 20 bed. The rate per bed shall be the minimum rate per bed, and 21 such rate shall remain in effect until the effective date of a rate per bed adopted by rule by the agency pursuant to this 22 part. At such time as the amount on deposit in the Resident 23 24 Protection Trust Fund is less than \$1 million, the agency may 25 adopt rules to establish a rate which may not exceed\$20 <del>\$10</del> per bed. The rate per bed shall revert back to the minimum 26 rate per bed when the amount on deposit in the Resident 27 28 Protection Trust Fund reaches \$1 million, except that any rate 29 established by rule shall remain in effect until such time as the rate has been equally required for each license issued 30 31 under this part. Any amount in the fund in excess of \$2 98

1 million shall revert to the Health Care Trust Fund and may not 2 be expended without prior approval of the Legislature. The 3 agency may prorate the biennial annual license fee for those 4 licenses which it issues under this part for less than 2 years 5 1 year. Funds generated by license fees collected in б accordance with this section shall be deposited in the 7 following manner: (a) The basic license fee collected shall be deposited 8 in the Health Care Trust Fund, established for the sole 9 10 purpose of carrying out this part. When the balance of the 11 account established in the Health Care Trust Fund for the deposit of fees collected as authorized under this section 12 13 exceeds one-third of the annual cost of regulation under this 14 part, the excess shall be used to reduce the licensure fees in 15 the next year. (b) The resident protection fee collected shall be 16 17 deposited in the Resident Protection Trust Fund for the sole purpose of paying, in accordance with the provisions of s. 18 19 400.063, for the appropriate alternate placement, care, and 20 treatment of a resident removed from a nursing home facility on a temporary, emergency basis or for the maintenance and 21 22 care of residents in a nursing home facility pending removal 23 and alternate placement. 24 (4) Counties or municipalities applying for licenses 25 under this part are exempt from license fees authorized under this section. 26 27 (5) The license shall be displayed in a conspicuous 28 place inside the facility. 29 (6) A license shall be valid only in the hands of the 30 individual, firm, partnership, association, or corporation to 31 whom it is issued and shall not be subject to sale, 99 **CODING:**Words stricken are deletions; words underlined are additions.

assignment, or other transfer, voluntary or involuntary, nor 1 shall a license be valid for any premises other than those for 2 3 which originally issued. 4 Section 52. Subsection (1) of section 400.063, Florida 5 Statutes, is amended to read: б 400.063 Resident Protection Trust Fund .--7 (1) A Resident Protection Trust Fund shall be 8 established for the purpose of collecting and disbursing funds 9 generated from the license fees and administrative fines as 10 provided for in ss. 393.0673(2), 400.062(3) 400.062(3)(b), 11 400.111(1), 400.121(2), and 400.23(8). Such funds shall be for the sole purpose of paying for the appropriate alternate 12 13 placement, care, and treatment of residents who are removed 14 from a facility licensed under this part or a facility 15 specified in s. 393.0678(1) in which the agency determines that existing conditions or practices constitute an immediate 16 17 danger to the health, safety, or security of the residents. If the agency determines that it is in the best interest of 18 19 the health, safety, or security of the residents to provide 20 for an orderly removal of the residents from the facility, the agency may utilize such funds to maintain and care for the 21 22 residents in the facility pending removal and alternative placement. The maintenance and care of the residents shall be 23 24 under the direction and control of a receiver appointed pursuant to s. 393.0678(1) or s. 400.126(1). However, funds 25 may be expended in an emergency upon a filing of a petition 26 for a receiver, upon the declaration of a state of local 27 28 emergency pursuant to s. 252.38(3)(a)5., or upon a duly 29 authorized local order of evacuation of a facility by emergency personnel to protect the health and safety of the 30 31 residents.

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1 Section 53. Section 400.071, Florida Statutes, is 2 amended to read: 3 400.071 Application for license.--(1) An application for a license as required by s. 4 5 400.062 shall be made to the agency on forms furnished by it б and shall be accompanied by the appropriate license fee. 7 (1) (1) (2) The application shall be under oath and shall 8 contain the following: (a) The name, address, and social security number of 9 10 the applicant if an individual; if the applicant is a firm, 11 partnership, or association, its name, address, and employer identification number (EIN), and the name and address of any 12 controlling interest; and the name by which the facility is to 13 be known. 14 15 (b) The name of any person whose name is required on the application under the provisions of paragraph (a) and who 16 17 owns at least a 10-percent interest in any professional service, firm, association, partnership, or corporation 18 19 providing goods, leases, or services to the facility for which 20 the application is made, and the name and address of the 21 professional service, firm, association, partnership, or corporation in which such interest is held. 22 23 (c) The location of the facility for which a license 24 is sought and an indication, as in the original application, that such location conforms to the local zoning ordinances. 25 26 (d) The name of the person or persons under whose 27 management or supervision the facility will be conducted and the name of the administrator. 28 29 (a)<del>(e)</del> A signed affidavit disclosing any financial or 30 ownership interest that a controlling interest, as defined in 31 s. 408.803, person or entity described in paragraph (a) or 101

1 paragraph (d) has held in the last 5 years in any entity 2 licensed by this state or any other state to provide health or 3 residential care which has closed voluntarily or 4 involuntarily; has filed for bankruptcy; has had a receiver 5 appointed; has had a license denied, suspended, or revoked; or 6 has had an injunction issued against it which was initiated by 7 a regulatory agency. The affidavit must disclose the reason 8 any such entity was closed, whether voluntarily or 9 involuntarily. 10 (b) (f) The total number of beds and the total number 11 of Medicare and Medicaid certified beds. (c)(g) Information relating to the number, experience, 12 13 and training of the employees of the facility and of the moral <del>character of</del> the applicant and employees which the agency 14 requires by rule, including the name and address of any 15 nursing home with which the applicant or employees have been 16 17 affiliated through ownership or employment within 5 years of the date of the application for a license and the record of 18 19 any criminal convictions involving the applicant and any 20 criminal convictions involving an employee if known by the applicant after inquiring of the employee. The applicant must 21 demonstrate that sufficient numbers of qualified staff, by 22 training or experience, will be employed to properly care for 23 24 the type and number of residents who will reside in the 25 facility. (d)(h) Copies of any civil verdict or judgment 26 27 involving the applicant rendered within the 10 years preceding 28 the application, relating to medical negligence, violation of 29 residents' rights, or wrongful death. As a condition of licensure, the licensee agrees to provide to the agency copies 30

31 of any new verdict or judgment involving the applicant,

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1 relating to such matters, within 30 days after filing with the clerk of the court. The information required in this 2 3 paragraph shall be maintained in the facility's licensure file 4 and in an agency database which is available as a public 5 record. 6 (3) The applicant shall submit evidence which 7 establishes the good moral character of the applicant, 8 manager, supervisor, and administrator. No applicant, if the 9 applicant is an individual; no member of a board of directors 10 or officer of an applicant, if the applicant is a firm, 11 partnership, association, or corporation; and no licensed nursing home administrator shall have been convicted, or found 12 quilty, regardless of adjudication, of a crime in any 13 jurisdiction which affects or may potentially affect residents 14 in the facility. 15 16 (4) Each applicant for licensure must comply with the 17 following requirements: 18 (a) Upon receipt of a completed, signed, and dated 19 application, the agency shall require background screening of 20 the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this 21 subsection, the term "applicant" means the facility 22 administrator, or similarly titled individual who is 23 24 responsible for the day-to-day operation of the licensed facility, and the facility financial officer, or similarly 25 titled individual who is responsible for the financial 26 27 operation of the licensed facility. 28 (b) The agency may require background screening for a 29 member of the board of directors of the licensee or an officer 30 or an individual owning 5 percent or more of the licensee if 31 the agency has probable cause to believe that such individual 103

1 has been convicted of an offense prohibited under the level 2 2 standards for screening set forth in chapter 435. 3 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 4 5 within the previous 5 years in compliance with any other 6 health care or assisted living licensure requirements of this 7 state is acceptable in fulfillment of paragraph (a). Proof of 8 compliance with background screening which has been submitted within the previous 5 years to fulfill the requirements of the 9 Financial Services Commission and the Office of Insurance 10 11 Regulation pursuant to chapter 651 as part of an application for a certificate of authority to operate a continuing care 12 retirement community is acceptable in fulfillment of the 13 Department of Law Enforcement and Federal Bureau of 14 Investigation background check. 15 16 (d) A provisional license may be granted to an 17 applicant when each individual required by this section to 18 undergo background screening has met the standards for the 19 Department of Law Enforcement background check, but the agency 20 has not yet received background screening results from the 21 Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as 22 set forth in chapter 435, but a response has not yet been 23 24 issued. A license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal 25 26 Bureau of Investigation background screening for each 27 individual required by this section to undergo background screening which confirms that all standards have been met, or 28 29 upon the granting of a disgualification exemption by the 30 agency as set forth in chapter 435. Any other person who is 31 required to undergo level 2 background screening may serve in 104

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1 his or her capacity pending the agency's receipt of the report 2 from the Federal Bureau of Investigation; however, the person 3 may not continue to serve if the report indicates any violation of background screening standards and a 4 5 disqualification exemption has not been requested of and 6 granted by the agency as set forth in chapter 435. 7 (e) Each applicant must submit to the agency, with its 8 application, a description and explanation of any exclusions, 9 permanent suspensions, or terminations of the applicant from 10 the Medicare or Medicaid programs. Proof of compliance with 11 disclosure of ownership and control interest requirements of the Medicaid or Medicare programs shall be accepted in lieu of 12 13 this submission. (f) Each applicant must submit to the agency a 14 description and explanation of any conviction of an offense 15 16 prohibited under the level 2 standards of chapter 435 by a 17 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 18 19 applicant. This requirement shall not apply to a director of a 20 not-for-profit corporation or organization if the director 21 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day 22 operational decisions of the corporation or organization, 23 24 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 25 financial interest and has no family members with a financial 26 27 interest in the corporation or organization, provided that the director and the not-for-profit corporation or organization 28 29 include in the application a statement affirming that the 30 director's relationship to the corporation satisfies the 31 requirements of this paragraph.

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1 (g) An application for license renewal must contain 2 the information required under paragraphs (e) and (f). 3 (5) The applicant shall furnish satisfactory proof of 4 financial ability to operate and conduct the nursing home in 5 accordance with the requirements of this part and all rules б adopted under this part, and the agency shall establish 7 standards for this purpose, including information reported 8 under paragraph (2)(e). The agency also shall establish 9 documentation requirements, to be completed by each applicant, 10 that show anticipated facility revenues and expenditures, the 11 basis for financing the anticipated cash-flow requirements of 12 the facility, and an applicant's access to contingency 13 financing. (2) (6) If the applicant offers continuing care 14 15 agreements as defined in chapter 651, proof shall be furnished that such applicant has obtained a certificate of authority as 16 17 required for operation under that chapter. (3)(7) As a condition of licensure, each licensee, 18 19 except one offering continuing care agreements as defined in 20 chapter 651, must agree to accept recipients of Title XIX of 21 the Social Security Act on a temporary, emergency basis. The persons whom the agency may require such licensees to accept 22 are those recipients of Title XIX of the Social Security Act 23 24 who are residing in a facility in which existing conditions constitute an immediate danger to the health, safety, or 25 security of the residents of the facility. 26 27 (4)(8) The agency may not issue a license to a nursing home that fails to receive a certificate of need under the 28 29 provisions of ss. 408.031-408.045. It is the intent of the Legislature that, in reviewing a certificate-of-need 30 31 application to add beds to an existing nursing home facility, 106 **CODING:**Words stricken are deletions; words underlined are additions. 1 preference be given to the application of a licensee who has 2 been awarded a Gold Seal as provided for in s. 400.235, if the 3 applicant otherwise meets the review criteria specified in s. 4 408.035.

5 <u>(5)(9)</u> The agency may develop an abbreviated survey 6 for licensure renewal applicable to a licensee that has 7 continuously operated as a nursing facility since 1991 or 8 earlier, has operated under the same management for at least 9 the preceding 30 months, and has had during the preceding 30 10 months no class I or class II deficiencies.

11 (6) (10) The agency may issue an inactive license to a nursing home that will be temporarily unable to provide 12 13 services but that is reasonably expected to resume services. Such designation may be made for a period not to exceed 12 14 months but may be renewed by the agency for up to 6 additional 15 months upon demonstration by the licensee of the facility's 16 17 progress toward reopening. Any request by a licensee that a nursing home become inactive or extend the inactive period 18 19 must be submitted to the agency, accompanied by appropriate 20 licensure fees, and approved by the agency prior to initiating 21 any suspension of service or notifying residents. The agency may not accept a request for an inactive license if the 22 facility has initiated any suspension of services, notified 23 24 residents, or initiated closure of the facility. Upon agency 25 approval, the nursing home shall notify residents of any necessary discharge or transfer as provided in s. 400.0255. 26 27 The end of the inactive period is the licensure expiration 28 date and all licensure fees must be current, paid in full, and 29 may be prorated. Reactivation of an inactive license requires 30 the approval of a renewal application, including payment of 31 licensure fees and inspections by the agency which indicate

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1 that all requirements of this part, part II of chapter 408, 2 and applicable rules have been met. 3 (7)<del>(11)</del> As a condition of licensure, each facility must establish and submit with its application a plan for 4 5 quality assurance and for conducting risk management. 6 (12) The applicant must provide the agency with proof 7 of a legal right to occupy the property before a license may 8 be issued. Proof may include, but is not limited to, copies of 9 warranty deeds, lease or rental agreements, contracts for 10 deeds, or quitclaim deeds. 11 Section 54. Section 400.102, Florida Statutes, is amended to read: 12 400.102 Action by agency against licensee; grounds .--13 14 (1) In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds 15 for action by the agency against a licensee: 16 17 (a) An intentional or negligent act materially affecting the health or safety of residents of the facility; 18 19 (1)(b) Misappropriation or conversion of the property 20 of a resident of the facility; 21 (2) (2) (c) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the 22 transportation, voluntary admission, and involuntary 23 24 examination of a nursing home resident or; 25 (d) Violation of provisions of this part or rules adopted under this part; 26 27 (3)(e) Fraudulent altering, defacing, or falsifying 28 any medical or nursing home records, or causing or procuring 29 any of these offenses to be committed. ; or 30 (f) Any act constituting a ground upon which 31 application for a license may be denied. 108

1 (2) If the agency has reasonable belief that any of such conditions exist, it shall take the following action: 2 3 (a) In the case of an applicant for original licensure, denial action as provided in s. 400.121. 4 5 (b) In the case of an applicant for relicensure or a 6 current licensee, administrative action as provided in s. 7 400.121 or injunctive action as authorized by s. 400.125. 8 (c) In the case of a facility operating without a license, injunctive action as authorized in s. 400.125. 9 Section 55. Section 400.111, Florida Statutes, is 10 11 amended to read: 12 400.111 Renewal Expiration of license; renewal .--(1) A license issued for the operation of a facility, 13 unless sooner suspended or revoked, shall expire on the date 14 set forth by the agency on the face of the license or 1 year 15 from the date of issuance, whichever occurs first. Ninety 16 days prior to the expiration date, an application for renewal 17 shall be submitted to the agency. A license shall be renewed 18 19 upon the filing of an application on forms furnished by the 20 agency if the applicant has first met the requirements 21 established under this part and all rules adopted under this part. The failure to file an application within the period 22 established in this subsection shall result in a late fee 23 24 charged to the licensee by the agency in an amount equal to 50 25 percent of the fee in effect on the last preceding regular renewal date. A late fee shall be levied for each and every 26 27 day the filing of the license application is delayed, but in 28 no event shall such fine aggregate more than \$5,000. If an 29 application is received after the required filing date and 30 exhibits a hand-canceled postmark obtained from a United 31

1 States Post Office dated on or before the required filing date, no fine will be levied. 2 3 (2) A licensee against whom a revocation or suspension proceeding, or any judicial proceeding instituted by the 4 5 agency under this part, is pending at the time of license б renewal may be issued a temporary license effective until 7 final disposition by the agency of such proceeding. If 8 judicial relief is sought from the aforesaid administrative order, the court having jurisdiction may issue such orders 9 10 regarding the issuance of a temporary permit during the 11 pendency of the judicial proceeding. (3) The agency may not renew a license if the 12 applicant has failed to pay any fines assessed by final order 13 of the agency or final order of the Health Care Financing 14 Administration under requirements for federal certification. 15 The agency may renew the license of an applicant following the 16 assessment of a fine by final order if such fine has been paid 17 18 into an escrow account pending an appeal of a final order. 19 (4) In addition to the requirements of part II of 20 chapter 408, the licensee shall submit a signed affidavit 21 disclosing any financial or ownership interest that a controlling interest licensee has held within the last 5 years 22 in any entity licensed by the state or any other state to 23 24 provide health or residential care which entity has closed voluntarily or involuntarily; has filed for bankruptcy; has 25 had a receiver appointed; has had a license denied, suspended, 26 27 or revoked; or has had an injunction issued against it which 28 was initiated by a regulatory agency. The affidavit must 29 disclose the reason such entity was closed, whether 30 voluntarily or involuntarily. 31

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1 Section 56. Subsections (2) and (5) of section 400.1183, Florida Statutes, are amended to read: 2 3 400.1183 Resident grievance procedures .--(2) Each facility shall maintain records of all 4 5 grievances and shall report annually to the agency at the time б of relicensure the total number of grievances handled, a 7 categorization of the cases underlying the grievances, and the 8 final disposition of the grievances. 9 (5) The agency may impose an administrative fine, in 10 accordance with s. 400.121, against a nursing home facility 11 for noncompliance with this section. Section 57. Section 400.121, Florida Statutes, is 12 13 amended to read: 14 400.121 Denial or, suspension, revocation of license; moratorium on admissions;administrative fines; procedure; 15 order to increase staffing. --16 17 (1) The agency may deny an application, revoke or suspend a license, or impose an administrative fine, not to 18 19 exceed \$500 per violation per day, against any applicant or 20 licensee for the following violations by the applicant, 21 licensee, or other controlling interest: (a) A violation of any provision of s. 400.102(1); 22 23 A violation of any provision of this part, part II (b) 24 of chapter 408, or applicable rule; or A demonstrated pattern 25 of deficient practice; (c) Failure to pay any outstanding fines assessed by 26 27 final order of the agency or final order of the Health Care 28 Financing Administration pursuant to requirements for federal 29 certification. The agency may renew or approve the license of 30 an applicant following the assessment of a fine by final order 31 111

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   if such fine has been paid into an escrow account pending an
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   appeal of a final order;
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          (d) Exclusion from the Medicare or Medicaid program;
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    or
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          (b) (e) An adverse action by a regulatory agency
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    against any other licensed facility that has a common
    controlling interest with the licensee or applicant against
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   whom the action under this section is being brought. If the
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    adverse action involves solely the management company, the
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    applicant or licensee shall be given 30 days to remedy before
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    final action is taken. If the adverse action is based solely
    upon actions by a controlling interest, the applicant or
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    licensee may present factors in mitigation of any proposed
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   penalty based upon a showing that such penalty is
    inappropriate under the circumstances.
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    All hearings shall be held within the county in which the
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    licensee or applicant operates or applies for a license to
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    operate a facility as defined herein.
           (2) Except as provided in s. 400.23(8), a $500 fine
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    shall be imposed for each violation. Each day a violation of
    this part occurs constitutes a separate violation and is
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    subject to a separate fine, but in no event may any fine
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    aggregate more than $5,000. A fine may be levied pursuant to
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    this section in lieu of and notwithstanding the provisions of
    s. 400.23. Fines paid shall be deposited in the Resident
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   Protection Trust Fund and expended as provided in s. 400.063.
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           (3) The agency shall revoke or deny a nursing home
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    license if the licensee or controlling interest operates a
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    facility in this state that:
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1 (a) Has had two moratoria imposed by final order for 2 substandard quality of care, as defined by 42 C.F.R. part 483, 3 within any 30-month period; (b) Is conditionally licensed for 180 or more 4 5 continuous days; 6 (c) Is cited for two class I deficiencies arising from 7 unrelated circumstances during the same survey or 8 investigation; or (d) Is cited for two class I deficiencies arising from 9 10 separate surveys or investigations within a 30-month period. 11 The licensee may present factors in mitigation of revocation, 12 13 and the agency may make a determination not to revoke a 14 license based upon a showing that revocation is inappropriate under the circumstances. 15 (4) The agency may issue an order immediately 16 17 suspending or revoking a license when it determines that any 18 condition in the facility presents a danger to the health, 19 safety, or welfare of the residents in the facility. 20 (5)(a) The agency may impose an immediate moratorium 21 on admissions to any facility when the agency determines that 22 any condition in the facility presents a threat to the health, safety, or welfare of the residents in the facility. 23 24 (4)(b) Where the agency has placed a moratorium on 25 admissions on any facility two times within a 7-year period, the agency may revoke <del>suspend</del> the license of the nursing home 26 and the facility's management company, if any. During the 27 28 suspension, the agency shall take the facility into 29 receivership and shall operate the facility. 30 (5) (6) An action taken by the agency to deny, suspend, 31 or revoke a facility's license under this part shall be heard 113

by the Division of Administrative Hearings of the Department Anagement Services within 60 days after the assignment of an administrative law judge, unless the time limitation is waived by both parties. The administrative law judge must render a decision within 30 days after receipt of a proposed recommended order.

7 (6) (7) The agency is authorized to require a facility 8 to increase staffing beyond the minimum required by law, if 9 the agency has taken administrative action against the 10 facility for care-related deficiencies directly attributable 11 to insufficient staff. Under such circumstances, the facility may request an expedited interim rate increase. The agency 12 13 shall process the request within 10 days after receipt of all required documentation from the facility. A facility that 14 fails to maintain the required increased staffing is subject 15 to a fine of \$500 per day for each day the staffing is below 16 17 the level required by the agency.

18 (8) An administrative proceeding challenging an action
19 taken by the agency pursuant to this section shall be reviewed
20 on the basis of the facts and conditions that resulted in such
21 agency action.

(7) (9) Notwithstanding any other provision of law to 22 the contrary, agency action in an administrative proceeding 23 24 under this section may be overcome by the licensee upon a 25 showing by a preponderance of the evidence to the contrary. (8) (10) In addition to any other sanction imposed 26 under this part, in any final order that imposes sanctions, 27 28 the agency may assess costs related to the investigation and 29 prosecution of the case. Payment of agency costs shall be deposited into the Health Care Trust Fund. 30

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1 Section 58. Section 400.125, Florida Statutes, is 2 repealed. 3 Section 59. Subsections (14), (15), (16), and (20) of section 400.141, Florida Statutes, are amended to read: 4 5 400.141 Administration and management of nursing home б facilities.--Every licensed facility shall comply with all 7 applicable standards and rules of the agency and shall: 8 (14) Submit to the agency the information specified in 9 s. 400.071(1)(a)<del>s. 400.071(2)(e)</del>for a management company 10 within 30 days after the effective date of the management 11 agreement. (15)(a) At the end of each calendar quarter, submit 12 13 semiannually to the agency, or more frequently if requested by the agency, information regarding facility staff-to-resident 14 ratios, staff turnover, and staff stability, including 15 information regarding certified nursing assistants, licensed 16 17 nurses, the director of nursing, and the facility 18 administrator. For purposes of this reporting: 19 1.(a) Staff-to-resident ratios must be reported in the 20 categories specified in s. 400.23(3)(a) and applicable rules. 21 The ratio must be reported as an average for the most recent 22 calendar quarter. 2.(b) Staff turnover must be reported for the most 23 24 recent 12-month period ending on the last workday of the most 25 recent calendar quarter prior to the date the information is submitted. The turnover rate must be computed quarterly, with 26 the annual rate being the cumulative sum of the quarterly 27 rates. The turnover rate is the total number of terminations 28 29 or separations experienced during the quarter, excluding any employee terminated during a probationary period of 3 months 30 31 or less, divided by the total number of staff employed at the 115

end of the period for which the rate is computed, and
 expressed as a percentage.

3 <u>3.(c)</u> The formula for determining staff stability is 4 the total number of employees that have been employed for more 5 than 12 months, divided by the total number of employees 6 employed at the end of the most recent calendar quarter, and 7 expressed as a percentage.

(b)(d) A nursing facility that has failed to comply 8 9 with state minimum-staffing requirements for 2 consecutive 10 days is prohibited from accepting new admissions until the 11 facility has achieved the minimum-staffing requirements for a period of 6 consecutive days. For the purposes of this 12 13 paragraph, any person who was a resident of the facility and 14 was absent from the facility for the purpose of receiving medical care at a separate location or was on a leave of 15 absence is not considered a new admission. Failure to impose 16 17 such an admissions moratorium constitutes a class II deficiency. 18

19 (c)<del>(e)</del> A nursing facility that which does not have a 20 conditional license may be cited for failure to comply with 21 the standards in s. 400.23(3)(a) only if it has failed to meet those standards on 2 consecutive days or if it has failed to 22 meet at least 97 percent of those standards on any one day. 23 24 (d)(f) A facility that which has a conditional license 25 must be in compliance with the standards in s. 400.23(3)(a) at all times from the effective date of the conditional license 26 27 until the effective date of a subsequent standard license. 28

29 Nothing in this section shall limit the agency's ability to 30 impose a deficiency or take other actions if a facility does 31 not have enough staff to meet the residents' needs.

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1	(16) Report monthly the number of vacant beds in the
2	facility which are available for resident occupancy on the
3	last day of the month <del>information is reported</del> .
4	(20) Maintain general and professional liability
5	insurance coverage in accordance with part II of chapter 408
6	which that is in force at all times. In lieu of general and
7	professional liability insurance coverage, a state-designated
8	teaching nursing home and its affiliated assisted living
9	facilities created under s. 430.80 may demonstrate proof of
10	financial responsibility as provided in s. 430.80(3)(h); the
11	exception provided in this paragraph shall expire July 1,
12	2005.
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14	Facilities that have been awarded a Gold Seal under the
15	program established in s. 400.235 may develop a plan to
16	provide certified nursing assistant training as prescribed by
17	federal regulations and state rules and may apply to the
18	agency for approval of their program.
19	Section 60. Subsections (4) and (5) of section 400.17,
20	Florida Statutes, are amended to read:
21	400.17 Bribes, kickbacks, certain solicitations
22	prohibited
23	(4) Solicitation of contributions of any kind in a
24	threatening, coercive, or unduly forceful manner by or on
25	behalf of a nursing home by any agent, employee, owner, or
26	representative of a nursing home shall be grounds for denial $ au$
27	suspension, or revocation of the license for any nursing home
28	on behalf of which such contributions were solicited.
29	(5) The admission, maintenance, or treatment of a
30	nursing home resident whose care is supported in whole or in
31	part by state funds may not be made conditional upon the
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1 receipt of any manner of contribution or donation from any 2 person. However, this may not be construed to prohibit the 3 offer or receipt of contributions or donations to a nursing home which are not related to the care of a specific resident. 4 Contributions solicited or received in violation of this 5 6 subsection shall be grounds for denial, suspension, or 7 revocation of a license for any nursing home on behalf of which such contributions were solicited. 8 9 Section 61. Section 400.179, Florida Statutes, is 10 amended to read: 11 400.179 Sale or transfer of ownership of a nursing facility; Liability for Medicaid underpayments and 12 13 overpayments. --(1) It is the intent of the Legislature to protect the 14 rights of nursing home residents and the security of public 15 funds when a nursing facility is sold or the ownership is 16 17 transferred. (2) Whenever a nursing facility is sold or the 18 19 ownership is transferred, including leasing, the transferree 20 shall make application to the agency for a new license at least 90 days prior to the date of transfer of ownership. 21 22 (3) The transferor shall notify the agency in writing at least 90 days prior to the date of transfer of ownership. 23 24 The transferor shall be responsible and liable for the lawful 25 operation of the nursing facility and the welfare of the residents domiciled in the facility until the date the 26 transferee is licensed by the agency. The transferor shall be 27 28 liable for any and all penalties imposed against the facility 29 for violations occurring prior to the date of transfer of ownership. 30 31

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(4) The transferor shall, prior to transfer of 1 2 ownership, repay or make arrangements to repay to the agency 3 or the Department of Children and Family Services any amounts 4 owed to the agency or the department. Should the transferor 5 fail to repay or make arrangements to repay the amounts owed б to the agency or the department prior to the transfer of 7 ownership, the issuance of a license to the transferee shall 8 be delayed until repayment or until arrangements for repayment 9 are made. 10 (2) (2) (5) Because any transfer of a nursing facility may 11 expose the fact that Medicaid may have underpaid or overpaid the transferor, and because in most instances, any such 12 13 underpayment or overpayment can only be determined following a 14 formal field audit, the liabilities for any such underpayments or overpayments shall be as follows: 15 (a) The Medicaid program shall be liable to the 16 17 transferor for any underpayments owed during the transferor's period of operation of the facility. 18 19 (b) Without regard to whether the transferor had leased or owned the nursing facility, the transferor shall 20 21 remain liable to the Medicaid program for all Medicaid overpayments received during the transferor's period of 22 operation of the facility, regardless of when determined. 23 24 (c) Where the facility transfer takes any form of a 25 sale of assets, in addition to the transferor's continuing liability for any such overpayments, if the transferor fails 26 to meet these obligations, the transferee shall be liable for 27 28 all liabilities that can be readily identifiable 90 days in 29 advance of the transfer. Such liability shall continue in succession until the debt is ultimately paid or otherwise 30 31 resolved. It shall be the burden of the transferee to

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1 determine the amount of all such readily identifiable 2 overpayments from the Agency for Health Care Administration, 3 and the agency shall cooperate in every way with the 4 identification of such amounts. Readily identifiable 5 overpayments shall include overpayments that will result from, б but not be limited to: 7 1. Medicaid rate changes or adjustments; 2. Any depreciation recapture; 8 9 3. Any recapture of fair rental value system indexing; 10 or 11 Audits completed by the agency. 4. 12 13 The transferor shall remain liable for any such Medicaid 14 overpayments that were not readily identifiable 90 days in 15 advance of the nursing facility transfer. (d) Where the transfer involves a facility that has 16 17 been leased by the transferor: The transferee shall, as a condition to being 18 1. 19 issued a license by the agency, acquire, maintain, and provide 20 proof to the agency of a bond with a term of 30 months, renewable annually, in an amount not less than the total of 3 21 months Medicaid payments to the facility computed on the basis 22 23 of the preceding 12-month average Medicaid payments to the 24 facility. 25 2. A leasehold licensee may meet the requirements of subparagraph 1. by payment of a nonrefundable fee, paid at 26 27 initial licensure, paid at the time of any subsequent change 28 of ownership, and paid at the time of any subsequent change of 29 ownership, and paid annually thereafter at the time of any subsequent annual license renewal, in the amount of 2 percent 30 31 of the total of 3 months' Medicaid payments to the facility 120

1 computed on the basis of the preceding 12-month average 2 Medicaid payments to the facility. If a preceding 12-month 3 average is not available, projected Medicaid payments may be 4 used. The fee shall be deposited into the Health Care Trust 5 Fund and shall be accounted for separately as a Medicaid 6 nursing home overpayment account. These fees shall be used at 7 the sole discretion of the agency to repay nursing home Medicaid overpayments. Payment of this fee shall not release 8 9 the licensee from any liability for any Medicaid overpayments, 10 nor shall payment bar the agency from seeking to recoup 11 overpayments from the licensee and any other liable party. As a condition of exercising this lease bond alternative, 12 13 licensees paying this fee must maintain an existing lease bond 14 through the end of the 30-month term period of that bond. The agency is herein granted specific authority to promulgate all 15 rules pertaining to the administration and management of this 16 17 account, including withdrawals from the account, subject to 18 federal review and approval. This provision shall take effect 19 upon becoming law and shall apply to any leasehold license 20 application.

a. The financial viability of the Medicaid nursing
home overpayment account shall be determined by the agency
through annual review of the account balance and the amount of
total outstanding, unpaid Medicaid overpayments owing from
leasehold licensees to the agency as determined by final
agency audits.

b. The agency, in consultation with the Florida Health Care Association and the Florida Association of Homes for the Aging, shall study and make recommendations on the minimum amount to be held in reserve to protect against Medicaid overpayments to leasehold licensees and on the issue of

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1 successor liability for Medicaid overpayments upon sale or 2 transfer of ownership of a nursing facility. The agency shall 3 submit the findings and recommendations of the study to the Governor, the President of the Senate, and the Speaker of the 4 5 House of Representatives by January 1, 2003. 6 3. The leasehold licensee may meet the bond 7 requirement through other arrangements acceptable to the 8 agency. The agency is herein granted specific authority to 9 promulgate rules pertaining to lease bond arrangements. 10 4. All existing nursing facility licensees, operating 11 the facility as a leasehold, shall acquire, maintain, and provide proof to the agency of the 30-month bond required in 12 subparagraph 1., above, on and after July 1, 1993, for each 13 license renewal. 14 5. It shall be the responsibility of all nursing 15 facility operators, operating the facility as a leasehold, to 16 17 renew the 30-month bond and to provide proof of such renewal 18 to the agency annually at the time of application for license 19 renewal. 20 6. Any failure of the nursing facility licensee operator to acquire, maintain, renew annually, or provide 21 proof to the agency shall be grounds for the agency to deny 22 or, cancel, revoke, or suspend the facility license to operate 23 24 such facility and to take any further action, including, but 25 not limited to, enjoining the facility, asserting a moratorium pursuant to part II of chapter 408, or applying for a 26 receiver, deemed necessary to ensure compliance with this 27 28 section and to safequard and protect the health, safety, and 29 welfare of the facility's residents. A lease agreement required as a condition of bond financing or refinancing under 30 31 s. 154.213 by a health facilities authority or required under

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1 s. 159.30 by a county or municipality is not a leasehold for 2 purposes of this paragraph and is not subject to the bond 3 requirement of this paragraph. Section 62. Subsections (1) and (4) of section 400.18, 4 5 Florida Statutes, are amended to read: 6 400.18 Closing of nursing facility.--7 (1) Whenever a licensee voluntarily discontinues 8 operation, and during the period when it is preparing for such 9 discontinuance, it shall inform the agency not less than 90 10 days prior to the discontinuance of operation. The licensee 11 also shall inform the resident or the next of kin, legal representative, or agency acting on behalf of the resident of 12 the fact, and the proposed time, of such discontinuance of 13 operation and give at least 90 days' notice so that suitable 14 arrangements may be made for the transfer and care of the 15 resident. In the event any resident has no such person to 16 17 represent him or her, the licensee shall be responsible for securing a suitable transfer of the resident before the 18 19 discontinuance of operation. The agency shall be responsible 20 for arranging for the transfer of those residents requiring 21 transfer who are receiving assistance under the Medicaid 22 program. 23 (4) Immediately upon discontinuance of operation of a 24 facility, the licensee shall surrender the license therefor to 25 the agency, and the license shall be canceled. Section 63. Subsections (1), (2), and (3) of section 26 27 400.19, Florida Statutes, are amended to read: 28 400.19 Right of entry and inspection .--29 (1) In accordance with part II of chapter 408, the 30 agency and any duly designated officer or employee thereof or 31 a member of the State Long-Term Care Ombudsman Council or the 123

1 local long-term care ombudsman council shall have the right to enter upon and into the premises of any facility licensed 2 3 pursuant to this part, or any distinct nursing home unit of a hospital licensed under chapter 395 or any freestanding 4 5 facility licensed under chapter 395 that provides extended б care or other long-term care services, at any reasonable time 7 in order to determine the state of compliance with the provisions of this part and rules in force pursuant thereto. 8 9 The right of entry and inspection shall also extend to any 10 premises which the agency has reason to believe is being 11 operated or maintained as a facility without a license, but no such entry or inspection of any premises shall be made without 12 13 the permission of the owner or person in charge thereof, unless a warrant is first obtained from the circuit court 14 15 authorizing same. Any application for a facility license or renewal thereof, made pursuant to this part, shall constitute 16 17 permission for and complete acquiescence in any entry or inspection of the premises for which the license is sought, in 18 19 order to facilitate verification of the information submitted 20 on or in connection with the application; to discover, investigate, and determine the existence of abuse or neglect; 21 or to elicit, receive, respond to, and resolve complaints. The 22 agency shall, within 60 days after receipt of a complaint made 23 24 by a resident or resident's representative, complete its 25 investigation and provide to the complainant its findings and resolution. 26 27 (2) The agency shall coordinate nursing home facility 28 licensing activities and responsibilities of any duly 29 designated officer or employee involved in nursing home 30 facility inspection to assure necessary, equitable, and 31 consistent supervision of inspection personnel without

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1 unnecessary duplication of inspections, consultation services, 2 or complaint investigations. To facilitate such coordination, 3 all rules promulgated by the agency pursuant to this part 4 shall be distributed to nursing homes licensed under s. 5 400.062 30 days prior to implementation. This requirement 6 does not apply to emergency rules.

7 (3) The agency shall every 15 months conduct at least 8 one unannounced inspection to determine compliance by the 9 licensee with statutes, and with rules promulgated under the 10 provisions of those statutes, governing minimum standards of 11 construction, quality and adequacy of care, and rights of residents. The survey shall be conducted every 6 months for 12 13 the next 2-year period if the facility has been cited for a class I deficiency, has been cited for two or more class II 14 deficiencies arising from separate surveys or investigations 15 within a 60-day period, or has had three or more substantiated 16 17 complaints within a 6-month period, each resulting in at least one class I or class II deficiency. In addition to any other 18 19 fees or fines in this part, the agency shall assess a fine for 20 each facility that is subject to the 6-month survey cycle. The fine for the 2-year period shall be \$6,000, one-half to be 21 22 paid at the completion of each survey. The agency may adjust this fine by the change in the Consumer Price Index, based on 23 24 the 12 months immediately preceding the increase, to cover the 25 cost of the additional surveys. The agency shall verify through subsequent inspection that any deficiency identified 26 during the annual inspection is corrected. However, the 27 28 agency may verify the correction of a <del>class III or</del> class IV 29 deficiency unrelated to resident rights or resident care without reinspecting the facility if adequate written 30 31 documentation has been received from the facility, which 125

1 provides assurance that the deficiency has been corrected. The 2 giving or causing to be given of advance notice of such 3 unannounced inspections by an employee of the agency to any 4 unauthorized person shall constitute cause for suspension of 5 not fewer than 5 working days according to the provisions of б chapter 110. 7 Section 64. Section 400.191, Florida Statutes, is 8 amended to read: 9 400.191 Availability, distribution, and posting of 10 reports and records.--11 (1) The agency shall provide information to the public about all of the licensed nursing home facilities operating in 12 the state. The agency shall, within 60 days after an annual 13 inspection visit or within 30 days after any interim visit to 14 a facility, send copies of the inspection reports to the local 15 long-term care ombudsman council, the agency's local office, 16 17 and a public library or the county seat for the county in which the facility is located. The agency may provide 18 19 electronic access to inspection reports as a substitute for 20 sending copies. (2) The agency shall publish the Guide to Nursing 21 22 Homes in Florida provide additional information in consumer-friendly printed and electronic formats to assist 23 24 consumers and their families in comparing and evaluating 25 nursing home facilities. (a) The agency shall provide an Internet site which 26 shall include at least the following information either 27 28 directly or indirectly through a link to another established 29 site or sites of the agency's choosing: 30 31

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1 1. A list by name and address of all nursing home 2 facilities in this state, including any prior name a facility 3 was known by during the previous 12-month period. 2. Whether such nursing home facilities are 4 5 proprietary or nonproprietary. б 3. The current owner of the facility's license and the 7 year that that entity became the owner of the license. 8 The name of the owner or owners of each facility 4. 9 and whether the facility is affiliated with a company or other 10 organization owning or managing more than one nursing facility 11 in this state. 5. The total number of beds in each facility and the 12 13 most recently available occupancy levels. 14 6. The number of private and semiprivate rooms in each 15 facility. 7. The religious affiliation, if any, of each 16 17 facility. 18 8. The languages spoken by the administrator and staff 19 of each facility. 9. Whether or not each facility accepts Medicare or 20 21 Medicaid recipients or insurance, health maintenance organization, Veterans Administration, CHAMPUS program, or 22 workers' compensation coverage. 23 24 10. Recreational and other programs available at each 25 facility. Special care units or programs offered at each 26 11. 27 facility. 28 12. Whether the facility is a part of a retirement 29 community that offers other services pursuant to part III, 30 part IV, or part V. 31

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1 13. Survey and deficiency information contained on the 2 Online Survey Certification and Reporting (OSCAR) system of 3 the federal Centers for Medicare and Medicaid Services Health Care Financing Administration, including recertification 4 5 annual survey, revisit, and complaint survey information, for 6 each facility for the past 30 45 months. For noncertified 7 nursing homes, state survey and deficiency information, 8 including licensure annual survey, revisit, and complaint 9 survey information for the past 30 45 months shall be 10 provided. 11 14. A summary of the Online Survey Certification and Reporting (OSCAR) data for each facility over the past 30 45 12 13 months. Such summary may include a score, rating, or comparison ranking with respect to other facilities based on 14 the number of citations received by the facility of 15 recertification annual, revisit, and complaint surveys; the 16 17 severity and scope of the citations; and the number of annual 18 recertification surveys the facility has had during the past 19 30 45 months. The score, rating, or comparison ranking may be 20 presented in either numeric or symbolic form for the intended 21 consumer audience. 22 (b) The agency shall provide the following information in printed form: 23 24 1. A list by name and address of all nursing home 25 facilities in this state. Whether such nursing home facilities are 26 2. 27 proprietary or nonproprietary. 28 3. The current owner or owners of the facility's 29 license and the year that entity became the owner of the license. 30 31 128

1 4. The total number of beds, and of private and 2 semiprivate rooms, in each facility. 3 The religious affiliation, if any, of each 5. 4 facility. 5 6. The name of the owner of each facility and whether б the facility is affiliated with a company or other 7 organization owning or managing more than one nursing facility 8 in this state. 9 7. The languages spoken by the administrator and staff 10 of each facility. 11 8. Whether or not each facility accepts Medicare or Medicaid recipients or insurance, health maintenance 12 13 organization, Veterans Administration, CHAMPUS program, or 14 workers' compensation coverage. 15 9. Recreational programs, special care units, and other programs available at each facility. 16 17 10. The Internet address for the site where more detailed information can be seen. 18 19 11. A statement advising consumers that each facility 20 will have its own policies and procedures related to 21 protecting resident property. 12. A summary of the Online Survey Certification and 22 Reporting (OSCAR) data for each facility over the past 30 45 23 24 months. Such summary may include a score, rating, or 25 comparison ranking with respect to other facilities based on the number of citations received by the facility on 26 27 recertification annual, revisit, and complaint surveys; the 28 severity and scope of the citations; the number of citations; 29 and the number of annual recertification surveys the facility 30 has had during the past 30 45 months. The score, rating, or 31

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1 comparison ranking may be presented in either numeric or 2 symbolic form for the intended consumer audience. 3 (c) For purposes of this subsection, references to the Online Survey Certification and Reporting (OSCAR) system shall 4 5 refer to any future system that the Centers for Medicare and б Medicaid Services Health Care Financing Administration 7 develops to replace the current OSCAR system. The agency may provide the following additional 8 (d) 9 information on an Internet site or in printed form as the 10 information becomes available: 11 1. The licensure status history of each facility. The rating history of each facility. 12 2. 13 3. The regulatory history of each facility, which may 14 include federal sanctions, state sanctions, federal fines, state fines, and other actions. 15 Whether the facility currently possesses the Gold 16 4. 17 Seal designation awarded pursuant to s. 400.235. 5. Internet links to the Internet sites of the 18 19 facilities or their affiliates. 20 (3) Each nursing home facility licensee shall maintain as public information, available upon request, records of all 21 22 cost and inspection reports pertaining to that facility that have been filed with, or issued by, any governmental agency. 23 24 Copies of such reports shall be retained in such records for 25 not less than 5 years from the date the reports are filed or issued. 26 27 (a) The agency shall quarterly publish in the Guide to 28 Nursing Homes in Florida a "Nursing Home Guide Watch List" to 29 assist consumers in evaluating the quality of nursing home care in Florida. The watch list must identify each facility 30 31 that met the criteria for a conditional licensure status on 130 **CODING:**Words stricken are deletions; words underlined are additions.

1 any day within the quarter covered by the list and each 2 facility that was operating under bankruptcy protection on any 3 day within the quarter. The watch list must include, but is not limited to, the facility's name, address, and ownership; 4 5 the county in which the facility operates; the license б expiration date; the number of licensed beds; a description of the deficiency causing the facility to be placed on the list; 7 any corrective action taken; and the cumulative number of days 8 times the facility had a conditional license since the initial 9 10 publication of the has been on a watch list. The watch list 11 must include a brief description regarding how to choose a nursing home, the categories of licensure, the agency's 12 inspection process, an explanation of terms used in the watch 13 list, and the addresses and phone numbers of the agency's 14 15 managed care and health quality assurance field area offices. (b) Upon publication of each quarterly Guide to 16 17 Nursing Homes in Florida watch list, the agency must transmit 18 a copy of all pages listing the facility the watch list to 19 each nursing home facility by mail and must make the watch 20 list available on the agency's Internet website. (4) Any records of a nursing home facility determined 21 by the agency to be necessary and essential to establish 22 lawful compliance with any rules or standards shall be made 23 24 available to the agency on the premises of the facility and 25 submitted to the agency. Each facility must submit this information electronically when electronic transmission to the 26 27 agency is available. 28 (5) Every nursing home facility licensee shall: 29 (a) Post, in a sufficient number of prominent positions in the nursing home so as to be accessible to all 30 31 residents and to the general public: 131

1 1. A concise summary of the last inspection report 2 pertaining to the nursing home and issued by the agency, with 3 references to the page numbers of the full reports, noting any deficiencies found by the agency and the actions taken by the 4 5 licensee to rectify such deficiencies and indicating in such б summaries where the full reports may be inspected in the 7 nursing home. 8 2. A copy of the most recent version of all pages 9 listing the facility in the Guide to Nursing Homes in Florida 10 the Florida Nursing Home Guide Watch List. 11 (b) Upon request, provide to any person who has completed a written application with an intent to be admitted 12 to, or to any resident of, such nursing home, or to any 13 relative, spouse, or guardian of such person, a copy of the 14 last inspection report pertaining to the nursing home and 15 issued by the agency, provided the person requesting the 16 17 report agrees to pay a reasonable charge to cover copying 18 costs. 19 (6) The agency may adopt rules as necessary to administer this section. 20 21 Section 65. Section 400.20, Florida Statutes, is amended to read: 22 23 400.20 Licensed nursing home administrator 24 required.--A No nursing home may not shall operate except 25 under the supervision of a licensed nursing home 26 administrator, and a no person may not shall be a nursing home 27 administrator unless he or she holds is the holder of a 28 current license as provided in chapter 468. 29 Section 66. Subsection (4) of section 400.211, Florida 30 Statutes, is amended to read: 31 132

1 400.211 Persons employed as nursing assistants; 2 certification requirement. --3 (4) When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain 4 5 certification, shall submit to a performance review every 12 б months and must receive regular inservice education based on 7 the outcome of such reviews. The inservice training must: 8 (a) Be sufficient to ensure the continuing competence 9 of nursing assistants and be in accordance with s. 464.203(7), 10 must be at least 18 hours per year, and may include hours 11 accrued under s. 464.203(8); 12 (b) Include, at a minimum: 13 Techniques for assisting with eating and proper 1. 14 feeding; 15 2. Principles of adequate nutrition and hydration; 16 3. Techniques for assisting and responding to the 17 cognitively impaired resident or the resident with difficult 18 behaviors; 19 4. Techniques for caring for the resident at the end-of-life; and 20 Recognizing changes that place a resident at risk 21 5. 22 for pressure ulcers and falls; and (c) Address areas of weakness as determined in nursing 23 24 assistant performance reviews and may address the special 25 needs of residents as determined by the nursing home facility staff. 26 27 28 Costs associated with this training may not be reimbursed from 29 additional Medicaid funding through interim rate adjustments. 30 Section 67. Subsections (2), (7), and (8) of section 31 400.23, Florida Statutes, are amended to read: 133

1 400.23 Rules; evaluation and deficiencies; licensure 2 status.--3 (2) Pursuant to the intention of the Legislature, the 4 agency, in consultation with the Department of Health and the 5 Department of Elderly Affairs, shall adopt and enforce rules б to implement this part and part II of chapter 408, which shall 7 include reasonable and fair criteria in relation to: 8 (a) The location of the facility and housing conditions that will ensure the health, safety, and comfort of 9 10 residents, including an adequate call system. In making such 11 rules, the agency shall be guided by criteria recommended by nationally recognized reputable professional groups and 12 associations with knowledge of such subject matters. The 13 agency shall update or revise such criteria as the need 14 arises. The agency may require alterations to a building if it 15 determines that an existing condition constitutes a distinct 16 hazard to life, health, or safety. In performing any 17 inspections of facilities authorized by this part, the agency 18 19 may enforce the special-occupancy provisions of the Florida 20 Building Code and the Florida Fire Prevention Code which apply to nursing homes. The agency is directed to provide assistance 21 to the Florida Building Commission in updating the 22 construction standards of the code relative to nursing homes. 23 24 (b) The number and qualifications of all personnel, 25 including management, medical, nursing, and other professional personnel, and nursing assistants, orderlies, and support 26 27 personnel, having responsibility for any part of the care 28 given residents. 29 (c) All sanitary conditions within the facility and its surroundings, including water supply, sewage disposal, 30 31 134

food handling, and general hygiene which will ensure the
 health and comfort of residents.

3 (d) The equipment essential to the health and welfare4 of the residents.

5

(e) A uniform accounting system.

6 (f) The care, treatment, and maintenance of residents 7 and measurement of the quality and adequacy thereof, based on 8 rules developed under this chapter and the Omnibus Budget 9 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 10 1987), Title IV (Medicare, Medicaid, and Other Health-Related 11 Programs), Subtitle C (Nursing Home Reform), as amended.

(g) The preparation and annual update of a 12 13 comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after 14 consultation with the Department of Community Affairs. At a 15 minimum, the rules must provide for plan components that 16 17 address emergency evacuation transportation; adequate 18 sheltering arrangements; postdisaster activities, including 19 emergency power, food, and water; postdisaster transportation; 20 supplies; staffing; emergency equipment; individual 21 identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency 22 management plan is subject to review and approval by the local 23 24 emergency management agency. During its review, the local 25 emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review 26 27 the plan: the Department of Elderly Affairs, the Department 28 of Health, the Agency for Health Care Administration, and the 29 Department of Community Affairs. Also, appropriate volunteer 30 organizations must be given the opportunity to review the 31 plan. The local emergency management agency shall complete

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its review within 60 days and either approve the plan or
 advise the facility of necessary revisions.

3 (h) The availability, distribution, and posting of
4 reports and records pursuant to s. 400.191 and the Gold Seal
5 Program pursuant to s. 400.235.

б (7) The agency shall, at least every 15 months, 7 evaluate all nursing home facilities and make a determination as to the degree of compliance by each licensee with the 8 9 established rules adopted under this part as a basis for 10 assigning a licensure status to that facility. The agency 11 shall base its evaluation on the most recent inspection report, taking into consideration findings from other official 12 reports, surveys, interviews, investigations, and inspections. 13 14 The agency shall assign a licensure status of standard or 15 conditional to each nursing home.

16 (a) A standard licensure status means that a facility 17 has no class I or class II deficiencies and has corrected all 18 class III deficiencies within the time established by the 19 agency.

(b) A conditional licensure status means that a 20 21 facility, due to the presence of one or more class I or class II deficiencies, or class III deficiencies not corrected 22 within the time established by the agency, is not in 23 24 substantial compliance at the time of the survey with criteria 25 established under this part or with rules adopted by the agency. If the facility has no class I, class II, or class 26 27 III deficiencies at the time of the followup survey, a 28 standard licensure status may be assigned.

(c) In evaluating the overall quality of care and services and determining whether the facility will receive a conditional or standard license, the agency shall consider the

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1 needs and limitations of residents in the facility and the 2 results of interviews and surveys of a representative sampling 3 of residents, families of residents, ombudsman council members 4 in the planning and service area in which the facility is 5 located, guardians of residents, and staff of the nursing home б facility. 7 (d) The current licensure status of each facility must 8 be indicated in bold print on the face of the license. A list of the deficiencies of the facility shall be posted in a 9 10 prominent place that is in clear and unobstructed public view 11 at or near the place where residents are being admitted to that facility. Licensees receiving a conditional licensure 12 13 status for a facility shall prepare, within 10 working days 14 after receiving notice of deficiencies, a plan for correction of all deficiencies and shall submit the plan to the agency 15 16 for approval. 17 (e) Each licensee shall post its license in a 18 prominent place that is in clear and unobstructed public view 19 at or near the place where residents are being admitted to the 20 facility. (e)(f) The agency shall adopt rules that: 21 22 1. Establish uniform procedures for the evaluation of 23 facilities. 24 2. Provide criteria in the areas referenced in 25 paragraph (c). 26 3. Address other areas necessary for carrying out the 27 intent of this section. 28 (8) The agency shall adopt rules pursuant to this part 29 and part II of chapter 408 to provide that, when the criteria established under subsection (2) are not met, such 30 31 deficiencies shall be classified according to the nature and 137

1 the scope of the deficiency. The scope shall be cited as 2 isolated, patterned, or widespread. An isolated deficiency is 3 a deficiency affecting one or a very limited number of residents, or involving one or a very limited number of staff, 4 5 or a situation that occurred only occasionally or in a very б limited number of locations. A patterned deficiency is a 7 deficiency where more than a very limited number of residents are affected, or more than a very limited number of staff are 8 9 involved, or the situation has occurred in several locations, 10 or the same resident or residents have been affected by 11 repeated occurrences of the same deficient practice but the effect of the deficient practice is not found to be pervasive 12 throughout the facility. A widespread deficiency is a 13 deficiency in which the problems causing the deficiency are 14 15 pervasive in the facility or represent systemic failure that has affected or has the potential to affect a large portion of 16 17 the facility's residents. The agency shall indicate the classification on the face of the notice of deficiencies as 18 19 follows:

(a) A class I deficiency is a deficiency that the 20 21 agency determines presents a situation in which immediate corrective action is necessary because the facility's 22 noncompliance has caused, or is likely to cause, serious 23 24 injury, harm, impairment, or death to a resident receiving 25 care in a facility. The condition or practice constituting a class I violation shall be abated or eliminated immediately, 26 unless a fixed period of time, as determined by the agency, is 27 28 required for correction. A class I deficiency is subject to a 29 civil penalty of \$10,000 for an isolated deficiency, \$12,500 for a patterned deficiency, and \$15,000 for a widespread 30 31 deficiency. The fine amount shall be doubled for each

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deficiency if the facility was previously cited for one or more class I or class II deficiencies during the last <u>licensure</u> annual inspection or any inspection or complaint investigation since the last <u>licensure</u> annual inspection. A fine must be levied notwithstanding the correction of the deficiency.

7 (b) A class II deficiency is a deficiency that the 8 agency determines has compromised the resident's ability to 9 maintain or reach his or her highest practicable physical, 10 mental, and psychosocial well-being, as defined by an accurate 11 and comprehensive resident assessment, plan of care, and provision of services. A class II deficiency is subject to a 12 civil penalty of \$2,500 for an isolated deficiency, \$5,000 for 13 a patterned deficiency, and \$7,500 for a widespread 14 deficiency. The fine amount shall be doubled for each 15 deficiency if the facility was previously cited for one or 16 17 more class I or class II deficiencies during the last licensure annual inspection or any inspection or complaint 18 19 investigation since the last licensure annual inspection. A 20 fine shall be levied notwithstanding the correction of the 21 deficiency.

(c) A class III deficiency is a deficiency that the 22 agency determines will result in no more than minimal 23 24 physical, mental, or psychosocial discomfort to the resident 25 or has the potential to compromise the resident's ability to maintain or reach his or her highest practical physical, 26 mental, or psychosocial well-being, as defined by an accurate 27 28 and comprehensive resident assessment, plan of care, and 29 provision of services. A class III deficiency is subject to a civil penalty of \$1,000 for an isolated deficiency, \$2,000 for 30 31 a patterned deficiency, and \$3,000 for a widespread

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1 deficiency. The fine amount shall be doubled for each 2 deficiency if the facility was previously cited for one or 3 more class I or class II deficiencies during the last 4 licensure annual inspection or any inspection or complaint 5 investigation since the last licensure annual inspection. A 6 citation for a class III deficiency must specify the time 7 within which the deficiency is required to be corrected. If a class III deficiency is corrected within the time specified, 8 9 no civil penalty shall be imposed. 10 (d) A class IV deficiency is a deficiency that the 11 agency determines has the potential for causing no more than a minor negative impact on the resident. If the class IV 12 deficiency is isolated, no plan of correction is required. 13 14 Section 68. Subsections (1) and (2) of section 400.241, Florida Statutes, are repealed. 15 Section 69. Subsection (5) of section 400.402, Florida 16 17 Statutes, is repealed and present subsections (12), (14), and (17) of that section are redesignated as subsections (11), 18 19 (13), and (16), respectively, and amended to read: 20 400.402 Definitions.--When used in this part, the 21 term: 22 (5) "Applicant" means an individual owner, 23 corporation, partnership, firm, association, or governmental 24 entity that applies for a license. 25 (11)(12) "Extended congregate care" means acts beyond those authorized in subsection(16)(17)that may be performed 26 pursuant to part I of chapter 464 by persons licensed 27 28 thereunder while carrying out their professional duties, and 29 other supportive services which may be specified by rule. The purpose of such services is to enable residents to age in 30 31 place in a residential environment despite mental or physical 140

1 limitations that might otherwise disqualify them from 2 residency in a facility licensed under this part. 3 (13)(14) "Limited nursing services" means acts that may be performed pursuant to part I of chapter 464 by persons 4 5 licensed thereunder while carrying out their professional б duties but limited to those acts which the agency department 7 specifies by rule. Acts which may be specified by rule as 8 allowable limited nursing services shall be for persons who 9 meet the admission criteria established by the agency 10 department for assisted living facilities and shall not be 11 complex enough to require 24-hour nursing supervision and may include such services as the application and care of routine 12 13 dressings, and care of casts, braces, and splints. (16)(17) "Personal services" means direct physical 14 assistance with or supervision of the activities of daily 15 living and the self-administration of medication and other 16 17 similar services which the agency department may define by rule. "Personal services" shall not be construed to mean the 18 19 provision of medical, nursing, dental, or mental health 20 services. Section 70. Section 400.407, Florida Statutes, is 21 22 amended to read: 400.407 License required; fee, display .--23 24 (1) The requirements of part II of chapter 408 apply 25 to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 26 entities licensed by or applying for such licensure from the 27 28 Agency for Health Care Administration pursuant to this part. 29 However, an applicant for licensure is exempt from s. 408.810(10).A license issued by the agency is required for an 30 31 assisted living facility operating in this state. 141

1 (2) Separate licenses shall be required for facilities maintained in separate premises, even though operated under 2 3 the same management. A separate license shall not be required 4 for separate buildings on the same grounds. (3) In addition to the requirements of s. 408.806, 5 б each any license granted by the agency must state the maximum 7 resident capacity of the facility, the type of care for which 8 the license is granted, the date the license is issued, the 9 expiration date of the license, and any other information 10 deemed necessary by the agency. Licenses shall be issued for 11 one or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited 12 13 mental health. (a) A standard license shall be issued to facilities 14 15 providing one or more of the personal services identified in s. 400.402. Such facilities may also employ or contract with a 16 17 person licensed under part I of chapter 464 to administer 18 medications and perform other tasks as specified in s. 19 400.4255. 20 (b) An extended congregate care license shall be issued to facilities providing, directly or through contract, 21 services beyond those authorized in paragraph (a), including 22 acts performed pursuant to part I of chapter 464 by persons 23 24 licensed thereunder, and supportive services defined by rule to persons who otherwise would be disqualified from continued 25 residence in a facility licensed under this part. 26 27 In order for extended congregate care services to 1. 28 be provided in a facility licensed under this part, the agency 29 must first determine that all requirements established in law and rule are met and must specifically designate, on the 30 31 facility's license, that such services may be provided and 142

1 whether the designation applies to all or part of a facility. 2 Such designation may be made at the time of initial licensure 3 or relicensure, or upon request in writing by a licensee under 4 this part pursuant to s. 408.806. Notification of approval or 5 denial of such request shall be made in accordance with part б II of chapter 408 within 90 days after receipt of such request 7 and all necessary documentation. Existing facilities qualifying to provide extended congregate care services must 8 9 have maintained a standard license and may not have been 10 subject to administrative sanctions during the previous 2 11 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following 12 13 reasons: A class I or class II violation; 14 a. 15 b. Three or more repeat or recurring class III violations of identical or similar resident care standards as 16 17 specified in rule from which a pattern of noncompliance is 18 found by the agency; 19 c. Three or more class III violations that were not 20 corrected in accordance with the corrective action plan 21 approved by the agency; d. Violation of resident care standards resulting in a 22 requirement to employ the services of a consultant pharmacist 23 24 or consultant dietitian; Denial, suspension, or revocation of a license for 25 e another facility under this part in which the applicant for an 26 27 extended congregate care license has at least 25 percent 28 ownership interest; or 29 f. Imposition of a moratorium on admissions or 30 initiation of injunctive proceedings. 31 143

1 2. Facilities that are licensed to provide extended 2 congregate care services shall maintain a written progress 3 report on each person who receives such services, which report 4 describes the type, amount, duration, scope, and outcome of 5 services that are rendered and the general status of the б resident's health. A registered nurse, or appropriate 7 designee, representing the agency shall visit such facilities at least quarterly to monitor residents who are receiving 8 9 extended congregate care services and to determine if the 10 facility is in compliance with this part, part II of chapter 11 408, and with rules that relate to extended congregate care. One of these visits may be in conjunction with the regular 12 13 survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. 14 A registered nurse shall serve as part of the team that 15 inspects such facility. The agency may waive one of the 16 17 required yearly monitoring visits for a facility that has been 18 licensed for at least 24 months to provide extended congregate 19 care services, if, during the inspection, the registered nurse 20 determines that extended congregate care services are being provided appropriately, and if the facility has no class I or 21 class II violations and no uncorrected class III violations. 22 Before such decision is made, the agency shall consult with 23 24 the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been 25 made and substantiated about the quality of services or care. 26 The agency may not waive one of the required yearly monitoring 27 28 visits if complaints have been made and substantiated. 29 Facilities that are licensed to provide extended 3. 30 congregate care services shall: 31

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1 Demonstrate the capability to meet unanticipated a. 2 resident service needs. 3 b. Offer a physical environment that promotes a 4 homelike setting, provides for resident privacy, promotes 5 resident independence, and allows sufficient congregate space б as defined by rule. 7 Have sufficient staff available, taking into с. 8 account the physical plant and firesafety features of the 9 building, to assist with the evacuation of residents in an 10 emergency, as necessary. 11 d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and 12 13 decisionmaking to permit residents to age in place to the 14 extent possible, so that moves due to changes in functional status are minimized or avoided. 15 Allow residents or, if applicable, a resident's 16 e. 17 representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in 18 19 developing service plans, and share responsibility in 20 decisionmaking. Implement the concept of managed risk. 21 f. Provide, either directly or through contract, the 22 q. services of a person licensed pursuant to part I of chapter 23 24 464. 25 In addition to the training mandated in s. 400.452, h. provide specialized training as defined by rule for facility 26 27 staff. 28 Facilities licensed to provide extended congregate 4. 29 care services are exempt from the criteria for continued residency as set forth in rules adopted under s. 400.441. 30 31 Facilities so licensed shall adopt their own requirements 145 **CODING:**Words stricken are deletions; words underlined are additions. 1 within guidelines for continued residency set forth by the 2 department in rule. However, such facilities may not serve 3 residents who require 24-hour nursing supervision. Facilities 4 licensed to provide extended congregate care services shall 5 provide each resident with a written copy of facility policies 6 governing admission and retention.

7 The primary purpose of extended congregate care 5. 8 services is to allow residents, as they become more impaired, 9 the option of remaining in a familiar setting from which they 10 would otherwise be disqualified for continued residency. A 11 facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission 12 criteria for a facility with a standard license, if the 13 individual is determined appropriate for admission to the 14 extended congregate care facility. 15

16 6. Before admission of an individual to a facility 17 licensed to provide extended congregate care services, the 18 individual must undergo a medical examination as provided in 19 s. 400.426(4) and the facility must develop a preliminary 20 service plan for the individual.

7. When a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility shall make arrangements for relocating the person in accordance with s. 400.428(1)(k).

8. Failure to provide extended congregate care
services may result in denial of extended congregate care
license renewal.

9. No later than January 1 of each year, the
department, in consultation with the agency, shall prepare and
submit to the Governor, the President of the Senate, the

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1 Speaker of the House of Representatives, and the chairs of 2 appropriate legislative committees, a report on the status of, 3 and recommendations related to, extended congregate care 4 services. The status report must include, but need not be 5 limited to, the following information: б A description of the facilities licensed to provide a. 7 such services, including total number of beds licensed under this part. 8 The number and characteristics of residents 9 b. 10 receiving such services. 11 The types of services rendered that could not be с. provided through a standard license. 12 13 d. An analysis of deficiencies cited during licensure 14 inspections. e. The number of residents who required extended 15 16 congregate care services at admission and the source of 17 admission. f. Recommendations for statutory or regulatory 18 19 changes. 20 The availability of extended congregate care to g. state clients residing in facilities licensed under this part 21 and in need of additional services, and recommendations for 22 appropriations to subsidize extended congregate care services 23 24 for such persons. 25 h. Such other information as the department considers appropriate. 26 27 (c) A limited nursing services license shall be issued 28 to a facility that provides services beyond those authorized 29 in paragraph (a) and as specified in this paragraph. 1. In order for limited nursing services to be 30 31 provided in a facility licensed under this part, the agency 147 **CODING:**Words stricken are deletions; words underlined are additions.

1 must first determine that all requirements established in law 2 and rule are met and must specifically designate, on the 3 facility's license, that such services may be provided. Such designation may be made at the time of initial licensure or 4 5 relicensure, or upon request in writing by a licensee under б this part pursuant to s. 408.806. Notification of approval or 7 denial of such request shall be made in accordance with part 8 II of chapter 408 within 90 days after receipt of such request 9 and all necessary documentation. Existing facilities 10 qualifying to provide limited nursing services shall have 11 maintained a standard license and may not have been subject to administrative sanctions that affect the health, safety, and 12 13 welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 14 15 years.

Facilities that are licensed to provide limited 16 2. 17 nursing services shall maintain a written progress report on each person who receives such nursing services, which report 18 19 describes the type, amount, duration, scope, and outcome of 20 services that are rendered and the general status of the 21 resident's health. A registered nurse representing the agency shall visit such facilities at least twice a year to monitor 22 residents who are receiving limited nursing services and to 23 24 determine if the facility is in compliance with applicable 25 provisions of this part and with related rules. The monitoring visits may be provided through contractual arrangements with 26 appropriate community agencies. A registered nurse shall also 27 28 serve as part of the team that inspects such facility. 29 A person who receives limited nursing services 3.

30 under this part must meet the admission criteria established 31 by the agency for assisted living facilities. When a resident

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1 no longer meets the admission criteria for a facility licensed 2 under this part, arrangements for relocating the person shall 3 be made in accordance with s. 400.428(1)(k), unless the 4 facility is licensed to provide extended congregate care 5 services. б (4) In accordance with s. 408.805, an applicant or 7 licensee shall pay a fee for each license application 8 submitted under this part and part II of chapter 408. The 9 amount of the fee shall be established by rule. 10 (a) The biennial license fee required of a facility is 11 \$300 per license, with an additional fee of \$50 per resident based on the total licensed resident capacity of the facility, 12 13 except that no additional fee will be assessed for beds designated for recipients of optional state supplementation 14 payments provided for in s. 409.212. The total fee may not 15 exceed \$10,000, no part of which shall be returned to the 16 17 facility. The agency shall adjust the per bed license fee and the total licensure fee annually by not more than the change 18 19 in the consumer price index based on the 12 months immediately 20 preceding the increase. 21 (b) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are 22 licensed to provide extended congregate care services under 23 24 this part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$400 per license, with an 25 additional fee of \$10 per resident based on the total licensed 26 resident capacity of the facility. No part of this fee shall 27 28 be returned to the facility. The agency may adjust the per bed 29 license fee and the annual license fee once each year by not 30 more than the average rate of inflation for the 12 months 31 immediately preceding the increase. 149

1	(c) In addition to the total fee assessed under
2	paragraph (a), the agency shall require facilities that are
3	licensed to provide limited nursing services under this part
4	to pay an additional fee per licensed facility. The amount of
5	the biennial fee shall be \$250 per license, with an additional
6	fee of \$10 per resident based on the total licensed resident
7	capacity of the facility. No part of this fee shall be
8	returned to the facility. The agency may adjust the per bed
9	license fee and the biennial license fee once each year by not
10	more than the average rate of inflation for the 12 months
11	immediately preceding the increase.
12	(5) Counties or municipalities applying for licenses
13	under this part are exempt from the payment of license fees.
14	(6) The license shall be displayed in a conspicuous
15	place inside the facility.
16	(7) A license shall be valid only in the possession of
17	the individual, firm, partnership, association, or corporation
18	to which it is issued and shall not be subject to sale,
19	assignment, or other transfer, voluntary or involuntary; nor
20	shall a license be valid for any premises other than that for
21	which originally issued.
22	(8) A fee may be charged to a facility requesting a
23	duplicate license. The fee shall not exceed the actual cost
24	of duplication and postage.
25	Section 71. Subsection (1) of section 400.4075,
26	Florida Statutes, is amended to read:
27	400.4075 Limited mental health licenseAn assisted
28	living facility that serves three or more mental health
29	residents must obtain a limited mental health license.
30	(1) To obtain a limited mental health license, a
31	facility must hold a standard license as an assisted living
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1 facility, must not have any current uncorrected deficiencies or violations, and must ensure that, within 6 months after 2 3 receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct 4 5 contact with mental health residents must complete training of 6 no less than 6 hours related to their duties. Such designation 7 may be made at the time of initial licensure or relicensure, 8 or upon request in writing by a licensee under this part 9 pursuant to s. 408.806. Notification of approval or denial of 10 such request shall be made in accordance with part II of 11 chapter 408. The This training required by this subsection shall will be provided by or approved by the Department of 12 13 Children and Family Services. Section 72. Section 400.408, Florida Statutes, is 14 amended to read: 15 400.408 Unlicensed facilities; referral of person for 16 17 residency to unlicensed facility; penalties; verification of 18 licensure status.--19 (1)(a) It is unlawful to own, operate, or maintain an 20 assisted living facility without obtaining a license under 21 this part. 22 (b) Except as provided under paragraph (d), any person 23 who owns, operates, or maintains an unlicensed assisted living 24 facility commits a felony of the third degree, punishable as 25 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate offense. 26 27 (c) Any person found quilty of violating paragraph (a) 28 a second or subsequent time commits a felony of the second 29 degree, punishable as provided under s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate 30 31 <del>offense.</del>

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1	<u>(1)</u> Any person who owns, operates, or maintains an
2	unlicensed assisted living facility due to a change in this
3	part or a modification in <del>department</del> rule within 6 months
4	after the effective date of such change and who, within 10
5	working days after receiving notification from the agency,
6	fails to cease operation or apply for a license under this
7	part commits a felony of the third degree, punishable as
8	provided in s. 775.082, s. 775.083, or s. 775.084. Each day of
9	continued operation is a separate offense.
10	(e) Any facility that fails to cease operation after
11	agency notification may be fined for each day of noncompliance
12	pursuant to s. 400.419.
13	(f) When a licensee has an interest in more than one
14	assisted living facility, and fails to license any one of
15	these facilities, the agency may revoke the license, impose a
16	moratorium, or impose a fine pursuant to s. 400.419, on any or
17	all of the licensed facilities until such time as the
18	unlicensed facility is licensed or ceases operation.
19	(g) If the agency determines that an owner is
20	operating or maintaining an assisted living facility without
21	obtaining a license and determines that a condition exists in
22	the facility that poses a threat to the health, safety, or
23	welfare of a resident of the facility, the owner is subject to
24	the same actions and fines imposed against a licensed facility
25	as specified in ss. 400.414 and 400.419.
26	(h) Any person aware of the operation of an unlicensed
27	assisted living facility must report that facility to the
28	agency. The agency shall provide to the department's elder
29	information and referral providers a list, by county, of
30	licensed assisted living facilities, to assist persons who are
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1 considering an assisted living facility placement in locating
2 a licensed facility.

3 (2)(i) Each field office of the Agency for Health Care Administration shall establish a local coordinating workgroup 4 5 which includes representatives of local law enforcement б agencies, state attorneys, local fire authorities, the 7 Department of Children and Family Services, the district 8 long-term care ombudsman council, and the district human 9 rights advocacy committee to assist in identifying the 10 operation of unlicensed facilities and to develop and 11 implement a plan to ensure effective enforcement of state laws relating to such facilities. The workgroup shall report its 12 13 findings, actions, and recommendations semiannually to the Director of Health Facility Regulation of the agency. 14

(3) (3) (2) It is unlawful to knowingly refer a person for 15 residency to an unlicensed assisted living facility; to an 16 17 assisted living facility the license of which is under denial or has been suspended or revoked; or to an assisted living 18 19 facility that has a moratorium pursuant to s. 408.814 on 20 admissions. Any person who violates this subsection commits a noncriminal violation, punishable by a fine not exceeding \$500 21 22 as provided in s. 775.083.

(a) Any health care practitioner, as defined in s.
456.001, who is aware of the operation of an unlicensed
facility shall report that facility to the agency. Failure to
report a facility that the practitioner knows or has
reasonable cause to suspect is unlicensed shall be reported to
the practitioner's licensing board.

29 (b) Any hospital or community mental health center 30 licensed under chapter 395 or chapter 394 which knowingly 31

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1 discharges a patient or client to an unlicensed facility is 2 subject to sanction by the agency. 3 (c) Any employee of the agency or department, or the Department of Children and Family Services, who knowingly 4 5 refers a person for residency to an unlicensed facility; to a 6 facility the license of which is under denial or has been 7 suspended or revoked; or to a facility that has a moratorium 8 pursuant to s. 408.814 on admissions is subject to 9 disciplinary action by the agency or department, or the 10 Department of Children and Family Services. 11 (d) The employer of any person who is under contract with the agency or department, or the Department of Children 12 and Family Services, and who knowingly refers a person for 13 residency to an unlicensed facility; to a facility the license 14 of which is under denial or has been suspended or revoked; or 15 to a facility that has a moratorium pursuant to s. 408.814 on 16 17 admissions shall be fined and required to prepare a corrective 18 action plan designed to prevent such referrals. 19 (e) The agency shall provide the department and the 20 Department of Children and Family Services with a list of 21 licensed facilities within each county and shall update the 22 list at least quarterly. 23 (f) At least annually, the agency shall notify, in 24 appropriate trade publications, physicians licensed under chapter 458 or chapter 459, hospitals licensed under chapter 25 395, nursing home facilities licensed under part II of this 26 27 chapter, and employees of the agency or the department, or the 28 Department of Children and Family Services, who are 29 responsible for referring persons for residency, that it is 30 unlawful to knowingly refer a person for residency to an 31 unlicensed assisted living facility and shall notify them of 154

1 the penalty for violating such prohibition. The department and 2 the Department of Children and Family Services shall, in turn, 3 notify service providers under contract to the respective departments who have responsibility for resident referrals to 4 5 facilities. Further, the notice must direct each noticed 6 facility and individual to contact the appropriate agency 7 office in order to verify the licensure status of any facility prior to referring any person for residency. Each notice must 8 include the name, telephone number, and mailing address of the 9 10 appropriate office to contact. 11 Section 73. Section 400.411, Florida Statutes, is amended to read: 12 400.411 Initial application for license; provisional 13 14 license.--15 (1)Each applicant for licensure must comply with all provisions of part II of chapter 408 and the following: 16 17 Application for a license shall be made to the agency on forms 18 furnished by it and shall be accompanied by the appropriate 19 license fee. 20 (2) The applicant may be an individual owner, a corporation, a partnership, a firm, an association, or a 21 22 governmental entity. 23 (3) The application must be signed by the applicant 24 under oath and must contain the following: 25 (a) The name, address, date of birth, and social security number of the applicant and the name by which the 26 27 facility is to be known. If the applicant is a firm, 28 partnership, or association, the application shall contain the 29 name, address, date of birth, and social security number of 30 every member thereof. If the applicant is a corporation, the 31 application shall contain the corporation's name and address; 155

1 the name, address, date of birth, and social security number of each of its directors and officers; and the name and 2 3 address of each person having at least a 5-percent ownership 4 interest in the corporation. 5 (b) The name and address of any professional service, 6 firm, association, partnership, or corporation that is to 7 provide goods, leases, or services to the facility if a 5-percent or greater ownership interest in the service, firm, 8 9 association, partnership, or corporation is owned by a person 10 whose name must be listed on the application under paragraph 11 <del>(a).</del> 12 (c) The name and address of any long-term care facility with which the applicant, administrator, or financial 13 officer has been affiliated through ownership or employment 14 within 5 years of the date of this license application; and a 15 signed affidavit disclosing any financial or ownership 16 17 interest that the applicant, or any person listed in paragraph (a), holds or has held within the last 5 years in any facility 18 19 licensed under this part, or in any other entity licensed by 20 this state or another state to provide health or residential care, which facility or entity closed or ceased to operate as 21 a result of financial problems, or has had a receiver 22 appointed or a license denied, suspended or revoked, or was 23 24 subject to a moratorium on admissions, or has had an 25 injunctive proceeding initiated against it. 26 (d) A description and explanation of any exclusions, 27 permanent suspensions, or terminations of the applicant from 28 the Medicare or Medicaid programs. Proof of compliance with 29 disclosure of ownership and control interest requirements of 30 the Medicaid or Medicare programs shall be accepted in lieu of 31 this submission.

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1	(e) The names and addresses of persons of whom the
2	agency may inquire as to the character, reputation, and
3	financial responsibility of the owner and, if different from
4	the applicant, the administrator and financial officer.
5	<u>(a)<del>(f)</del> Identify</u> <del>Identification</del> of all other homes or
6	facilities, including the addresses and the license or
7	licenses under which they operate, if applicable, which are
8	currently operated by the applicant or administrator and which
9	provide housing, meals, and personal services to residents.
10	<u>(b)</u> Provide the location of the facility for which
11	a license is sought and documentation, signed by the
12	appropriate local government official, which states that the
13	applicant has met local zoning requirements.
14	<u>(c)</u> Provide the name, address, date of birth,
15	social security number, education, and experience of the
16	administrator, if different from the applicant.
17	(4) The applicant shall furnish satisfactory proof of
18	financial ability to operate and conduct the facility in
19	accordance with the requirements of this part. A certificate
20	of authority, pursuant to chapter 651, may be provided as
21	proof of financial ability.
22	(5) If the applicant is a continuing care facility
23	<del>certified under chapter 651, a copy of the facility's</del>
24	certificate of authority must be provided.
25	(6) The applicant shall provide proof of liability
26	insurance as defined in s. 624.605.
27	(7) If the applicant is a community residential home,
28	the applicant must provide proof that it has met the
29	requirements specified in chapter 419.
30	(8) The applicant must provide the agency with proof
31	of legal right to occupy the property.
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1	(2)(9) The applicant must furnish proof that the
2	facility has received a satisfactory firesafety inspection.
3	The local authority having jurisdiction or the State Fire
4	Marshal must conduct the inspection within 30 days after
5	written request by the applicant.
6	(3) <del>(10)</del> The applicant must furnish documentation of a
7	satisfactory sanitation inspection of the facility by the
8	county health department.
9	(11) The applicant must furnish proof of compliance
10	with level 2 background screening as required under s.
11	<del>400.4174.</del>
12	(4) (12) A provisional license may be issued to an
13	applicant making initial application for licensure or making
14	application for a change of ownership. A provisional license
15	shall be limited in duration to a specific period of time not
16	to exceed 6 months, as determined by the agency.
17	(5) <del>(13)</del> A county or municipality may not issue an
18	occupational license that is being obtained for the purpose of
19	operating a facility regulated under this part without first
20	ascertaining that the applicant has been licensed to operate
21	such facility at the specified location or locations by the
22	agency. The agency shall furnish to local agencies
23	responsible for issuing occupational licenses sufficient
24	instruction for making such determinations.
25	Section 74. Section 400.412, Florida Statutes, is
26	amended to read:
27	400.412 Sale or transfer of ownership of a
28	facilityIt is the intent of the Legislature to protect the
29	rights of the residents of an assisted living facility when
30	the facility is sold or the ownership thereof is transferred.
31	Therefore, in addition to the requirements of part II of
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1 chapter 408, whenever a facility is sold or the ownership thereof is transferred, including leasing: 2 3 (1) The transferee shall make application to the 4 agency for a new license at least 60 days before the date of 5 transfer of ownership. The application must comply with the б provisions of s. 400.411. 7 (2)(a) The transferor shall notify the agency in 8 writing at least 60 days before the date of transfer of 9 ownership. 10 (1)(b) The transferee new owner shall notify the 11 residents, in writing, of the change transfer of ownership within 7 days after of his or her receipt of the new license. 12 (3) The transferor shall be responsible and liable 13 14 for: (a) The lawful operation of the facility and the 15 welfare of the residents domiciled in the facility until the 16 17 date the transferee is licensed by the agency. (b) Any and all penalties imposed against the facility 18 19 for violations occurring before the date of transfer of 20 ownership unless the penalty imposed is a moratorium on 21 admissions or denial of licensure. The moratorium on admissions or denial of licensure remains in effect after the 22 transfer of ownership, unless the agency has approved the 23 24 transferee's corrective action plan or the conditions which 25 created the moratorium or denial have been corrected, and may be grounds for denial of license to the transferee in 26 27 accordance with chapter 120. 28 (c) Any outstanding liability to the state, unless the 29 transferee has agreed, as a condition of sale or transfer, to accept the outstanding liabilities and to guarantee payment 30 31 therefor; except that, if the transferee fails to meet these

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1 obligations, the transferor shall remain liable for the 2 outstanding liability. 3 (2) (4) The transferor of a facility the license of which is denied pending an administrative hearing shall, as a 4 5 part of the written change-of-ownership transfer-of-ownership б contract, advise the transferee that a plan of correction must be submitted by the transferee and approved by the agency at 7 8 least 7 days before the change transfer of ownership and that failure to correct the condition which resulted in the 9 moratorium pursuant to s. 408.814 on admissions or denial of 10 11 licensure is grounds for denial of the transferee's license. (5) The transferee must provide the agency with proof 12 of legal right to occupy the property before a license may be 13 issued. Proof may include, but is not limited to, copies of 14 15 warranty deeds, or copies of lease or rental agreements, contracts for deeds, quitclaim deeds, or other such 16 17 documentation. Section 75. Section 400.414, Florida Statutes, is 18 19 amended to read: 20 400.414 Denial or, revocation, or suspension of 21 license; moratorium; imposition of administrative fine; 22 grounds.--23 The agency may deny or, revoke, or suspend any (1)license issued under this part, impose <u>a moratorium</u>, or impose 24 an administrative fine in the manner provided in chapter 120, 25 for any of the following actions by an assisted living 26 facility, for the actions of any person subject to level 2 27 background screening under s. 400.4174, or for the actions of 28 29 any facility employee in violation of any provision of this part, part II of chapter 408, or applicable rule: 30 31

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1 (a) An intentional or negligent act seriously 2 affecting the health, safety, or welfare of a resident of the 3 facility. 4 (b) The determination by the agency that the owner 5 lacks the financial ability to provide continuing adequate б care to residents. 7 (c) Misappropriation or conversion of the property of 8 a resident of the facility. 9 (d) Failure to follow the criteria and procedures 10 provided under part I of chapter 394 relating to the 11 transportation, voluntary admission, and involuntary examination of a facility resident. 12 13 (e) A citation of any of the following deficiencies as defined in s. 400.419: 14 1. One or more cited class I deficiencies. 15 Three or more cited class II deficiencies. 16 2. 17 3. Five or more cited class III deficiencies that have 18 been cited on a single survey and have not been corrected 19 within the times specified. (f) A determination that a person subject to level 2 20 21 background screening under s. 400.4174(1) does not meet the screening standards of s. 435.04 or that the facility is 22 retaining an employee subject to level 1 background screening 23 24 standards under s. 400.4174(2) who does not meet the screening standards of s. 435.03 and for whom exemptions from 25 disqualification have not been provided by the agency. 26 27 (q) A determination that an employee, volunteer, 28 administrator, or owner, or person who otherwise has access to 29 the residents of a facility does not meet the criteria specified in s. 435.03(2), and the owner or administrator has 30 31 not taken action to remove the person. Exemptions from 161

1 disqualification may be granted as set forth in s. 435.07. No 2 administrative action may be taken against the facility if the 3 person is granted an exemption. 4 (h) Violation of a moratorium. 5 (i) Failure of the license applicant, the licensee б during relicensure, or a licensee that holds a provisional license to meet the minimum license requirements of this part, 7 8 or related rules, at the time of license application or 9 renewal. 10 (j) A fraudulent statement or omission of any material 11 fact on an application for a license or any other document required by the agency, including the submission of a license 12 application that conceals the fact that any board member, 13 14 officer, or person owning 5 percent or more of the facility 15 may not meet the background screening requirements of s. 16 400.4174, or that the applicant has been excluded, permanently 17 suspended, or terminated from the Medicaid or Medicare 18 programs. 19 (h) (k) An intentional or negligent life-threatening act in violation of the uniform firesafety standards for 20 21 assisted living facilities or other firesafety standards that threatens the health, safety, or welfare of a resident of a 22 facility, as communicated to the agency by the local authority 23 24 having jurisdiction or the State Fire Marshal. 25 (1) Exclusion, permanent suspension, or termination from the Medicare or Medicaid programs. 26 27 (i) (m) Knowingly operating any unlicensed facility or providing without a license any service that must be licensed 28 29 under this chapter. 30 (j)(n) Any act constituting a ground upon which 31 application for a license may be denied. 162

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1 2 Administrative proceedings challenging agency action under 3 this subsection shall be reviewed on the basis of the facts and conditions that resulted in the agency action. 4 5 (2) Upon notification by the local authority having б jurisdiction or by the State Fire Marshal, the agency may deny 7 or revoke the license of an assisted living facility that fails to correct cited fire code violations that affect or 8 threaten the health, safety, or welfare of a resident of a 9 10 facility. 11 (3) The agency may deny a license to any applicant controlling interest as defined in s. 408.803 that or to any 12 officer or board member of an applicant who is a firm, 13 14 corporation, partnership, or association or who owns 5 percent or more of the facility, if the applicant, officer, or board 15 member has or had a 25-percent or greater financial or 16 17 ownership interest in any other facility licensed under this part, or in any entity licensed by this state or another state 18 19 to provide health or residential care, which facility or 20 entity during the 5 years prior to the application for a 21 license closed due to financial inability to operate; had a receiver appointed or a license denied, suspended, or revoked; 22 was subject to a moratorium pursuant to s. 408.814 on 23 24 admissions; had an injunctive proceeding initiated against it; 25 or has an outstanding fine assessed under this chapter. (4) The agency shall deny or revoke the license of an 26 27 assisted living facility that has two or more class I violations that are similar or identical to violations 28 29 identified by the agency during a survey, inspection, monitoring visit, or complaint investigation occurring within 30 31 the previous 2 years.

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1	(5) An action taken by the agency to suspend, deny, or
2	revoke a facility's license under this part, in which the
3	agency claims that the facility owner or an employee of the
4	facility has threatened the health, safety, or welfare of a
5	resident of the facility be heard by the Division of
6	Administrative Hearings of the Department of Management
7	Services within 120 days after receipt of the facility's
8	request for a hearing, unless that time limitation is waived
9	by both parties. The administrative law judge must render a
10	decision within 30 days after receipt of a proposed
11	recommended order.
12	(6) The agency shall provide to the Division of Hotels
13	and Restaurants of the Department of Business and Professional
14	Regulation, on a monthly basis, a list of those assisted
15	living facilities that have had their licenses denied <del>,</del>
16	suspended, or revoked or that are involved in an appellate
17	proceeding pursuant to s. 120.60 related to the denial $\frac{1}{7}$
18	suspension, or revocation of a license.
19	(7) Agency notification of a license <del>suspension or</del>
20	revocation, or denial of a license renewal, shall be posted
21	and visible to the public at the facility.
22	(8) The agency may issue a temporary license pending
23	final disposition of a proceeding involving the suspension or
24	revocation of an assisted living facility license.
25	Section 76. Section 400.417, Florida Statutes, is
26	amended to read:
27	400.417 Expiration of license; renewal; conditional
28	license
29	(1) <del>Biennial licenses, unless sooner suspended or</del>
30	revoked, shall expire 2 years from the date of issuance.
31	Limited nursing, extended congregate care, and limited mental
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	TNC. Words staidler are deletions: words underlined are additions

1 health licenses shall expire at the same time as the facility's standard license, regardless of when issued. The 2 3 agency shall notify the facility at least 120 days prior to expiration that a renewal license is necessary to continue 4 5 operation. The notification must be provided electronically or б by mail delivery. Ninety days prior to the expiration date, an 7 application for renewal shall be submitted to the agency. Fees 8 must be prorated. The failure to file a timely renewal 9 application shall result in a late fee charged to the facility 10 in an amount equal to 50 percent of the current fee. 11 (2) A license shall be renewed in accordance with part II of chapter 408 within 90 days upon the timely filing of an 12 application on forms furnished by the agency and the provision 13 of satisfactory proof of ability to operate and conduct the 14 facility in accordance with the requirements of this part and 15 adopted rules, including proof that the facility has received 16 17 a satisfactory firesafety inspection, conducted by the local authority having jurisdiction or the State Fire Marshal, 18 19 within the preceding 12 months and an affidavit of compliance 20 with the background screening requirements of s. 400.4174. 21 In addition to the requirements of part II of (3) chapter 408, An applicant for renewal of a license who has 22 23 complied with the provisions of s. 400.411 with respect to 24 proof of financial ability to operate shall not be required to provide further proof unless the facility or any other 25 facility owned or operated in whole or in part by the same 26 27 person has demonstrated financial instability as provided 28 under s. 400.447(2) or unless the agency suspects that the 29 facility is not financially stable as a result of the annual 30 survey or complaints from the public or a report from the 31 State Long-Term Care Ombudsman Council.each facility must

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1 report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its 2 3 occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility 4 5 to the extent necessary to determine the facility's financial б stability. A license for the operation of a facility shall not 7 be renewed if the licensee has any outstanding fines assessed 8 pursuant to this part which are in final order status. 9 (4) A licensee against whom a revocation or suspension 10 proceeding is pending at the time of license renewal may be 11 issued a conditional license effective until final disposition by the agency. If judicial relief is sought from the final 12 13 disposition, the court having jurisdiction may issue a 14 conditional license for the duration of the judicial 15 proceeding. 16 (4) (4) (5) A conditional license may be issued to an 17 applicant for license renewal if the applicant fails to meet all standards and requirements for licensure. A conditional 18 19 license issued under this subsection shall be limited in duration to a specific period of time not to exceed 6 months, 20 as determined by the agency, and shall be accompanied by an 21 agency-approved plan of correction. 22 (5) (6) When an extended care or limited nursing 23 24 license is requested during a facility's biennial license 25 period, the fee shall be prorated in order to permit the additional license to expire at the end of the biennial 26 license period. The fee shall be calculated as of the date the 27 28 additional license application is received by the agency. 29 (6) (7) The agency department may by rule establish 30 renewal procedures, identify forms, and specify documentation 31

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   necessary to administer this section and part II of chapter
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    408.
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           Section 77. Section 400.415, Florida Statutes, is
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   repealed.
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           Section 78. Section 400.4174, Florida Statutes, is
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    amended to read:
7
           400.4174 Background screening; exemptions .--
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         (1)(a) Level 2 background screening must be conducted
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    on each of the following persons, who shall be considered
10
    employees for the purposes of conducting screening under
11
    <del>chapter 435:</del>
           1. The facility owner if an individual, the
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    administrator, and the financial officer.
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           2. An officer or board member if the facility owner is
14
   a firm, corporation, partnership, or association, or any
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   person owning 5 percent or more of the facility if the agency
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   has probable cause to believe that such person has been
   convicted of any offense prohibited by s. 435.04. For each
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   officer, board member, or person owning 5 percent or more who
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   has been convicted of any such offense, the facility shall
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    submit to the agency a description and explanation of the
   conviction at the time of license application. This
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    subparagraph does not apply to a board member of a
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   not-for-profit corporation or organization if the board member
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   serves solely in a voluntary capacity, does not regularly take
   part in the day-to-day operational decisions of the
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   corporation or organization, receives no remuneration for his
    or her services, and has no financial interest and has no
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    family members with a financial interest in the corporation or
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   organization, provided that the board member and facility
31 submit a statement affirming that the board member's
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1 relationship to the facility satisfies the requirements of 2 this subparagraph. 3 (b) Proof of compliance with level 2 screening standards which has been submitted within the previous 5 years 4 5 to meet any facility or professional licensure requirements of б the agency or the Department of Health satisfies the 7 requirements of this subsection, provided that such proof is 8 accompanied, under penalty of perjury, by an affidavit of 9 compliance with the provisions of chapter 435. Proof of 10 compliance with the background screening requirements of the 11 Financial Services Commission and the Office of Insurance Regulation for applicants for a certificate of authority to 12 13 operate a continuing care retirement community under chapter 651, submitted within the last 5 years, satisfies the 14 Department of Law Enforcement and Federal Bureau of 15 Investigation portions of a level 2 background check. 16 17 (c) The agency may grant a provisional license to a facility applying for an initial license when each individual 18 19 required by this subsection to undergo screening has completed 20 the Department of Law Enforcement background checks, but has not yet received results from the Federal Bureau of 21 22 Investigation, or when a request for an exemption from disqualification has been submitted to the agency pursuant to 23 24 s. 435.07, but a response has not been issued. (2) The owner or administrator of an assisted living 25 26 facility must conduct level 1 background screening, as set 27 forth in chapter 435, on all employees hired on or after October 1, 1998, who perform personal services as defined in 28 29 s. 400.402(17). The agency may exempt an individual from 30 employment disgualification as set forth in chapter 435. Such 31 persons shall be considered as having met this requirement if: 168

1	(1)(a) Proof of compliance with level 1 screening
2	requirements obtained to meet any professional license
3	requirements in this state is provided and accompanied, under
4	penalty of perjury, by a copy of the person's current
5	professional license and an affidavit of current compliance
6	with the background screening requirements.
7	(2) (b) The person required to be screened has been
8	continuously employed in the same type of occupation for which
9	the person is seeking employment without a breach in service
10	which exceeds 180 days, and proof of compliance with the level
11	1 screening requirement which is no more than 2 years old is
12	provided. Proof of compliance shall be provided directly from
13	one employer or contractor to another, and not from the person
14	screened. Upon request, a copy of screening results shall be
15	provided by the employer retaining documentation of the
16	screening to the person screened.
17	(3) (c) The person required to be screened is employed
18	by a corporation or business entity or related corporation or
19	business entity that owns, operates, or manages more than one
20	facility or agency licensed under this chapter, and for whom a
21	level 1 screening was conducted by the corporation or business
22	entity as a condition of initial or continued employment.
23	Section 79. Section 400.4176, Florida Statutes, is
24	amended to read:
25	400.4176 Notice of change of administratorIf,
26	during the period for which a license is issued, the owner
27	changes administrators, the owner must notify the agency of
28	the change within 10 days and provide documentation within 90
29	days that the new administrator has completed the applicable
30	core educational requirements under s. 400.452. Background
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screening shall be completed on any new administrator as 1 2 specified in s. 400.4174. 3 Section 80. Subsection (7) of section 400.4178, 4 Florida Statutes, is repealed. 5 Section 81. Section 400.418, Florida Statutes, is б amended to read: 7 400.418 Disposition of fees and administrative 8 fines.--9 (1) Income from license fees, inspection fees, late 10 fees, and administrative fines collected under this part 11 generated pursuant to ss. 400.407, 400.408, 400.417, 400.419, and 400.431 shall be deposited in the Health Care Trust Fund 12 administered by the agency. Such funds shall be directed to 13 and used by the agency for the following purposes: 14 15 (1) (1) (a) Up to 50 percent of the trust funds accrued each fiscal year under this part may be used to offset the 16 17 expenses of receivership, pursuant to s. 400.422, if the court 18 determines that the income and assets of the facility are 19 insufficient to provide for adequate management and operation. 20 (2)(b) An amount of \$5,000 of the trust funds accrued 21 each year under this part shall be allocated to pay for inspection-related physical and mental health examinations 22 requested by the agency pursuant to s. 400.426 for residents 23 24 who are either recipients of supplemental security income or 25 have monthly incomes not in excess of the maximum combined federal and state cash subsidies available to supplemental 26 security income recipients, as provided for in s. 409.212. 27 28 Such funds shall only be used where the resident is ineligible 29 for Medicaid. (3)(c) Any trust funds accrued each year under this 30 31 part and not used for the purposes specified in paragraphs (a) 170

1 and (b) shall be used to offset the costs of the licensure 2 program, including the costs of conducting background 3 investigations, verifying information submitted, defraying the 4 costs of processing the names of applicants, and conducting 5 inspections and monitoring visits pursuant to this part and б part II of chapter 408. 7 (2) Income from fees generated pursuant to s. 8 400.441(5) shall be deposited in the Health Care Trust Fund 9 and used to offset the costs of printing and postage. 10 Section 82. Section 400.419, Florida Statutes, is 11 amended to read: 400.419 Violations; imposition of administrative 12 13 fines; grounds.--14 (1) The agency shall impose an administrative fine in the manner provided in chapter 120 for a violation of any 15 provision of this part, part II of chapter 408, or applicable 16 17 rule any of the actions or violations as set forth within this section by an assisted living facility, for the actions of any 18 19 person subject to level 2 background screening under s. 400.4174, for the actions of any facility employee, or for an 20 intentional or negligent act seriously affecting the health, 21 safety, or welfare of a resident of the facility. 22 (2) Each violation of this part and adopted rules 23 24 shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. 25 The agency shall indicate the classification on the written 26 notice of the violation as follows: 27 (a) Class "I" violations are those conditions or 28 29 occurrences related to the operation and maintenance of a facility or to the personal care of residents which the agency 30 31 determines present an imminent danger to the residents or 171 **CODING:**Words stricken are deletions; words underlined are additions. 1 guests of the facility or a substantial probability that death 2 or serious physical or emotional harm would result therefrom. 3 The condition or practice constituting a class I violation shall be abated or eliminated within 24 hours, unless a fixed 4 5 period, as determined by the agency, is required for б correction. The agency shall impose an administrative fine for 7 a cited class I violation in an amount not less than \$5,000 and not exceeding \$10,000 for each violation. A fine may be 8 9 levied notwithstanding the correction of the violation.

10 (b) Class "II" violations are those conditions or 11 occurrences related to the operation and maintenance of a facility or to the personal care of residents which the agency 12 13 determines directly threaten the physical or emotional health, 14 safety, or security of the facility residents, other than 15 class I violations. The agency shall impose an administrative fine for a cited class II violation in an amount not less than 16 17 \$1,000 and not exceeding \$5,000 for each violation. A fine shall be levied notwithstanding the correction of the 18 19 violation.

(c) Class "III" violations are those conditions or 20 occurrences related to the operation and maintenance of a 21 22 facility or to the personal care of residents which the agency determines indirectly or potentially threaten the physical or 23 24 emotional health, safety, or security of facility residents, 25 other than class I or class II violations. The agency shall impose an administrative fine for a cited class III violation 26 in an amount not less than \$500 and not exceeding \$1,000 for 27 each violation. A citation for a class III violation must 28 29 specify the time within which the violation is required to be corrected. If a class III violation is corrected within the 30 31

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1 time specified, no fine may be imposed, unless it is a 2 repeated offense. 3 (d) Class "IV" violations are those conditions or 4 occurrences related to the operation and maintenance of a 5 building or to required reports, forms, or documents that do б not have the potential of negatively affecting residents. These violations are of a type that the agency determines do 7 not threaten the health, safety, or security of residents of 8 9 the facility. The agency shall impose an administrative fine 10 for a cited class IV violation in an amount not less than \$100 11 and not exceeding \$200 for each violation. A citation for a class IV violation must specify the time within which the 12 violation is required to be corrected. If a class IV violation 13 is corrected within the time specified, no fine shall be 14 imposed. Any class IV violation that is corrected during the 15 time an agency survey is being conducted will be identified as 16 17 an agency finding and not as a violation. (3) In determining if a penalty is to be imposed and 18 19 in fixing the amount of the fine, the agency shall consider 20 the following factors: The gravity of the violation, including the 21 (a) 22 probability that death or serious physical or emotional harm to a resident will result or has resulted, the severity of the 23 24 action or potential harm, and the extent to which the 25 provisions of the applicable laws or rules were violated. (b) Actions taken by the owner or administrator to 26 27 correct violations. 28 (c) Any previous violations. 29 (d) The financial benefit to the facility of committing or continuing the violation. 30 31 (e) The licensed capacity of the facility. 173 **CODING:**Words stricken are deletions; words underlined are additions.

1 (4) Each day of continuing violation after the date 2 fixed for termination of the violation, as ordered by the 3 agency, constitutes an additional, separate, and distinct violation. 4 5 (5) Any action taken to correct a violation shall be 6 documented in writing by the owner or administrator of the 7 facility and verified through followup visits by agency 8 personnel. The agency may impose a fine and, in the case of an 9 owner-operated facility, revoke or deny a facility's license 10 when a facility administrator fraudulently misrepresents 11 action taken to correct a violation. (6) For fines that are upheld following administrative 12 or judicial review, the violator shall pay the fine, plus 13 interest at the rate as specified in s. 55.03, for each day 14 beyond the date set by the agency for payment of the fine. 15 (7) Any unlicensed facility that continues to operate 16 17 after agency notification is subject to a \$1,000 fine per day. 18 (8) Any licensed facility whose owner or administrator 19 concurrently operates an unlicensed facility shall be subject 20 to an administrative fine of \$5,000 per day. (9) Any facility whose owner fails to apply for a 21 22 change-of-ownership license in accordance with s. 400.412 and 23 operates the facility under the new ownership is subject to a 24 fine of \$5,000. (6)<del>(10)</del> In addition to any administrative fines 25 imposed, the agency may assess a survey fee, equal to the 26 27 lesser of one half of the facility's biennial license and bed 28 fee or \$500, to cover the cost of conducting initial complaint 29 investigations that result in the finding of a violation that 30 was the subject of the complaint or monitoring visits 31

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1 conducted under s. 400.428(3)(c) to verify the correction of 2 the violations.

3 (7) (1) The agency, as an alternative to or in conjunction with an administrative action against a facility 4 5 for violations of this part and adopted rules, shall make a reasonable attempt to discuss each violation and recommended б 7 corrective action with the owner or administrator of the facility, prior to written notification. The agency, instead 8 9 of fixing a period within which the facility shall enter into 10 compliance with standards, may request a plan of corrective 11 action from the facility which demonstrates a good faith effort to remedy each violation by a specific date, subject to 12 13 the approval of the agency.

14 (12) Administrative fines paid by any facility under
 15 this section shall be deposited into the Health Care Trust
 16 Fund and expended as provided in s. 400.418.

17 (8)(13) The agency shall develop and disseminate an annual list of all facilities sanctioned or fined \$5,000 or 18 19 more for violations of state standards, the number and class 20 of violations involved, the penalties imposed, and the current status of cases. The list shall be disseminated, at no charge, 21 to the Department of Elderly Affairs, the Department of 22 Health, the Department of Children and Family Services, the 23 24 area agencies on aging, the Florida Statewide Advocacy 25 Council, and the state and local ombudsman councils. The Department of Children and Family Services shall disseminate 26 the list to service providers under contract to the department 27 28 who are responsible for referring persons to a facility for 29 residency. The agency may charge a fee commensurate with the cost of printing and postage to other interested parties 30 31 requesting a copy of this list.

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1 Section 83. Subsections (2) and (3) of section 400.42, 2 Florida Statutes, are amended to read: 3 400.42 Certain solicitation prohibited; third-party 4 supplementation. --5 (2) Solicitation of contributions of any kind in a б threatening, coercive, or unduly forceful manner by or on 7 behalf of an assisted living facility or facilities by any 8 agent, employee, owner, or representative of any assisted 9 living facility or facilities is grounds for denial, 10 suspension, or revocation of the license of the assisted 11 living facility or facilities by or on behalf of which such contributions were solicited. 12 (3) The admission or maintenance of assisted living 13 facility residents whose care is supported, in whole or in 14 part, by state funds may not be conditioned upon the receipt 15 of any manner of contribution or donation from any person. The 16 17 solicitation or receipt of contributions in violation of this subsection is grounds for denial, suspension, or revocation of 18 19 license, as provided in s. 400.414, for any assisted living 20 facility by or on behalf of which such contributions were 21 solicited. 22 Section 84. Section 400.421, Florida Statutes, is 23 repealed. 24 Section 85. Subsection (10) of section 400.423, Florida Statutes, is amended to read: 25 400.423 Internal risk management and quality assurance 26 program; adverse incidents and reporting requirements.--27 28 (10) The agency **Department of Elderly Affairs** may 29 adopt rules necessary to administer this section. 30 Section 86. Subsection (8) of section 400.424, Florida 31 Statutes, is amended to read: 176

1 400.424 Contracts.--2 (8) The agency department may by rule clarify terms, 3 establish procedures, clarify refund policies and contract provisions, and specify documentation as necessary to 4 5 administer this section. б Section 87. Subsection (3) of section 400.4255, 7 Florida Statutes, is amended to read: 8 400.4255 Use of personnel; emergency care.--9 (3) Facility staff may withhold or withdraw 10 cardiopulmonary resuscitation if presented with an order not 11 to resuscitate executed pursuant to s. 401.45. The agency department shall adopt rules providing for the implementation 12 of such orders. Facility staff and facilities shall not be 13 subject to criminal prosecution or civil liability, nor be 14 considered to have engaged in negligent or unprofessional 15 conduct, for withholding or withdrawing cardiopulmonary 16 17 resuscitation pursuant to such an order and applicable rules 18 adopted by the department. The absence of an order to 19 resuscitate executed pursuant to s. 401.45 does not preclude a 20 physician from withholding or withdrawing cardiopulmonary 21 resuscitation as otherwise permitted by law. Section 88. Subsection (6) of section 400.4256, 22 23 Florida Statutes, is amended to read: 24 400.4256 Assistance with self-administration of medication.--25 26 (6) The agency department may by rule establish 27 facility procedures and interpret terms as necessary to 28 implement this section. 29 Section 89. Subsection (8) of section 400.427, Florida 30 Statutes, is amended to read: 31 400.427 Property and personal affairs of residents.--177

1	(8) The <u>agency</u> <del>department</del> may by rule clarify terms
2	and specify procedures and documentation necessary to
3	administer the provisions of this section relating to the
4	proper management of residents' funds and personal property
5	and the execution of surety bonds.
6	Section 90. Subsection (4) of section 400.4275,
7	Florida Statutes, is amended to read:
8	400.4275 Business practice; personnel records;
9	liability insuranceThe assisted living facility shall be
10	administered on a sound financial basis that is consistent
11	with good business practices.
12	(4) The <u>agency</u> <del>department</del> may by rule clarify terms,
13	establish requirements for financial records, accounting
14	procedures, personnel procedures, insurance coverage, and
15	reporting procedures, and specify documentation as necessary
16	to implement the requirements of this section.
17	Section 91. Subsections (1) and (5) of section
18	400.431, Florida Statutes, are amended to read:
19	400.431 Closing of facility; notice; penalty
20	(1) Whenever a facility voluntarily discontinues
21	<del>operation, it shall inform the agency in writing at least 90</del>
22	days prior to the discontinuance of operation. The facility
23	shall also inform each resident or the next of kin, legal
24	representative, or agency acting on each resident's behalf, of
25	the fact and the proposed time of such discontinuance,
26	following the notification requirements provided in s.
27	400.428(1)(k). In the event a resident has no person to
28	represent him or her, the facility shall be responsible for
29	referral to an appropriate social service agency for
30	placement.
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1	(5) The agency may levy a fine in an amount no greater
2	than \$5,000 upon each person or business entity that owns any
3	interest in a facility that terminates operation without
4	providing notice to the agency and the residents of the
5	facility at least 30 days before operation ceases. This fine
6	shall not be levied against any facility involuntarily closed
7	at the initiation of the agency. The agency shall use the
8	proceeds of the fines to operate the facility until all
9	residents of the facility are relocated and shall deposit any
10	balance of the proceeds into the Health Care Trust Fund
11	established pursuant to s. 400.418.
12	Section 92. Section 400.434, Florida Statutes, is
13	amended to read:
14	400.434 Right of entry and inspectionAny duly
15	designated officer or employee of the department, the
16	Department of Children and Family Services, the agency, the
17	state or local fire marshal, <del>or</del> a member of the state or local
18	long-term care ombudsman council, or the agency in accordance
19	with s. $408.811$ shall have the right to enter unannounced upon
20	and into the premises of any facility licensed pursuant to
21	this part in order to determine the state of compliance with
22	the provisions of this part, part II of chapter 408, and
23	applicable of rules or standards in force pursuant thereto.
24	The right of entry and inspection shall also extend to any
25	premises which the agency has reason to believe is being
26	operated or maintained as a facility without a license; but no
27	such entry or inspection of any premises may be made without
28	the permission of the owner or person in charge thereof,
29	unless a warrant is first obtained from the circuit court
30	authorizing such entry. The warrant requirement shall extend
31	only to a facility which the agency has reason to believe is
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being operated or maintained as a facility without a license. 1 2 Any application for a license or renewal thereof made pursuant 3 to this part shall constitute permission for, and complete 4 acquiescence in, any entry or inspection of the premises for 5 which the license is sought, in order to facilitate б verification of the information submitted on or in connection 7 with the application; to discover, investigate, and determine the existence of abuse or neglect; or to elicit, receive, 8 9 respond to, and resolve complaints. Any current valid license 10 shall constitute unconditional permission for, and complete 11 acquiescence in, any entry or inspection of the premises by authorized personnel. The agency shall retain the right of 12 13 entry and inspection of facilities that have had a license revoked or suspended within the previous 24 months, to ensure 14 that the facility is not operating unlawfully. However, before 15 entering the facility, a statement of probable cause must be 16 17 filed with the director of the agency, who must approve or disapprove the action within 48 hours. Probable cause shall 18 19 include, but is not limited to, evidence that the facility 20 holds itself out to the public as a provider of personal care services or the receipt of a complaint by the long-term care 21 ombudsman council about the facility. Data collected by the 22 state or local long-term care ombudsman councils or the state 23 24 or local advocacy councils may be used by the agency in 25 investigations involving violations of regulatory standards. Section 93. Subsection (1) of section 400.435, Florida 26 27 Statutes, is repealed. Section 94. Section 400.441, Florida Statutes, is 28 29 amended to read: 30 400.441 Rules establishing standards. --31

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1 (1) It is the intent of the Legislature that rules 2 published and enforced pursuant to this section shall include 3 criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the 4 5 results of such resident care may be demonstrated. Such rules б shall also ensure a safe and sanitary environment that is 7 residential and noninstitutional in design or nature. It is 8 further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance 9 10 the quality of life in a facility. In order to provide safe 11 and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the 12 13 agency department, in consultation with the department agency, 14 the Department of Children and Family Services, and the 15 Department of Health, shall adopt rules, policies, and procedures to administer this part and part II of chapter 408, 16 17 which must include reasonable and fair minimum standards in 18 relation to: 19 (a) The requirements for and maintenance of 20 facilities, not in conflict with the provisions of chapter 21 553, relating to plumbing, heating, cooling, lighting, ventilation, living space, and other housing conditions, which 22 will ensure the health, safety, and comfort of residents and 23 24 protection from fire hazard, including adequate provisions for fire alarm and other fire protection suitable to the size of 25 the structure. Uniform firesafety standards shall be 26 established and enforced by the State Fire Marshal in 27 28 cooperation with the agency, the department, and the 29 Department of Health. 30 1. Evacuation capability determination .--31

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1 The provisions of the National Fire Protection a. Association, NFPA 101A, Chapter 5, 1995 edition, shall be used 2 3 for determining the ability of the residents, with or without staff assistance, to relocate from or within a licensed 4 5 facility to a point of safety as provided in the fire codes б adopted herein. An evacuation capability evaluation for 7 initial licensure shall be conducted within 6 months after the date of licensure. For existing licensed facilities that are 8 9 not equipped with an automatic fire sprinkler system, the 10 administrator shall evaluate the evacuation capability of 11 residents at least annually. The evacuation capability evaluation for each facility not equipped with an automatic 12 13 fire sprinkler system shall be validated, without liability, 14 by the State Fire Marshal, by the local fire marshal, or by the local authority having jurisdiction over firesafety, 15 before the license renewal date. If the State Fire Marshal, 16 local fire marshal, or local authority having jurisdiction 17 over firesafety has reason to believe that the evacuation 18 19 capability of a facility as reported by the administrator may have changed, it may, with assistance from the facility 20 administrator, reevaluate the evacuation capability through 21 timed exiting drills. Translation of timed fire exiting drills 22 to evacuation capability may be determined: 23 24 (I) Three minutes or less: prompt. 25 (II) More than 3 minutes, but not more than 13 minutes: slow. 26 27 (III) More than 13 minutes: impractical. 28 b. The Office of the State Fire Marshal shall provide 29 or cause the provision of training and education on the proper application of Chapter 5, NFPA 101A, 1995 edition, to its 30 31 employees, to staff of the Agency for Health Care 182

Administration who are responsible for regulating facilities under this part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset its costs. The initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.

8 The Office of the State Fire Marshal, in с. cooperation with provider associations, shall provide or cause 9 10 the provision of a training program designed to inform 11 facility operators on how to properly review bid documents relating to the installation of automatic fire sprinklers. 12 13 The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but 14 may charge a fee for this training to offset its costs. 15 The initial training must be delivered within 6 months after July 16 17 1, 1995, and as needed thereafter.

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

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2. Firesafety requirements. --

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

b. Any new facility, regardless of size, that applies
for a license on or after January 1, 1996, must be equipped
with an automatic fire sprinkler system. The exceptions as

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1 provided in section 22-2.3.5.1, NFPA 101, 1994 edition, as 2 adopted herein, apply to any new facility housing eight or 3 fewer residents. On July 1, 1995, local governmental entities responsible for the issuance of permits for construction shall 4 5 inform, without liability, any facility whose permit for б construction is obtained prior to January 1, 1996, of this 7 automatic fire sprinkler requirement. As used in this part, 8 the term "a new facility" does not mean an existing facility 9 that has undergone change of ownership.

10 c. Notwithstanding any provision of s. 633.022 or of 11 the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, to the contrary, any existing facility 12 housing eight or fewer residents is not required to install an 13 14 automatic fire sprinkler system, nor to comply with any other requirement in Chapter 23, NFPA 101, 1994 edition, that 15 exceeds the firesafety requirements of NFPA 101, 1988 edition, 16 that applies to this size facility, unless the facility has 17 18 been classified as impractical to evacuate. Any existing 19 facility housing eight or fewer residents that is classified 20 as impractical to evacuate must install an automatic fire 21 sprinkler system within the timeframes granted in this 22 section.

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

30 e. This paragraph does not supersede the exceptions31 granted in NFPA 101, 1988 edition or 1994 edition.

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1 f. This paragraph does not exempt facilities from 2 other firesafety provisions adopted under s. 633.022 and local 3 building code requirements in effect before July 1, 1995. 4 g. A local government may charge fees only in an 5 amount not to exceed the actual expenses incurred by local б government relating to the installation and maintenance of an 7 automatic fire sprinkler system in an existing and properly 8 licensed assisted living facility structure as of January 1, 1996. 9 10 h. If a licensed facility undergoes major 11 reconstruction or addition to an existing building on or after January 1, 1996, the entire building must be equipped with an 12 13 automatic fire sprinkler system. Major reconstruction of a building means repair or restoration that costs in excess of 14 50 percent of the value of the building as reported on the tax 15 rolls, excluding land, before reconstruction. Multiple 16 17 reconstruction projects within a 5-year period the total costs of which exceed 50 percent of the initial value of the 18 19 building at the time the first reconstruction project was 20 permitted are to be considered as major reconstruction. Application for a permit for an automatic fire sprinkler 21 system is required upon application for a permit for a 22 reconstruction project that creates costs that go over the 23 24 50-percent threshold. 25 i. Any facility licensed before January 1, 1996, that is required to install an automatic fire sprinkler system 26 27 shall ensure that the installation is completed within the 28 following timeframes based upon evacuation capability of the 29 facility as determined under subparagraph 1.: (I) Impractical evacuation capability, 24 months. 30 31 (II) Slow evacuation capability, 48 months. 185 CODING: Words stricken are deletions; words underlined are additions.

1 (III) Prompt evacuation capability, 60 months. 2 3 The beginning date from which the deadline for the automatic 4 fire sprinkler installation requirement must be calculated is 5 upon receipt of written notice from the local fire official б that an automatic fire sprinkler system must be installed. The local fire official shall send a copy of the document 7 indicating the requirement of a fire sprinkler system to the 8 9 Agency for Health Care Administration. 10 i. It is recognized that the installation of an 11 automatic fire sprinkler system may create financial hardship for some facilities. The appropriate local fire official 12 shall, without liability, grant two 1-year extensions to the 13 timeframes for installation established herein, if an 14 automatic fire sprinkler installation cost estimate and proof 15 of denial from two financial institutions for a construction 16 17 loan to install the automatic fire sprinkler system are submitted. However, for any facility with a class I or class 18 19 II, or a history of uncorrected class III, firesafety deficiencies, an extension must not be granted. The local 20 fire official shall send a copy of the document granting the 21 time extension to the Agency for Health Care Administration. 22 k. A facility owner whose facility is required to be 23 24 equipped with an automatic fire sprinkler system under Chapter 25 23, NFPA 101, 1994 edition, as adopted herein, must disclose to any potential buyer of the facility that an installation of 26 an automatic fire sprinkler requirement exists. The sale of 27 28 the facility does not alter the timeframe for the installation 29 of the automatic fire sprinkler system. 1. Existing facilities required to install an 30 31 automatic fire sprinkler system as a result of 186

1 construction-type restrictions in Chapter 23, NFPA 101, 1994 2 edition, as adopted herein, or evacuation capability 3 requirements shall be notified by the local fire official in writing of the automatic fire sprinkler requirement, as well 4 5 as the appropriate date for final compliance as provided in б this subparagraph. The local fire official shall send a copy 7 of the document to the Agency for Health Care Administration. 8 Except in cases of life-threatening fire hazards, m. 9 if an existing facility experiences a change in the evacuation 10 capability, or if the local authority having jurisdiction 11 identifies a construction-type restriction, such that an automatic fire sprinkler system is required, it shall be 12 13 afforded time for installation as provided in this 14 subparagraph. 15 Facilities that are fully sprinkled and in compliance with 16 17 other firesafety standards are not required to conduct more 18 than one of the required fire drills between the hours of 11 19 p.m. and 7 a.m., per year. In lieu of the remaining drills, 20 staff responsible for residents during such hours may be required to participate in a mock drill that includes a review 21 of evacuation procedures. Such standards must be included or 22 referenced in the rules adopted by the State Fire Marshal. 23 24 Pursuant to s. 633.022(1)(b), the State Fire Marshal is the 25 final administrative authority for firesafety standards established and enforced pursuant to this section. All 26 27 licensed facilities must have an annual fire inspection 28 conducted by the local fire marshal or authority having 29 jurisdiction. 30 (b) The preparation and annual update of a 31 comprehensive emergency management plan. Such standards must 187

1 be included in the rules adopted by the agency department 2 after consultation with the Department of Community Affairs. 3 At a minimum, the rules must provide for plan components that 4 address emergency evacuation transportation; adequate 5 sheltering arrangements; postdisaster activities, including б provision of emergency power, food, and water; postdisaster 7 transportation; supplies; staffing; emergency equipment; 8 individual identification of residents and transfer of records; communication with families; and responses to family 9 10 inquiries. The comprehensive emergency management plan is 11 subject to review and approval by the local emergency management agency. During its review, the local emergency 12 13 management agency shall ensure that the following agencies, at 14 a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the 15 Agency for Health Care Administration, and the Department of 16 17 Community Affairs. Also, appropriate volunteer organizations 18 must be given the opportunity to review the plan. The local 19 emergency management agency shall complete its review within 20 60 days and either approve the plan or advise the facility of 21 necessary revisions.

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

(d) All sanitary conditions within the facility and its surroundings which will ensure the health and comfort of residents. The rules must clearly delineate the responsibilities of the agency's licensure and survey staff,

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1 the county health departments, and the local authority having 2 jurisdiction over fire safety and ensure that inspections are 3 not duplicative. The agency may collect fees for food service inspections conducted by the county health departments and 4 5 transfer such fees to the Department of Health. б (e) License application and license renewal, transfer 7 of ownership, Proper management of resident funds and personal 8 property, surety bonds, resident contracts, refund policies, 9 financial ability to operate, and facility and staff records. 10 (f) Inspections, complaint investigations, 11 moratoriums, classification of deficiencies, levying and enforcement of penalties, and use of income from fees and 12 13 fines. (q) The enforcement of the resident bill of rights 14 15 specified in s. 400.428. (h) The care and maintenance of residents, which must 16 17 include, but is not limited to: 1. The supervision of residents; 18 19 2. The provision of personal services; 20 The provision of, or arrangement for, social and 3. 21 leisure activities; The arrangement for appointments and transportation 22 4. to appropriate medical, dental, nursing, or mental health 23 24 services, as needed by residents; 25 5. The management of medication; 6. The nutritional needs of residents; 26 7. Resident records; and 27 28 Internal risk management and quality assurance. 8. 29 (i) Facilities holding a limited nursing, extended congregate care, or limited mental health license. 30 31 189

1	(j) The establishment of specific criteria to define
2	appropriateness of resident admission and continued residency
3	in a facility holding a standard, limited nursing, extended
4	congregate care, and limited mental health license.
5	(k) The use of physical or chemical restraints. The
6	use of physical restraints is limited to half-bed rails as
7	prescribed and documented by the resident's physician with the
8	consent of the resident or, if applicable, the resident's
9	representative or designee or the resident's surrogate,
10	guardian, or attorney in fact. The use of chemical restraints
11	is limited to prescribed dosages of medications authorized by
12	the resident's physician and must be consistent with the
13	resident's diagnosis. Residents who are receiving medications
14	that can serve as chemical restraints must be evaluated by
15	their physician at least annually to assess:
16	1. The continued need for the medication.
17	2. The level of the medication in the resident's
18	blood.
19	3. The need for adjustments in the prescription.
20	(2) In adopting any rules pursuant to this part, the
21	agency department, in conjunction with the department agency,
22	shall make distinct standards for facilities based upon
23	facility size; the types of care provided; the physical and
24	mental capabilities and needs of residents; the type,
25	frequency, and amount of services and care offered; and the
26	staffing characteristics of the facility. Rules developed
27	pursuant to this section shall not restrict the use of shared
28	staffing and shared programming in facilities that are part of
29	retirement communities that provide multiple levels of care
30	and otherwise meet the requirements of law and rule. Except
31	for uniform firesafety standards, the <u>agency</u> <del>department</del> shall
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1 adopt by rule separate and distinct standards for facilities 2 with 16 or fewer beds and for facilities with 17 or more beds. 3 The standards for facilities with 16 or fewer beds shall be appropriate for a noninstitutional residential environment, 4 5 provided that the structure is no more than two stories in б height and all persons who cannot exit the facility unassisted 7 in an emergency reside on the first floor. The agency department, in conjunction with the department agency, may 8 9 make other distinctions among types of facilities as necessary 10 to enforce the provisions of this part. Where appropriate, the 11 agency shall offer alternate solutions for complying with established standards, based on distinctions made by the 12 13 department and the agency relative to the physical characteristics of facilities and the types of care offered 14 15 therein. 16 (3) The department shall submit a copy of proposed

16 (3) The department shall submit a copy of proposed 17 rules to the Speaker of the House of Representatives, the 18 President of the Senate, and appropriate committees of 19 substance for review and comment prior to the promulgation 20 thereof.

(a) Rules <u>adopted</u> promulgated by the <u>agency</u> department shall encourage the development of homelike facilities which promote the dignity, individuality, personal strengths, and decisionmaking ability of residents.

(b) The agency, in consultation with the department, may waive rules promulgated pursuant to this part in order to demonstrate and evaluate innovative or cost-effective congregate care alternatives which enable individuals to age in place. Such waivers may be granted only in instances where there is reasonable assurance that the health, safety, or welfare of residents will not be endangered. To apply for a

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1 waiver, the licensee shall submit to the agency a written 2 description of the concept to be demonstrated, including 3 goals, objectives, and anticipated benefits; the number and 4 types of residents who will be affected, if applicable; a 5 brief description of how the demonstration will be evaluated; 6 and any other information deemed appropriate by the agency. 7 Any facility granted a waiver shall submit a report of 8 findings to the agency and the department within 12 months. 9 At such time, the agency may renew or revoke the waiver or 10 pursue any regulatory or statutory changes necessary to allow 11 other facilities to adopt the same practices. The agency department may by rule clarify terms and establish waiver 12 application procedures, criteria for reviewing waiver 13 proposals, and procedures for reporting findings, as necessary 14 to implement this subsection. 15

(4) The agency may use an abbreviated biennial 16 17 standard licensure inspection that consists of a review of key quality-of-care standards in lieu of a full inspection in 18 19 facilities which have a good record of past performance. 20 However, a full inspection shall be conducted in facilities 21 which have had a history of class I or class II violations, uncorrected class III violations, confirmed ombudsman council 22 complaints, or confirmed licensure complaints, within the 23 24 previous licensure period immediately preceding the inspection 25 or when a potentially serious problem is identified during the abbreviated inspection. The agency, in consultation with the 26 27 department, shall develop the key quality-of-care standards 28 with input from the State Long-Term Care Ombudsman Council and 29 representatives of provider groups for incorporation into its 30 rules. The agency department, in consultation with the 31 department agency, shall report annually to the Legislature

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1 concerning its implementation of this subsection. The report shall include, at a minimum, the key quality-of-care standards 2 3 which have been developed; the number of facilities identified as being eligible for the abbreviated inspection; the number 4 5 of facilities which have received the abbreviated inspection б and, of those, the number that were converted to full 7 inspection; the number and type of subsequent complaints 8 received by the agency or department on facilities which have 9 had abbreviated inspections; any recommendations for 10 modification to this subsection; any plans by the agency to 11 modify its implementation of this subsection; and any other information which the agency department believes should be 12 13 reported. 14 (5) A fee shall be charged by the department to any 15 person requesting a copy of this part or rules promulgated under this part. Such fees shall not exceed the actual cost 16 17 of duplication and postage. Section 95. Subsection (4) of section 400.442, Florida 18 19 Statutes, is amended to read: 20 400.442 Pharmacy and dietary services .--The agency department may by rule establish 21 (4) 22 procedures and specify documentation as necessary to implement 23 this section. 24 Section 96. Subsection (3) of section 400.444, Florida Statutes, is amended to read: 25 26 400.444 Construction and renovation; requirements.--The agency department may adopt rules to establish 27 (3) 28 procedures and specify the documentation necessary to 29 implement this section. 30 Section 97. Subsections (1), (2), and (3) of section 400.447 and section 400.451, Florida Statutes, are repealed. 31 193

1 Section 98. Subsections (1), (3), and (6) of section 2 400.452, Florida Statutes, as amended by section 3 of chapter 3 2003-405, Laws of Florida, are amended to read: 4 400.452 Staff training and educational programs; core 5 educational requirement. --6 (1) Administrators and other assisted living facility 7 staff must meet minimum training and education requirements established by the Department of Elderly Affairs or the agency 8 9 by rule. This training and education is intended to assist 10 facilities to appropriately respond to the needs of residents, 11 to maintain resident care and facility standards, and to meet licensure requirements. 12 (3) Effective January 1, 2004, a new facility 13 administrator must complete the required training and 14 education, including the competency test, within a reasonable 15 time after being employed as an administrator, as determined 16 17 by the department. Failure to do so is a violation of this 18 part and subjects the violator to an administrative fine as 19 prescribed in s. 400.419. Administrators licensed in accordance with chapter 468, part II, are exempt from this 20 21 requirement. Other licensed professionals may be exempted, as 22 determined by the department by rule. (6) Other facility staff shall participate in training 23 24 relevant to their job duties as specified by rule of the 25 department. Section 99. Section 400.454, Florida Statutes, is 26 27 amended to read: 400.454 Collection of information; local subsidy.--28 29 (1) To enable the agency department to collect the information requested by the Legislature regarding the actual 30 31 cost of providing room, board, and personal care in 194 **CODING:**Words stricken are deletions; words underlined are additions.

1 facilities, the agency may department is authorized to conduct field visits and audits of facilities as may be necessary. 2 3 The owners of randomly sampled facilities shall submit such reports, audits, and accountings of cost as required the 4 5 department may require by rule; provided that such reports, 6 audits, and accountings shall be the minimum necessary to 7 implement the provisions of this section. Any facility 8 selected to participate in the study shall cooperate with the 9 agency department by providing cost of operation information 10 to interviewers. 11 (2) Local governments or organizations may contribute to the cost of care of local facility residents by further 12 subsidizing the rate of state-authorized payment to such 13 facilities. Implementation of local subsidy shall require 14 agency departmental approval and shall not result in 15 reductions in the state supplement. 16 Section 100. Subsections (1) and (4) of section 17 400.464, Florida Statutes, are amended to read: 18 19 400.464 Home health agencies to be licensed; 20 expiration of license; exemptions; unlawful acts; penalties.--21 The requirements of part II of chapter 408 apply (1)to the provision of services that necessitate licensure 22 pursuant to this part and part II of chapter 408 and to 23 24 entities licensed or registered by or applying for such 25 licensure or registration from the Agency for Health Care Administration pursuant to this part. However, an applicant 26 27 for licensure is exempt from the provisions of s. 408.810(10). 28 Any home health agency must be licensed by the agency to 29 operate in this state. A license issued to a home health agency, unless sooner suspended or revoked, expires 1 year 30 31 after its date of issuance. 195

1 (4)(a) An organization may not provide, offer, or 2 advertise home health services to the public unless the 3 organization has a valid license or is specifically exempted under this part. An organization that offers or advertises to 4 5 the public any service for which licensure or registration is 6 required under this part must include in the advertisement the 7 license number or regulation number issued to the organization by the agency. The agency shall assess a fine of not less 8 9 than \$100 to any licensee or registrant who fails to include 10 the license or registration number when submitting the 11 advertisement for publication, broadcast, or printing. The holder of a license issued under this part may not advertise 12 13 or indicate to the public that it holds a home health agency 14 or nurse registry license other than the one it has been issued. 15 16 (b) A person who violates paragraph (a) is subject to 17 an injunctive proceeding under s. 408.816 s. 400.515. Α 18 violation of paragraph (a) or s. 408.812 is a deceptive and 19 unfair trade practice and constitutes a violation of the 20 Florida Deceptive and Unfair Trade Practices Act. (c) A person who violates the provisions of paragraph 21 22 (a) commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Any person who commits 23 24 a second or subsequent violation commits a misdemeanor of the 25 first degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continuing violation constitutes a 26 27 separate offense. 28 Section 101. Section 400.471, Florida Statutes, is 29 amended to read: 30 400.471 Application for license; fee; provisional 31 license; temporary permit.--196

1 (1) Each applicant for licensure must comply with all provisions of part II of chapter 408. Application for an 2 3 initial license or for renewal of an existing license must be made under oath to the agency on forms furnished by it and 4 5 must be accompanied by the appropriate license fee as provided б in subsection (8). The agency must take final action on an 7 initial licensure application within 60 days after receipt of 8 all required documentation. 9 (2) In addition to the requirements of part II of 10 chapter 408, the applicant must file with the application 11 satisfactory proof that the home health agency is in compliance with this part and applicable rules, including: 12 (a) A listing of services to be provided, either 13 directly by the applicant or through contractual arrangements 14 with existing providers; and 15 (b) The number and discipline of professional staff to 16 17 be employed.; an annually thereafter 18 (c) Proof of financial ability to operate. 19 (3) An applicant for initial licensure must 20 demonstrate financial ability to operate by submitting a 21 balance sheet and income and expense statement for the first 2 years of operation which provide evidence of having sufficient 22 assets, credit, and projected revenues to cover liabilities 23 24 and expenses. The applicant shall have demonstrated financial 25 ability to operate if the applicant's assets, credit, and projected revenues meet or exceed projected liabilities and 26 expenses. All documents required under this subsection must 27 28 be prepared in accordance with generally accepted accounting 29 principles, and the financial statement must be signed by a 30 certified public accountant. 31

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1 (4) Each applicant for licensure must comply with the 2 following requirements: 3 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of 4 5 the applicant, in accordance with the level 2 standards for 6 screening set forth in chapter 435. As used in this 7 subsection, the term "applicant" means the administrator, or a 8 similarly titled person who is responsible for the day-to-day operation of the licensed home health agency, and the 9 financial officer, or similarly titled individual who is 10 11 responsible for the financial operation of the licensed home health agency. 12 13 (b) The agency may require background screening for a member of the board of directors of the licensee or an officer 14 or an individual owning 5 percent or more of the licensee if 15 the agency reasonably suspects that such individual has been 16 convicted of an offense prohibited under the level 2 standards 17 18 for screening set forth in chapter 435. 19 (c) Proof of compliance with the level 2 background 20 screening requirements of chapter 435 which has been submitted 21 within the previous 5 years in compliance with any other health care or assisted living licensure requirements of this 22 state is acceptable in fulfillment of paragraph (a). Proof of 23 24 compliance with background screening which has been submitted within the previous 5 years to fulfill the requirements of the 25 26 Financial Services Commission and the Office of Insurance 27 Regulation pursuant to chapter 651 as part of an application for a certificate of authority to operate a continuing care 28 retirement community is acceptable in fulfillment of the 29 30 Department of Law Enforcement and Federal Bureau of 31 Investigation background check.

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1	(d) A provisional license may be granted to an
2	applicant when each individual required by this section to
3	undergo background screening has met the standards for the
4	Department of Law Enforcement background check, but the agency
5	has not yet received background screening results from the
6	Federal Bureau of Investigation. A standard license may be
7	granted to the licensee upon the agency's receipt of a report
8	of the results of the Federal Bureau of Investigation
9	background screening for each individual required by this
10	section to undergo background screening which confirms that
11	all standards have been met, or upon the granting of a
12	disqualification exemption by the agency as set forth in
13	<del>chapter 435. Any other person who is required to undergo level</del>
14	2 background screening may serve in his or her capacity
15	<del>pending the agency's receipt of the report from the Federal</del>
16	Bureau of Investigation. However, the person may not continue
17	to serve if the report indicates any violation of background
18	screening standards and a disqualification exemption has not
19	been requested of and granted by the agency as set forth in
20	<del>chapter 435.</del>
21	(e) Each applicant must submit to the agency, with its
22	application, a description and explanation of any exclusions,
23	permanent suspensions, or terminations of the licensee or
24	potential licensee from the Medicare or Medicaid programs.
25	Proof of compliance with the requirements for disclosure of
26	ownership and control interest under the Medicaid or Medicare
27	programs may be accepted in lieu of this submission.
28	(f) Each applicant must submit to the agency a
29	description and explanation of any conviction of an offense
30	<del>prohibited under the level 2 standards of chapter 435 by a</del>
31	member of the board of directors of the applicant, its
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1 officers, or any individual owning 5 percent or more of the 2 applicant. This requirement does not apply to a director of a 3 not-for-profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 4 5 organization, does not regularly take part in the day-to-day 6 operational decisions of the corporation or organization, 7 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 8 9 financial interest and has no family members with a financial 10 interest in the corporation or organization, provided that the 11 director and the not-for-profit corporation or organization include in the application a statement affirming that the 12 director's relationship to the corporation satisfies the 13 requirements of this paragraph. 14 (g) A license may not be granted to an applicant if 15 the applicant, administrator, or financial officer has been 16 17 found guilty of, regardless of adjudication, or has entered a 18 plea of nolo contendere or guilty to, any offense prohibited 19 under the level 2 standards for screening set forth in chapter 20 435, unless an exemption from disqualification has been 21 granted by the agency as set forth in chapter 435. 22 (h) The agency may deny or revoke licensure if the 23 applicant: 24 1. Has falsely represented a material fact in the 25 application required by paragraph (e) or paragraph (f), or has 26 omitted any material fact from the application required by 27 paragraph (e) or paragraph (f); or 2. Has been or is currently excluded, suspended, 28 29 terminated from, or has involuntarily withdrawn from 30 participation in this state's Medicaid program, or the 31 Medicaid program of any other state, or from participation in 200

1 the Medicare program or any other governmental or private 2 health care or health insurance program. 3 (i) An application for license renewal must contain the information required under paragraphs (e) and (f). 4 5 (3) (5) In addition to the requirements of s. 408.810, 6 the home health agency must also obtain and maintain the 7 following insurance coverages in an amount of not less than 8 \$250,000 per claim, and the home health agency must submit 9 proof of coverage with an initial application for licensure 10 and with each annual application for license renewal: 11 (a) Malpractice insurance as defined in s. 624.605(1)(k); and 12 13 (b) Liability insurance as defined in s. 624.605(1)(b). 14 (6) Ninety days before the expiration date, an 15 application for renewal must be submitted to the agency under 16 17 oath on forms furnished by it, and a license must be renewed if the applicant has met the requirements established under 18 19 this part and applicable rules. The home health agency must 20 file with the application satisfactory proof that it is in compliance with this part and applicable rules. If there is 21 evidence of financial instability, the home health agency must 22 submit satisfactory proof of its financial ability to comply 23 24 with the requirements of this part. 25 (7) When transferring the ownership of a home health agency, the transferee must submit an application for a 26 27 license at least 60 days before the effective date of the transfer. If the home health agency is being leased, a copy 28 29 of the lease agreement must be filed with the application. 30 (4) (4) (8) In accordance with s. 408.805, an applicant or 31 licensee shall pay a fee for each license application

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1 submitted under this part and part II of chapter 408. The fee shall be established by rule and shall be set at The license 2 3 fee and annual renewal fee required of a home health agency are nonrefundable. The agency shall set the fees in an amount 4 5 that is sufficient to cover the agency's its costs in carrying б out its responsibilities under this part, but may not to 7 exceed\$2,000 per biennium\$1,000. However, state, county, or 8 municipal governments applying for licenses under this part are exempt from the payment of license fees. All fees 9 10 collected under this part must be deposited in the Health Care 11 Trust Fund for the administration of this part. (9) The license must be displayed in a conspicuous 12 place in the administrative office of the home health agency 13 and is valid only while in the possession of the person to 14 which it is issued. The license may not be sold, assigned, or 15 otherwise transferred, voluntarily or involuntarily, and is 16 17 valid only for the home health agency and location for which originally issued. 18 19 (10) A home health agency against whom a revocation or 20 suspension proceeding is pending at the time of license 21 renewal may be issued a provisional license effective until final disposition by the agency of such proceedings. If 22 judicial relief is sought from the final disposition, the 23 24 court that has jurisdiction may issue a temporary permit for 25 the duration of the judicial proceeding. (5)(11) The agency may not issue a license designated 26 27 as certified to a home health agency that fails to satisfy the 28 requirements of a Medicare certification survey from the 29 agency. 30 31

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1 (12) The agency may not issue a license to a home 2 health agency that has any unpaid fines assessed under this 3 part. Section 102. Section 400.474, Florida Statutes, is 4 5 amended to read: б 400.474 Denial or, suspension, revocation of license; 7 injunction; grounds; penalties.--8 The agency may deny or, revoke, or suspend a (1)9 license, or impose an administrative fine in the manner 10 provided in chapter 120, or initiate injunctive proceedings 11 under s. 408.816 for the violation of any provision of this part, part II of chapter 408, or applicable rules <del>s. 400.515</del>. 12 13 (2) Any of the following actions by a home health 14 agency or its employee is grounds for disciplinary action by 15 the agency: (a) Violation of this part, part II of chapter 408, or 16 17 of applicable rules. (b) An intentional, reckless, or negligent act that 18 materially affects the health or safety of a patient. 19 (c) Knowingly providing home health services in an 20 21 unlicensed assisted living facility or unlicensed adult family-care home, unless the home health agency or employee 22 reports the unlicensed facility or home to the agency within 23 24 72 hours after providing the services. 25 (3) The agency may impose the following penalties for operating without a license upon an applicant or owner who has 26 in the past operated, or who currently operates, a licensed 27 28 home health agency. 29 (a) If a home health agency that is found to be 30 operating without a license wishes to apply for a license, the 31 home health agency may submit an application only after the 203

1 agency has verified that the home health agency no longer 2 operates an unlicensed home health agency. 3 (b) Any person, partnership, or corporation that violates paragraph (a) and that previously operated a licensed 4 5 home health agency or concurrently operates both a licensed 6 home health agency and an unlicensed home health agency commits a felony of the third degree punishable as provided in 7 8 s. 775.082, s. 775.083, or s. 775.084. If an owner has an interest in more than one home health agency and fails to 9 10 license any one of those home health agencies, the agency must 11 issue a cease and desist order for the activities of the unlicensed home health agency and impose a moratorium on any 12 or all of the licensed related home health agencies until the 13 unlicensed home health agency is licensed. 14 (3) (c) If any home health agency is found to be 15 operating without a license meets the criteria in paragraph 16 17 (a) or paragraph (b) and that home health agency has received any government reimbursement for services provided by an 18 19 unlicensed home health agency, the agency shall make a fraud 20 referral to the appropriate government reimbursement program. 21 (4) The agency may deny, revoke, or suspend the 22 license of a home health agency, or may impose on a home 23 health agency administrative fines not to exceed the aggregate sum of \$5,000 if: 24 25 (a) The agency is unable to obtain entry to the home health agency to conduct a licensure survey, complaint 26 27 investigation, surveillance visit, or monitoring visit. (b) An applicant or a licensed home health agency has 28 29 falsely represented a material fact in the application, or has 30 omitted from the application any material fact, including, but 31 not limited to, the fact that the controlling or ownership 204

interest is held by any officer, director, agent, manager, 1 2 employee, affiliated person, partner, or shareholder who is 3 not eligible to participate. (c) An applicant, owner, or person who has a 5 percent 4 5 or greater interest in a licensed entity: б 1. Has been previously found by any licensing, 7 certifying, or professional standards board or agency to have 8 violated the standards or conditions that relate to home health-related licensure or certification, or to the quality 9 10 of home health-related services provided; or 11 2. Has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from, 12 participation in the Medicaid program of this state or any 13 14 other state, the Medicare program, or any other governmental 15 health care or health insurance program. Section 103. Subsection (1) and paragraphs (a) and (b) 16 17 of subsection (2) of section 400.484, Florida Statutes, are 18 amended to read: 19 400.484 Right of inspection; deficiencies; fines .--20 In accordance with s. 408.811, Any duly authorized (1)21 officer or employee of the agency may make such inspections and investigations as are necessary in order to determine the 22 state of compliance with this part and with applicable rules. 23 24 The right of inspection extends to any business that the 25 agency has reason to believe is being operated as a home health agency without a license, but such inspection of any 26 27 such business may not be made without the permission of the 28 owner or person in charge unless a warrant is first obtained 29 from a circuit court. Any application for a license issued 30 under this part or for license renewal constitutes permission 31

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1 for an appropriate inspection to verify the information 2 submitted on or in connection with the application. 3 (2) The agency shall impose fines for various classes of deficiencies in accordance with the following schedule: 4 5 (a) A class I deficiency is any act, omission, or б practice that results in a patient's death, disablement, or 7 permanent injury, or places a patient at imminent risk of 8 death, disablement, or permanent injury. Upon finding a class 9 I deficiency, the agency may impose an administrative fine in 10 the amount of \$5,000 for each occurrence and each day that the 11 deficiency exists. In addition, the agency may immediately revoke the license, or impose a moratorium pursuant to s. 12 408.814 on the admission of new patients, until the factors 13 causing the deficiency have been corrected. 14 (b) A class II deficiency is any act, omission, or 15 practice that has a direct adverse effect on the health, 16 17 safety, or security of a patient. Upon finding a class II 18 deficiency, the agency may impose an administrative fine in 19 the amount of \$1,000 for each occurrence and each day that the 20 deficiency exists. In addition, the agency may suspend the license, or impose a moratorium pursuant to s. 408.814 on the 21 22 admission of new patients, until the deficiency has been corrected. 23 24 Section 104. Section 400.494, Florida Statutes, is 25 amended to read: 26 400.494 Information about patients confidential.--27 (1) Information about patients received by persons 28 employed by, or providing services to, a home health agency or 29 received by the licensing agency through reports or inspection shall be confidential and exempt from the provisions of s. 30 31 119.07(1) and may shall not be disclosed to any person other 206

1 than the patient without the written consent of that patient 2 or the patient's guardian. 3 (2) This section does not apply to information lawfully requested by the Medicaid Fraud Control Unit of the 4 5 Office of the Attorney General or requested under s. 408.811 б Department of Legal Affairs. 7 Section 105. Section 400.495, Florida Statutes, is 8 amended to read: 9 400.495 Notice of toll-free telephone number for 10 central abuse hotline.--In addition to the requirements of s. 11 408.810(5), On or before the first day home health services are provided to a patient, any home health agency or nurse 12 registry licensed under this part must inform the patient and 13 14 his or her immediate family, if appropriate, of the right to report abusive, neglectful, or exploitative practices. The 15 statewide toll-free telephone number for the central abuse 16 17 hotline must be provided to patients in a manner that is clearly legible and must include the words: "To report abuse, 18 19 neglect, or exploitation, please call toll-free ... (phone 20 number)...."the Agency for Health Care Administration shall adopt rules that provide for 90 days' advance notice of a 21 change in the toll-free telephone number and that outline due 22 process procedures, as provided under chapter 120, for home 23 24 health agency personnel and nurse registry personnel who are reported to the central abuse hotline. Home health agencies 25 and nurse registries shall establish appropriate policies and 26 27 procedures for providing such notice to patients. 28 Section 106. Section 400.497, Florida Statutes, is 29 amended to read: 30 400.497 Rules establishing minimum standards.--The 31 agency shall adopt, publish, and enforce rules to implement 207 **CODING:**Words stricken are deletions; words underlined are additions.

1 part II of chapter 408, this part, including, as applicable, ss. 400.506 and 400.509, which must provide reasonable and 2 3 fair minimum standards relating to: (1) The home health aide competency test and home 4 5 health aide training. The agency shall create the home health 6 aide competency test and establish the curriculum and 7 instructor qualifications for home health aide training. Licensed home health agencies may provide this training and 8 9 shall furnish documentation of such training to other licensed 10 home health agencies upon request. Successful passage of the 11 competency test by home health aides may be substituted for the training required under this section and any rule adopted 12 13 pursuant thereto. (2) Shared staffing. The agency shall allow shared 14 15 staffing if the home health agency is part of a retirement community that provides multiple levels of care, is located on 16 17 one campus, is licensed under this chapter, and otherwise meets the requirements of law and rule. 18 19 (3) The criteria for the frequency of onsite licensure 20 surveys. (4) Licensure application and renewal. 21 The requirements for onsite and electronic 22 (5) accessibility of supervisory personnel of home health 23 24 agencies. 25 (6) Information to be included in patients' records. (7) Geographic service areas. 26 27 (8) Preparation of a comprehensive emergency 28 management plan pursuant to s. 400.492. 29 The Agency for Health Care Administration shall (a) 30 adopt rules establishing minimum criteria for the plan and 31 208

1	plan updates, with the concurrence of the Department of Health
2	and in consultation with the Department of Community Affairs.
3	(b) The rules must address the requirements in s.
4	400.492. In addition, the rules shall provide for the
5	maintenance of patient-specific medication lists that can
6	accompany patients who are transported from their homes.
7	(c) The plan is subject to review and approval by the
8	county health department. During its review, the county health
9	department shall ensure that the following agencies, at a
10	minimum, are given the opportunity to review the plan:
11	1. The local emergency management agency.
12	2. The Agency for Health Care Administration.
13	3. The local chapter of the American Red Cross or
14	other lead sheltering agency.
15	4. The district office of the Department of Children
16	and Family Services.
17	
18	The county health department shall complete its review within
19	60 days after receipt of the plan and shall either approve the
20	plan or advise the home health agency of necessary revisions.
21	(d) For any home health agency that operates in more
22	than one county, the Department of Health shall review the
23	plan, after consulting with all of the county health
24	departments, the agency, and all the local chapters of the
25	American Red Cross or other lead sheltering agencies in the
26	areas of operation for that particular home health agency. The
27	Department of Health shall complete its review within 90 days
28	after receipt of the plan and shall either approve the plan or
29	advise the home health agency of necessary revisions. The
30	Department of Health shall make every effort to avoid imposing
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1 differing requirements based on differences between counties 2 on the home health agency. 3 (e) The requirements in this subsection do not apply 4 to: 5 A facility that is certified under chapter 651 and 1. 6 has a licensed home health agency used exclusively by 7 residents of the facility; or 8 2. A retirement community that consists of residential 9 units for independent living and either a licensed nursing 10 home or an assisted living facility, and has a licensed home 11 health agency used exclusively by the residents of the retirement community, provided the comprehensive emergency 12 13 management plan for the facility or retirement community 14 provides for continuous care of all residents with special 15 needs during an emergency. Section 107. Section 400.506, Florida Statutes, is 16 17 amended to read: 18 400.506 Licensure of nurse registries; requirements; 19 penalties.--20 (1) A nurse registry is exempt from the licensing requirements of a home health agency but must be licensed as a 21 nurse registry. The requirements of part II of chapter 408 22 apply to the provision of services that necessitate licensure 23 24 pursuant to 400.506-400.518 and part II of chapter 408 and to 25 entities licensed by or applying for such licensed from the Agency for Health Care Administration pursuant to ss. 26 27 400.506-400.518.Each operational site of the nurse registry 28 must be licensed, unless there is more than one site within a 29 county. If there is more than one site within a county, only one license per county is required. Each operational site 30 31 must be listed on the license.

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1	(2) Each applicant for licensure must comply with <u>all</u>
2	provisions of part II of chapter 408, with the exception of s.
3	408.810(6) and (10).the following requirements:
4	(a) Upon receipt of a completed, signed, and dated
5	application, the agency shall require background screening, in
6	accordance with the level 2 standards for screening set forth
7	in chapter 435, of the managing employee, or other similarly
8	titled individual who is responsible for the daily operation
9	of the nurse registry, and of the financial officer, or other
10	similarly titled individual who is responsible for the
11	financial operation of the registry, including billings for
12	patient care and services. The applicant shall comply with
13	the procedures for level 2 background screening as set forth
14	<del>in chapter 435.</del>
15	(b) The agency may require background screening of any
16	other individual who is an applicant if the agency has
17	probable cause to believe that he or she has been convicted of
18	a crime or has committed any other offense prohibited under
19	the level 2 standards for screening set forth in chapter 435.
20	(c) Proof of compliance with the level 2 background
21	screening requirements of chapter 435 which has been submitted
22	within the previous 5 years in compliance with any other
23	health care or assisted living licensure requirements of this
24	state is acceptable in fulfillment of the requirements of
25	<del>paragraph (a).</del>
26	(d) A provisional license may be granted to an
27	applicant when each individual required by this section to
28	undergo background screening has met the standards for the
29	Department of Law Enforcement background check but the agency
30	has not yet received background screening results from the
31	Federal Bureau of Investigation. A standard license may be
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1 granted to the applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation 2 3 background screening for each individual required by this section to undergo background screening which confirms that 4 5 all standards have been met, or upon the granting of a 6 disqualification exemption by the agency as set forth in 7 chapter 435. Any other person who is required to undergo level 8 2 background screening may serve in his or her capacity 9 pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue 10 11 to serve if the report indicates any violation of background screening standards and a disqualification exemption has not 12 13 been requested of and granted by the agency as set forth in <del>chapter 435.</del> 14 (e) Each applicant must submit to the agency, with its 15 application, a description and explanation of any exclusions, 16 17 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 18 the requirements for disclosure of ownership and control 19 20 interests under the Medicaid or Medicare programs may be 21 accepted in lieu of this submission. 22 (f) Each applicant must submit to the agency a 23 description and explanation of any conviction of an offense 24 prohibited under the level 2 standards of chapter 435 by a 25 member of the board of directors of the applicant, its 26 officers, or any individual owning 5 percent or more of the 27 applicant. This requirement does not apply to a director of a not-for-profit corporation or organization if the director 28 29 serves solely in a voluntary capacity for the corporation or 30 organization, does not regularly take part in the day-to-day 31 operational decisions of the corporation or organization, 212

1	receives no remuneration for his or her services on the
2	corporation or organization's board of directors, and has no
3	financial interest and has no family members with a financial
4	interest in the corporation or organization, provided that the
5	director and the not-for-profit corporation or organization
6	include in the application a statement affirming that the
7	director's relationship to the corporation satisfies the
8	requirements of this paragraph.
9	(g) A license may not be granted to an applicant if
10	the applicant or managing employee has been found guilty of,
11	regardless of adjudication, or has entered a plea of nolo
12	contendere or guilty to, any offense prohibited under the
13	level 2 standards for screening set forth in chapter 435,
14	unless an exemption from disqualification has been granted by
15	the agency as set forth in chapter 435.
16	(h) The agency may deny or revoke the license if any
17	applicant:
18	1. Has falsely represented a material fact in the
19	application required by paragraph (e) or paragraph (f), or has
20	omitted any material fact from the application required by
21	<del>paragraph (e) or paragraph (f); or</del>
22	2. Has had prior action taken against the applicant
23	under the Medicaid or Medicare program as set forth in
24	<del>paragraph (e).</del>
25	(i) An application for license renewal must contain
26	the information required under paragraphs (e) and (f).
27	(3) In accordance with s. 408.805, an applicant or
28	licensee shall pay a fee for each license application
29	submitted under ss. 400.508-400.518 and part II of chapter
30	408. The amount of the fee shall be established by rule and
31	may not exceed \$2,000 per biennium. Application for license
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1 must be made to the Agency for Health Care Administration on 2 forms furnished by it and must be accompanied by the 3 appropriate licensure fee, as established by rule and not to exceed the cost of regulation under this part. The licensure 4 5 fee for nurse registries may not exceed \$1,000 and must be б deposited in the Health Care Trust Fund. 7 (4) The Agency for Health Care Administration may 8 deny, revoke, or suspend a license or impose an administrative fine in the manner provided in chapter 120 against a nurse 9 10 registry that: 11 (a) Fails to comply with this section or applicable 12 rules. 13 (b) Commits an intentional, reckless, or negligent act 14 that materially affects the health or safety of a person 15 receiving services. (5) A license issued for the operation of a nurse 16 17 registry, unless sooner suspended or revoked, expires 1 year after its date of issuance. Sixty days before the expiration 18 19 date, an application for renewal must be submitted to the 20 Agency for Health Care Administration on forms furnished by it. The Agency for Health Care Administration shall renew the 21 license if the applicant has met the requirements of this 22 section and applicable rules. A nurse registry against which 23 24 a revocation or suspension proceeding is pending at the time of license renewal may be issued a conditional license 25 effective until final disposition by the Agency for Health 26 27 Care Administration of such proceedings. If judicial relief is sought from the final disposition, the court having 28 29 jurisdiction may issue a conditional license for the duration 30 of the judicial proceeding. 31

1	(6) The Agency for Health Care Administration may
2	institute injunctive proceedings under s. 400.515.
3	(4) (7) A person that offers or advertises to the
4	public that it provides any service for which licensure is
5	required under this section must include in such advertisement
6	the license number issued to it by the Agency for Health Care
7	Administration.
8	(8) It is unlawful for a person to offer or advertise
9	to the public services as defined by rule without obtaining a
10	valid license from the Agency for Health Care Administration.
11	It is unlawful for any holder of a license to advertise or
12	hold out to the public that he or she holds a license for
13	other than that for which he or she actually holds a license.
14	A person who violates this subsection is subject to injunctive
15	<del>proceedings under s. 400.515.</del>
16	(9) Any duly authorized officer or employee of the
17	Agency for Health Care Administration may make such
18	inspections and investigations as are necessary to respond to
19	<del>complaints or to determine the state of compliance with this</del>
20	section and applicable rules.
21	(a) If, in responding to a complaint, an agent or
22	employee of the Agency for Health Care Administration has
23	<del>reason to believe that a crime has been committed, he or she</del>
24	shall notify the appropriate law enforcement agency.
25	(b) If, in responding to a complaint, an agent or
26	employee of the Agency for Health Care Administration has
27	reason to believe that abuse, neglect, or exploitation has
28	<del>occurred, according to the definitions in chapter 415, he or</del>
29	she shall file a report under chapter 415.
30	<u>(5)</u> (10)(a) A nurse registry may refer for contract in
31	private residences registered nurses and licensed practical
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1 nurses registered and licensed under part I of chapter 464, 2 certified nursing assistants certified under part II of 3 chapter 464, home health aides who present documented proof of 4 successful completion of the training required by rule of the 5 agency, and companions or homemakers for the purposes of б providing those services authorized under s. 400.509(1). Each 7 person referred by a nurse registry must provide current 8 documentation that he or she is free from communicable diseases. 9

10 (b) A certified nursing assistant or home health aide 11 may be referred for a contract to provide care to a patient in his or her home only if that patient is under a physician's 12 13 care. A certified nursing assistant or home health aide 14 referred for contract in a private residence shall be limited 15 to assisting a patient with bathing, dressing, toileting, grooming, eating, physical transfer, and those normal daily 16 17 routines the patient could perform for himself or herself were he or she physically capable. A certified nursing assistant 18 19 or home health aide may not provide medical or other health 20 care services that require specialized training and that may be performed only by licensed health care professionals. The 21 nurse registry shall obtain the name and address of the 22 attending physician and send written notification to the 23 24 physician within 48 hours after a contract is concluded that a 25 certified nursing assistant or home health aide will be providing care for that patient. 26

(c) A registered nurse shall make monthly visits to the patient's home to assess the patient's condition and quality of care being provided by the certified nursing assistant or home health aide. Any condition which in the professional judgment of the nurse requires further medical

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attention shall be reported to the attending physician and the 1 2 nurse registry. The assessment shall become a part of the 3 patient's file with the nurse registry and may be reviewed by 4 the agency during their survey procedure. 5 (6)<del>(11)</del> A person who is referred by a nurse registry б for contract in private residences and who is not a nurse 7 licensed under part I of chapter 464 may perform only those services or care to clients that the person has been certified 8 9 to perform or trained to perform as required by law or rules 10 of the Agency for Health Care Administration or the Department 11 of Business and Professional Regulation. Providing services beyond the scope authorized under this subsection constitutes 12 13 the unauthorized practice of medicine or a violation of the Nurse Practice Act and is punishable as provided under chapter 14 458, chapter 459, or part I of chapter 464. 15 16 (7) (12) Each nurse registry must require every 17 applicant for contract to complete an application form providing the following information: 18 19 (a) The name, address, date of birth, and social security number of the applicant. 20 (b) The educational background and employment history 21 22 of the applicant. 23 (C) The number and date of the applicable license or 24 certification. 25 When appropriate, information concerning the (d) renewal of the applicable license, registration, or 26 27 certification. 28 (8)(13) Each nurse registry must comply with the 29 procedures set forth in s. 400.512 for maintaining records of the employment history of all persons referred for contract 30 31 and is subject to the standards and conditions set forth in 217 CODING: Words stricken are deletions; words underlined are additions. that section. However, an initial screening may not be
 required for persons who have been continuously registered
 with the nurse registry since September 30, 1990.

4 (9) (14) The nurse registry must maintain the 5 application on file, and that file must be open to the б inspection of the Agency for Health Care Administration. The 7 nurse registry must maintain on file the name and address of 8 the client to whom the nurse or other nurse registry personnel 9 is sent for contract and the amount of the fee received by the 10 nurse registry. A nurse registry must maintain the file that 11 includes the application and other applicable documentation for 3 years after the date of the last file entry of 12 client-related information. 13

14 <u>(10)(15)</u> Nurse registries shall assist persons who 15 would need assistance and sheltering during evacuations 16 because of physical, mental, or sensory disabilities in 17 registering with the appropriate local emergency management 18 agency pursuant to s. 252.355.

19 (11)(16) Each nurse registry shall prepare and 20 maintain a comprehensive emergency management plan that is 21 consistent with the criteria in this subsection and with the local special needs plan. The plan shall be updated annually. 22 The plan shall specify how the nurse registry shall facilitate 23 24 the provision of continuous care by persons referred for 25 contract to persons who are registered pursuant to s. 252.355 during an emergency that interrupts the provision of care or 26 services in private residencies. 27

(a) All persons referred for contract who care for
persons registered pursuant to s. 252.355 must include in the
patient record a description of how care will be continued
during a disaster or emergency that interrupts the provision

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of care in the patient's home. It shall be the responsibility
 of the person referred for contract to ensure that continuous
 care is provided.

(b) Each nurse registry shall maintain a current 4 5 prioritized list of patients in private residences who are б registered pursuant to s. 252.355 and are under the care of 7 persons referred for contract and who need continued services 8 during an emergency. This list shall indicate, for each 9 patient, if the client is to be transported to a special needs 10 shelter and if the patient is receiving skilled nursing 11 services. Nurse registries shall make this list available to county health departments and to local emergency management 12 13 agencies upon request.

(c) Each person referred for contract who is caring for a patient who is registered pursuant to s. 252.355 shall provide a list of the patient's medication and equipment needs to the nurse registry. Each person referred for contract shall make this information available to county health departments and to local emergency management agencies upon request.

(d) Each person referred for contract shall not be required to continue to provide care to patients in emergency situations that are beyond the person's control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.

(e) The comprehensive emergency management plan
required by this subsection is subject to review and approval
by the county health department. During its review, the county
health department shall ensure that, at a minimum, the local
emergency management agency, the Agency for Health Care
Administration, and the local chapter of the American Red

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Cross or other lead sheltering agency are given the opportunity to review the plan. The county health department shall complete its review within 60 days after receipt of the plan and shall either approve the plan or advise the nurse registry of necessary revisions.

(f) The Agency for Health Care Administration shall
adopt rules establishing minimum criteria for the
comprehensive emergency management plan and plan updates
required by this subsection, with the concurrence of the
Department of Health and in consultation with the Department
of Community Affairs.

12 (12)(17) All persons referred for contract in private 13 residences by a nurse registry must comply with the following 14 requirements for a plan of treatment:

(a) When, in accordance with the privileges and 15 restrictions imposed upon a nurse under part I of chapter 464, 16 17 the delivery of care to a patient is under the direction or 18 supervision of a physician or when a physician is responsible 19 for the medical care of the patient, a medical plan of 20 treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. 21 The original medical plan of treatment must be timely signed by 22 the physician and reviewed by him or her in consultation with 23 24 the licensed nurse at least every 2 months. Any additional 25 order or change in orders must be obtained from the physician and reduced to writing and timely signed by the physician. 26 The delivery of care under a medical plan of treatment must be 27 28 substantiated by the appropriate nursing notes or 29 documentation made by the nurse in compliance with nursing practices established under part I of chapter 464. 30 31

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1	(b) Whenever a medical plan of treatment is
2	established for a patient, the initial medical plan of
3	treatment, any amendment to the plan, additional order or
4	change in orders, and copy of nursing notes must be filed in
5	the office of the nurse registry.
6	(13) <del>(18)</del> The nurse registry must comply with the
7	notice requirements of s. 400.495, relating to abuse
8	reporting.
9	(14) (19) In addition to any other penalties imposed
10	pursuant to this section or part, the agency may assess costs
11	related to an investigation that results in a successful
12	prosecution, excluding costs associated with an attorney's
13	time. If the agency imposes such an assessment and the
14	assessment is not paid, and if challenged is not the subject
15	of a pending appeal, prior to the renewal of the license, the
16	license shall not be issued until the assessment is paid or
17	arrangements for payment of the assessment are made.
18	(15) <del>(20)</del> The Agency for Health Care Administration
19	shall adopt rules to implement this section and part II of
20	chapter 408.
21	Section 108. Section 400.509, Florida Statutes, is
22	amended to read:
23	400.509 Registration of particular service providers
24	exempt from licensure; certificate of registration; regulation
25	of registrants
26	(1) Any organization that provides companion services
27	or homemaker services and does not provide a home health
28	service to a person is exempt from licensure under this part.
29	However, any organization that provides companion services or
30	homemaker services must register with the agency.
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1	(2) The requirements of part II of chapter 408 apply
2	to the provision of services that necessitate registration or
3	licensure pursuant to ss. 400.509-400.512 and ss.
4	408.801-408.819 and to entities registered by or applying for
5	such registration from the Agency for Health Care
6	Administration pursuant to ss. 400.509-400.512. Each applicant
7	for registration must comply with all provisions of part II of
8	chapter 408, with the exception of s. $408.810(6)-(10)$ and s.
9	<u>408.812(3)-(5).Registration consists of annually filing with</u>
10	the agency, under oath, on forms provided by it, the following
11	information:
12	(a) If the registrant is a firm or partnership, the
13	name, address, date of birth, and social security number of
14	every member.
15	(b) If the registrant is a corporation or association,
16	its name and address; the name, address, date of birth, and
17	social security number of each of its directors and officers;
18	and the name and address of each person having at least a 5
19	percent interest in the corporation or association.
20	(c) The name, address, date of birth, and social
21	security number of each person employed by or under contract
22	with the organization.
23	(3) In accordance with s. 408.805, an applicant or
24	registrant shall pay a fee for each registration issued under
25	this part and part II of chapter 408. The amount of the fee
26	shall be \$50 per biennium. The agency shall charge a
27	registration fee of \$25 to be submitted with the information
28	required under subsection (2).
29	(4) Each applicant for registration must comply with
30	the following requirements:
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1	(a) Upon receipt of a completed, signed, and dated
2	application, the agency shall require background screening, in
3	accordance with the level 1 standards for screening set forth
4	in chapter 435, of every individual who will have contact with
5	the client. The agency shall require background screening of
6	the managing employee or other similarly titled individual who
7	is responsible for the operation of the entity, and of the
8	financial officer or other similarly titled individual who is
9	responsible for the financial operation of the entity,
10	including billings for client services in accordance with the
11	level 2 standards for background screening as set forth in
12	<del>chapter 435.</del>
13	(b) The agency may require background screening of any
14	other individual who is affiliated with the applicant if the
15	agency has a reasonable basis for believing that he or she has
16	been convicted of a crime or has committed any other offense
17	prohibited under the level 2 standards for screening set forth
18	<del>in chapter 435.</del>
19	(c) Proof of compliance with the level 2 background
20	screening requirements of chapter 435 which has been submitted
21	within the previous 5 years in compliance with any other
22	health care or assisted living licensure requirements of this
23	state is acceptable in fulfillment of paragraph (a).
24	(d) A provisional registration may be granted to an
25	applicant when each individual required by this section to
26	undergo background screening has met the standards for the
27	abuse-registry background check through the agency and the
28	Department of Law Enforcement background check, but the agency
29	has not yet received background screening results from the
30	Federal Bureau of Investigation. A standard registration may
31	be granted to the applicant upon the agency's receipt of a
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1 report of the results of the Federal Bureau of Investigation background screening for each individual required by this 2 3 section to undergo background screening which confirms that all standards have been met, or upon the granting of a 4 5 disqualification exemption by the agency as set forth in 6 chapter 435. Any other person who is required to undergo 7 level 2 background screening may serve in his or her capacity 8 pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue 9 10 to serve if the report indicates any violation of background 11 screening standards and if a disqualification exemption has not been requested of and granted by the agency as set forth 12 in chapter 435. 13 (e) Each applicant must submit to the agency, with its 14 application, a description and explanation of any exclusions, 15 permanent suspensions, or terminations of the applicant from 16 17 the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control 18 19 interests under the Medicaid or Medicare programs may be accepted in lieu of this submission. 20 21 (f) Each applicant must submit to the agency a 22 description and explanation of any conviction of an offense 23 prohibited under the level 2 standards of chapter 435 which 24 was committed by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or 25 more of the applicant. This requirement does not apply to a 26 27 director of a not-for-profit corporation or organization who serves solely in a voluntary capacity for the corporation or 28 29 organization, does not regularly take part in the day-to-day 30 operational decisions of the corporation or organization, 31 receives no remuneration for his or her services on the 2.2.4

1 corporation's or organization's board of directors, and has no financial interest and no family members having a financial 2 3 interest in the corporation or organization, if the director and the not-for-profit corporation or organization include in 4 5 the application a statement affirming that the director's 6 relationship to the corporation satisfies the requirements of 7 this paragraph. 8 (q) A registration may not be granted to an applicant 9 if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo 10 11 contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, 12 unless an exemption from disqualification has been granted by 13 the agency as set forth in chapter 435. 14 15 (h) The agency may deny or revoke the registration of 16 any applicant who: 17 1. Has falsely represented a material fact in the 18 application required by paragraph (e) or paragraph (f), or has 19 omitted any material fact from the application required by 20 paragraph (e) or paragraph (f); or 21 2. Has had prior action taken against the applicant 22 under the Medicaid or Medicare program as set forth in 23 paragraph (e). 24 (i) An application for licensure renewal must contain 25 the information required under paragraphs (e) and (f). 26 (4) (4) (5) Each registrant must obtain the employment or 27 contract history of persons who are employed by or under contract with the organization and who will have contact at 28 any time with patients or clients in their homes by: 29 30 (a) Requiring such persons to submit an employment or 31 contractual history to the registrant; and 225

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1 (b) Verifying the employment or contractual history, 2 unless through diligent efforts such verification is not 3 The agency shall prescribe by rule the minimum possible. requirements for establishing that diligent efforts have been 4 5 made. 6 7 There is no monetary liability on the part of, and no cause of 8 action for damages arises against, a former employer of a 9 prospective employee of or prospective independent contractor 10 with a registrant who reasonably and in good faith 11 communicates his or her honest opinions about the former employee's or contractor's job performance. 12 This subsection does not affect the official immunity of an officer or 13 employee of a public corporation. 14 (6) On or before the first day on which services are 15 16 provided to a patient or client, any registrant under this 17 part must inform the patient or client and his or her immediate family, if appropriate, of the right to report 18 19 abusive, neglectful, or exploitative practices. The statewide 20 toll-free telephone number for the central abuse hotline must be provided to patients or clients in a manner that is clearly 21 legible and must include the words: "To report abuse, neglect, 22 or exploitation, please call toll-free ... (phone number)...." 23 24 Registrants must establish appropriate policies and procedures 25 for providing such notice to patients or clients. (7) The provisions of s. 400.512 regarding screening 26 27 apply to any person or business entity registered under this 28 section on or after October 1, 1994. 29 (8) Upon verification that all requirements for 30 registration have been met, the Agency for Health Care 31

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1 Administration shall issue a certificate of registration valid 2 for no more than 1 year. 3 (9) The Agency for Health Care Administration may 4 deny, suspend, or revoke the registration of a person that: 5 (a) Fails to comply with this section or applicable 6 rules. 7 (b) Commits an intentional, reckless, or negligent act 8 that materially affects the health or safety of a person 9 receiving services. 10 (10) The Agency for Health Care Administration may 11 institute injunctive proceedings under s. 400.515. (5)(11) A person that offers or advertises to the 12 13 public a service for which registration is required must include in its advertisement the registration number issued by 14 the Agency for Health Care Administration. 15 (12) It is unlawful for a person to offer or advertise 16 17 to the public services, as defined by rule, without obtaining a certificate of registration from the Agency for Health Care 18 19 Administration. It is unlawful for any holder of a certificate of registration to advertise or hold out to the 20 public that he or she holds a certificate of registration for 21 other than that for which he or she actually holds a 22 certificate of registration. Any person who violates this 23 24 subsection is subject to injunctive proceedings under s. 400.515. 25 (13) Any duly authorized officer or employee of the 26 27 Agency for Health Care Administration has the right to make 28 such inspections and investigations as are necessary in order 29 to respond to complaints or to determine the state of 30 compliance with this section and applicable rules. 31

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1	
1	(a) If, in responding to a complaint, an officer or
2	employee of the Agency for Health Care Administration has
3	reason to believe that a crime has been committed, he or she
4	shall notify the appropriate law enforcement agency.
5	(b) If, in responding to a complaint, an officer or
6	employee of the Agency for Health Care Administration has
7	reason to believe that abuse, neglect, or exploitation has
8	occurred, according to the definitions in chapter 415, he or
9	she shall file a report under chapter 415.
10	(6) (14) In addition to any other penalties imposed
11	pursuant to this section or part, the agency may assess costs
12	related to an investigation that results in a successful
13	prosecution, excluding costs associated with an attorney's
14	time. If the agency imposes such an assessment and the
15	assessment is not paid, and if challenged is not the subject
16	of a pending appeal, prior to the renewal of the registration,
17	the registration shall not be issued until the assessment is
18	paid or arrangements for payment of the assessment are made.
19	(7) <del>(15)</del> The Agency for Health Care Administration
20	shall adopt rules to administer this section and part II of
21	chapter 408.
22	Section 109. Subsections (2) and (7) of section
23	400.512, Florida Statutes, are amended to read:
24	400.512 Screening of home health agency personnel;
25	nurse registry personnel; and companions and homemakersThe
26	agency shall require employment or contractor screening as
27	provided in chapter 435, using the level 1 standards for
28	screening set forth in that chapter, for home health agency
29	personnel; persons referred for employment by nurse
30	registries; and persons employed by companion or homemaker
31	services registered under s. 400.509.
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1	(2) The administrator of each home health agency, the
2	managing employee of each nurse registry, and the managing
3	employee of each companion or homemaker service registered
4	under s. 400.509 must sign an affidavit annually, under
5	penalty of perjury, stating that all personnel hired,
б	contracted with, or registered on or after October 1, 1994,
7	who enter the home of a patient or client in their service
8	capacity have been screened and that its remaining personnel
9	have worked for the home health agency or registrant
10	continuously since before October 1, 1994.
11	(7)(a) It is a misdemeanor of the first degree,
12	punishable under s. 775.082 or s. 775.083, for any person
13	willfully, knowingly, or intentionally to:
14	1. Fail, by false statement, misrepresentation,
15	impersonation, or other fraudulent means, to disclose in any
16	application for voluntary or paid employment a material fact
17	used in making a determination as to such person's
18	qualifications to be an employee under this section;
19	2. Operate or attempt to operate an entity licensed or
20	registered under this part with persons who do not meet the
21	minimum standards for good moral character as contained in
22	this section; or
23	2.3. Use information from the criminal records
24	obtained under this section for any purpose other than
25	screening that person for employment as specified in this
26	section or release such information to any other person for
27	any purpose other than screening for employment under this
28	section.
29	(b) It is a felony of the third degree, punishable
30	under s. 775.082, s. 775.083, or s. 775.084, for any person
31	willfully, knowingly, or intentionally to use information from
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COD	<b>ING:</b> Words stricken are deletions; words <u>underlined</u> are additions.

1 the juvenile records of a person obtained under this section 2 for any purpose other than screening for employment under this 3 section. 4 Section 110. Section 400.515, Florida Statutes, is 5 repealed. б Section 111. Subsections (6) and (7) of section 7 400.551, Florida Statutes, are amended to read: 400.551 Definitions.--As used in this part, the term: 8 9 (6) "Operator" means the licensee or person having 10 general administrative charge of an adult day care center. 11 (7) "Owner" means the licensee owner of an adult day 12 care center. Section 112. Section 400.554, Florida Statutes, is 13 amended to read: 14 15 400.554 License requirement; fee; exemption; 16 display.--17 The requirements of part II of chapter 408 apply (1)to the provision of services that necessitate licensure 18 19 pursuant to this part and part II of chapter 408 and to 20 entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. 21 However, an applicant for licensure is exempt from the 22 provisions of s. 408.810(10). It is unlawful to operate an 23 24 adult day care center without first obtaining from the agency 25 a license authorizing such operation. The agency is responsible for licensing adult day care centers in accordance 26 27 with this part. 28 (2) Separate licenses are required for centers 29 operated on separate premises, even though operated under the 30 same management. Separate licenses are not required for 31 separate buildings on the same premises.

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1 (3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 2 3 submitted under this part and part II of chapter 408. The amount of the fee shall be established by rule and The 4 5 biennial license fee required of a center shall be determined б by the department, but may not exceed \$150 per biennium. 7 (4) County-operated or municipally operated centers 8 applying for licensure under this part are exempt from the payment of license fees. 9 10 (5) The license for a center shall be displayed in a 11 conspicuous place inside the center. (6) A license is valid only in the possession of the 12 individual, firm, partnership, association, or corporation to 13 which it is issued and is not subject to sale, assignment, or 14 other transfer, voluntary or involuntary; nor is a license 15 valid for any premises other than the premises for which 16 17 originally issued. Section 113. Section 400.555, Florida Statutes, is 18 19 amended to read: 20 400.555 Application for license.--21 (1) An application for a license to operate an adult day care center must be made to the agency on forms furnished 22 by the agency and must be accompanied by the appropriate 23 24 license fee unless the applicant is exempt from payment of the fee as provided in s. 400.554(4). 25 (2) In addition to all provisions of part II of 26 27 chapter 408, the applicant for licensure must furnish+ 28 (a) a description of the physical and mental 29 capabilities and needs of the participants to be served and 30 the availability, frequency, and intensity of basic services 31 and of supportive and optional services to be provided.+231

1 (b) Satisfactory proof of financial ability to operate 2 and conduct the center in accordance with the requirements of 3 this part, which must include, in the case of an initial 4 application, a 1-year operating plan and proof of a 3-month 5 operating reserve fund; and б (c) Proof of adequate liability insurance coverage. 7 (d) Proof of compliance with level 2 background 8 screening as required under s. 400.5572. 9 (e) A description and explanation of any exclusions, 10 permanent suspensions, or terminations of the application from 11 the Medicare or Medicaid programs. Proof of compliance with disclosure of ownership and control interest requirements of 12 the Medicare or Medicaid programs shall be accepted in lieu of 13 this submission. 14 Section 114. Section 400.556, Florida Statutes, is 15 amended to read: 16 17 400.556 Denial or, suspension, revocation of license; 18 emergency action; administrative fines; investigations and inspections.--19 20 (1) The agency may deny or, revoke, or suspend a 21 license under this part, impose an action under s. 408.814, or may impose an administrative fine against the owner of an 22 adult day care center or its operator or employee in the 23 24 manner provided in chapter 120 for a violation of any 25 provision of this part, part II of chapter 408, or applicable rules. 26 27 (2) Each of the following actions by the owner of an 28 adult day care center or by its operator or employee is a 29 ground for action by the agency against the owner of the 30 center or its operator or employee: 31 232

1 (a) An intentional or negligent act materially 2 affecting the health or safety of center participants. 3 (b) A violation of this part or of any standard or 4 rule under this part. 5 (b) (c) A failure of persons subject to level 2 6 background screening under s. 400.4174(1) to meet the 7 screening standards of s. 435.04, or the retention by the 8 center of an employee subject to level 1 background screening 9 standards under s. 400.4174(2) who does not meet the screening 10 standards of s. 435.03 and for whom exemptions from 11 disqualification have not been provided by the agency. (c)<del>(d)</del> Failure to follow the criteria and procedures 12 13 provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary 14 examination of center participants. 15 (d) (d) (e) Multiple or repeated violations of this part or 16 17 of any standard or rule adopted under this part or part II of 18 chapter 408. 19 (f) Exclusion, permanent suspension, or termination of 20 the owner, if an individual, officer, or board member of the 21 adult day care center, if the owner is a firm, corporation, 22 partnership, or association, or any person owning 5 percent or more of the center, from the Medicare or Medicaid program. 23 24 (3) The agency is responsible for all investigations 25 and inspections conducted pursuant to this part. 26 Section 115. Section 400.5565, Florida Statutes, is 27 amended to read: 400.5565 Administrative fines; interest.--28 29 (1)(a) If the agency determines that an adult day care 30 center is not operated in compliance with this part, part II 31 of chapter 408, or applicable with rules adopted under this 233

1 part, the agency, notwithstanding any other administrative 2 action it takes, shall make a reasonable attempt to discuss 3 with the owner each violation and recommended corrective 4 action prior to providing the owner with written notification. 5 The agency may request the submission of a corrective action 6 plan for the center which demonstrates a good faith effort to 7 remedy each violation by a specific date, subject to the 8 approval of the agency.

9 (b) The owner of a center or its operator or employee 10 found in violation of this part<u>, part II of chapter 408</u>,or 11 <u>applicable</u> of rules adopted under this part may be fined by 12 the agency. A fine may not exceed \$500 for each violation. 13 In no event, however, may such fines in the aggregate exceed 14 \$5,000.

(c) The failure to correct a violation by the date set by the agency, or the failure to comply with an approved corrective action plan, is a separate violation for each day such failure continues, unless the agency approves an extension to a specific date.

20 (d) If the owner of a center or its operator or
21 employee appeals an agency action under this section and the
22 fine is upheld, the violator shall pay the fine, plus interest
23 at the legal rate specified in s. 687.01 for each day that the
24 fine remains unpaid after the date set by the agency for
25 payment of the fine.

(2) In determining whether to impose a fine and in
fixing the amount of any fine, the agency shall consider the
following factors:

29 (a) The gravity of the violation, including the 30 probability that death or serious physical or emotional harm 31 to a participant will result or has resulted, the severity of

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1 the actual or potential harm, and the extent to which the 2 provisions of the applicable statutes or rules were violated. 3 (b) Actions taken by the owner or operator to correct violations. 4 5 (c) Any previous violations. 6 (d) The financial benefit to the center of committing 7 or continuing the violation. 8 Section 116. Section 400.557, Florida Statutes, is amended to read: 9 10 400.557 Expiration of license; renewal; Conditional 11 license or permit.--(1) A license issued for the operation of an adult day 12 13 care center, unless sooner suspended or revoked, expires 2 years after the date of issuance. The agency shall notify a 14 licensee at least 120 days before the expiration date that 15 license renewal is required to continue operation. The 16 17 notification must be provided electronically or by mail 18 delivery. At least 90 days prior to the expiration date, an 19 application for renewal must be submitted to the agency. A 20 license shall be renewed, upon the filing of an application on forms furnished by the agency, if the applicant has first met 21 the requirements of this part and of the rules adopted under 22 this part. The applicant must file with the application 23 24 satisfactory proof of financial ability to operate the center 25 in accordance with the requirements of this part and in accordance with the needs of the participants to be served and 26 27 an affidavit of compliance with the background screening 28 requirements of s. 400.5572. 29 (2) A licensee against whom a revocation or suspension 30 proceeding is pending at the time for license renewal may be issued a conditional license effective until final disposition 31 235

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1 by the agency of the proceeding. If judicial relief is sought from the final disposition, the court having jurisdiction may 2 3 issue a conditional permit effective for the duration of the judicial proceeding. 4 5 (3) The agency may issue a conditional license to an 6 applicant for license renewal or change of ownership if the 7 applicant fails to meet all standards and requirements for 8 licensure. A conditional license issued under this subsection must be limited to a specific period not exceeding 6 months, 9 10 as determined by the agency, and must be accompanied by an 11 approved plan of correction. 12 Section 117. Section 400.5572, Florida Statutes, is 13 amended to read: 400.5572 Background screening.--14 15 (1)(a) Level 2 background screening must be conducted 16 on each of the following persons, who shall be considered 17 employees for the purposes of conducting screening under <del>chapter 435:</del> 18 19 1. The adult day care center owner if an individual, the operator, and the financial officer. 20 21 2. An officer or board member if the owner of the 22 adult day care center is a firm, corporation, partnership, or association, or any person owning 5 percent or more of the 23 24 facility, if the agency has probable cause to believe that 25 such person has been convicted of any offense prohibited by s. 435.04. For each officer, board member, or person owning 5 26 27 percent or more who has been convicted of any such offense, the facility shall submit to the agency a description and 28 29 explanation of the conviction at the time of license 30 application. This subparagraph does not apply to a board 31 member of a not-for-profit corporation or organization if the 236

1 board member serves solely in a voluntary capacity, does not 2 regularly take part in the day-to-day operational decisions of 3 the corporation or organization, receives no remuneration for his or her services, and has no financial interest and has no 4 5 family members with a financial interest in the corporation or 6 organization, provided that the board member and facility 7 submit a statement affirming that the board member's 8 relationship to the facility satisfies the requirements of 9 this subparagraph. 10 (b) Proof of compliance with level 2 screening 11 standards which has been submitted within the previous 5 years to meet any facility or professional licensure requirements of 12 13 the agency or the Department of Health satisfies the requirements of this subsection. 14 (c) The agency may grant a provisional license to an 15 adult day care center applying for an initial license when 16 17 each individual required by this subsection to undergo screening has completed the Department of Law Enforcement 18 19 background check, but has not yet received results from the 20 Federal Bureau of Investigation, or when a request for an exemption from disqualification has been submitted to the 21 22 agency pursuant to s. 435.07, but a response has not been 23 issued. 24 (2) The owner or administrator of an adult day care center must conduct level 1 background screening as set forth 25 in chapter 435 on all employees hired on or after October 1, 26 27 1998, who provide basic services or supportive and optional

28 services to the participants. Such persons satisfy this 29 requirement if:

30 <u>(1)(a)</u> Proof of compliance with level 1 screening 31 requirements obtained to meet any professional license

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1 requirements in this state is provided and accompanied, under 2 penalty of perjury, by a copy of the person's current 3 professional license and an affidavit of current compliance 4 with the background screening requirements. (2)(b) The person required to be screened has been 5 6 continuously employed, without a breach in service that exceeds 180 days, in the same type of occupation for which the 7 person is seeking employment and provides proof of compliance 8 9 with the level 1 screening requirement which is no more than 2 10 years old. Proof of compliance must be provided directly from 11 one employer or contractor to another, and not from the person screened. Upon request, a copy of screening results shall be 12 13 provided to the person screened by the employer retaining 14 documentation of the screening. 15 (3) (c) The person required to be screened is employed by a corporation or business entity or related corporation or 16 17 business entity that owns, operates, or manages more than one facility or agency licensed under this chapter, and for whom a 18 19 level 1 screening was conducted by the corporation or business entity as a condition of initial or continued employment. 20 Section 118. Sections 400.5575 and 400.558, Florida 21 22 Statutes, are repealed. Section 119. Section 400.559, Florida Statutes, is 23 24 amended to read: 25 400.559 Closing or change of owner or operator of 26 center.--27 (1) Before operation of an adult day care center may 28 be voluntarily discontinued, the operator must, inform the 29 agency in writing at least 60 days prior to the discontinuance 30 of operation. The operator must also, at such time, inform 31 238

1 each participant of the fact and the proposed date of such 2 discontinuance. 3 (2) Immediately upon discontinuance of the operation of a center, the owner or operator shall surrender the license 4 5 for the center to the agency, and the license shall be б canceled by the agency. 7 (3) If a center has a change of ownership, the new 8 owner shall apply to the agency for a new license at least 60 9 days before the date of the change of ownership. 10 (4) If a center has a change of operator, the new 11 operator shall notify the agency in writing within 30 days after the change of operator. 12 Section 120. Section 400.56, Florida Statutes, is 13 amended to read: 14 400.56 Right of entry and inspection.--In accordance 15 with s. 408.811, Any duly designated officer or employee of 16 17 the agency or department has the right to enter the premises of any adult day care center licensed pursuant to this part, 18 at any reasonable time, in order to determine the state of 19 compliance with this part, part II of chapter 408, and 20 21 applicable the rules or standards in force pursuant to this part. The right of entry and inspection also extends to any 22 premises that the agency has reason to believe are being 23 24 operated as a center without a license, but no entry or 25 inspection of any unlicensed premises may be made without the permission of the owner or operator unless a warrant is first 26 27 obtained from the circuit court authorizing entry or 28 inspection. Any application for a center license or license 29 renewal made pursuant to this part constitutes permission for, 30 and complete acquiescence in, any entry or inspection of the 31 premises for which the license is sought in order to 239

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1 facilitate verification of the information submitted on or in 2 connection with the application. 3 Section 121. Section 400.562, Florida Statutes, is amended to read: 4 5 400.562 Rules establishing standards .-б The agency Department of Elderly Affairs, in (1)7 conjunction with the Department of Elderly Affairs agency, 8 shall adopt rules to implement the provisions of this part and 9 part II of chapter 408. The rules must include reasonable and 10 fair standards. Any conflict between these standards and those 11 that may be set forth in local, county, or municipal ordinances shall be resolved in favor of those having 12 statewide effect. Such standards must relate to: 13 (a) The maintenance of adult day care centers with 14 15 respect to plumbing, heating, lighting, ventilation, and other building conditions, including adequate meeting space, to 16 17 ensure the health, safety, and comfort of participants and 18 protection from fire hazard. Such standards may not conflict 19 with chapter 553 and must be based upon the size of the 20 structure and the number of participants. (b) The number and qualifications of all personnel 21 22 employed by adult day care centers who have responsibilities for the care of participants. 23 24 (c) All sanitary conditions within adult day care 25 centers and their surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance 26 27 of sanitary conditions, to ensure the health and comfort of 28 participants. 29 (d) Basic services provided by adult day care centers. 30 Supportive and optional services provided by adult (e) 31 day care centers. 240

1	(f) Data and information relative to participants and
2	programs of adult day care centers, including, but not limited
3	to, the physical and mental capabilities and needs of the
4	participants, the availability, frequency, and intensity of
5	basic services and of supportive and optional services
6	provided, the frequency of participation, the distances
7	traveled by participants, the hours of operation, the number
8	of referrals to other centers or elsewhere, and the incidence
9	of illness.
10	(g) Components of a comprehensive emergency management
11	plan, developed in consultation with the Department of Health,
12	the <u>Department of Elderly Affairs</u> <del>Agency for Health Care</del>
13	Administration, and the Department of Community Affairs.
14	(2) Pursuant to s. 119.07, the agency may charge a fee
15	for furnishing a copy of this part, or of the rules adopted
16	under this part, to any person upon request for the copy.
17	(2)(3) Pursuant to this part, s. 408.811, and
18	<u>applicable</u> rules <del>adopted by the department</del> , the agency may
19	conduct an abbreviated biennial inspection of key
20	quality-of-care standards, in lieu of a full inspection, of a
21	center that has a record of good performance. However, the
22	agency must conduct a full inspection of a center that has had
23	one or more confirmed complaints within the licensure period
24	immediately preceding the inspection or which has a serious
25	problem identified during the abbreviated inspection. The
26	agency shall by rule develop the key quality-of-care
27	standards, taking into consideration the comments and
28	recommendations of the Department of Elderly Affairs and of
29	provider groups. <del>These standards shall be included in rules</del>
30	adopted by the Department of Elderly Affairs.
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1 Section 122. Section 400.564, Florida Statutes, is 2 repealed. 3 Section 123. Section 400.602, Florida Statutes, is amended to read: 4 5 400.602 Licensure required; prohibited acts; б exemptions; display, transferability of license.--7 (1) (1) (a) The requirements of part II of chapter 408 8 apply to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 9 10 entities licensed by or applying for such licensure from the 11 Agency for Health Care Administration pursuant to this part. 12 It is unlawful to operate or maintain a hospice without first 13 obtaining a license from the agency. (b) It is unlawful for Any person or legal entity not 14 15 licensed as a hospice under this part may not to use the word "hospice" in its name, or to offer or advertise hospice 16 17 services or hospice-like services in such a way as to mislead 18 a person to believe that the offeror is a hospice licensed 19 under this part. 20 (2) Services provided by a hospital, nursing home, or 21 other health care facility, health care provider, or caregiver, or under the Community Care for the Elderly Act, do 22 not constitute a hospice unless the facility, provider, or 23 24 caregiver establishes a separate and distinct administrative 25 program to provide home, residential, and homelike inpatient hospice services. 26 27 (3)(a) A separately licensed hospice may not use a 28 name which is substantially the same as the name of another 29 hospice licensed under this part. 30 31 242

1	(b) A licensed hospice which intends to change its
2	name or address must notify the agency at least 60 days before
3	making the change.
4	(4) The license shall be displayed in a conspicuous
5	place inside the hospice program office; shall be valid only
6	in the possession of the person or public agency to which it
7	is issued; shall not be subject to sale, assignment, or other
8	transfer, voluntary or involuntary; and shall not be valid for
9	any hospice other than the hospice for which originally
10	issued.
11	(4)(5) Notwithstanding s. 400.601(3), any hospice
12	operating in corporate form exclusively as a hospice,
13	incorporated on or before July 1, 1978, may be transferred to
14	a for-profit or not-for-profit entity, and may transfer the
15	license to that entity.
16	(5)(6) Notwithstanding s. 400.601(3), at any time
17	after July 1, 1995, any entity entitled to licensure under
18	subsection $(4)$ (5) may obtain a license for up to two
19	additional hospices in accordance with the other requirements
20	of this part and upon receipt of any certificate of need that
21	may be required under the provisions of ss. 408.031-408.045.
22	Section 124. Section 400.605, Florida Statutes, is
23	amended to read:
24	400.605 Administration; forms; fees; rules;
25	inspections; fines
26	(1) The <u>agency</u> <del>department</del> , in consultation with the
27	department agency, shall by rule establish minimum standards
28	and procedures for a hospice pursuant to this part and part II
29	of chapter 408. The rules must include:
30	(a) License application procedures and requirements.
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1	(a) (b) The qualifications of professional and
2	ancillary personnel to ensure the provision of appropriate and
3	adequate hospice care.
4	(b) (c) Standards and procedures for the administrative
5	management of a hospice.
б	(c)(d) Standards for hospice services that ensure the
7	provision of quality patient care.
8	(d) <del>(e)</del> Components of a patient plan of care.
9	<u>(e)</u> Procedures relating to the implementation of
10	advanced directives and do-not-resuscitate orders.
11	(f)(g) Procedures for maintaining and ensuring
12	confidentiality of patient records.
13	(g)(h) Standards for hospice care provided in
14	freestanding inpatient facilities that are not otherwise
15	licensed medical facilities and in residential care facilities
16	such as nursing homes, assisted living facilities, adult
17	family care homes, and hospice residential units and
18	facilities.
19	(h)(i) Physical plant standards for hospice
20	residential and inpatient facilities and units.
21	(i)( <del>j)</del> Components of a comprehensive emergency
22	management plan, developed in consultation with the Department
23	of Health, the Department of Elderly Affairs, and the
24	Department of Community Affairs.
25	(j) <del>(k)</del> Standards and procedures relating to the
26	establishment and activities of a quality assurance and
27	utilization review committee.
28	(k) (1) Components and procedures relating to the
29	collection of patient demographic data and other information
30	on the provision of hospice care in this state.
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1 (2) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 2 3 submitted under this part and part II of chapter 408. The amount of the fee shall be established by rule and may not 4 5 exceed \$1,200 per biennium. The agency shall: 6 (a) Prepare and furnish all forms necessary under the 7 provisions of this part in relation to applications for 8 licensure or licensure renewals. 9 (b) Collect from the applicant at the time of filing 10 an application for a license or at the time of renewal of a 11 license a fee which must be reasonably calculated to cover the cost of regulation under this part, but may not exceed \$600 12 per program. All fees collected under this part shall be 13 deposited in the Health Care Trust Fund for the administration 14 of this part. 15 (c) Issue hospice licenses to all applicants which 16 17 meet the provisions of this part and applicable rules. (3)(d) In accordance with s. 408.811, the agency shall 18 19 conduct annual licensure inspections of all licensees, except 20 that licensure inspections may be conducted biennially for 21 hospices having a 3-year record of substantial compliance. The 22 agency shall 23 (e) conduct such inspections and investigations as are 24 necessary in order to determine the state of compliance with the provisions of this part, part II of chapter 408, and 25 applicable adopted rules. The right of inspection also 26 27 extends to any program that the agency has reason to believe 28 is offering or advertising itself as a hospice without a 29 license, but no inspection may be made without the permission 30 of the owner or person in charge thereof unless a warrant is first obtained from a circuit court authorizing such 31 245

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1 inspection. An application for a license or license renewal 2 made pursuant to this part constitutes permission for an 3 inspection of the hospice for which the license is sought in order to facilitate verification of the information submitted 4 5 on or in connection with the application. 6 (4) (f) In accordance with part II of chapter 408, the 7 agency may impose an administrative fine for any violation of 8 the provisions of this part, part II of chapter 408, or 9 applicable rules. 10 Section 125. Section 400.606, Florida Statutes, is 11 amended to read: 400.606 License; application; renewal; conditional 12 license or permit; certificate of need.--13 (1) A license application must be filed on a form 14 15 provided by the agency and must be accompanied by the appropriate license fee as well as satisfactory proof that the 16 17 hospice is in compliance with this part and any rules adopted by the department and proof of financial ability to operate 18 19 and conduct the hospice in accordance with the requirements of 20 this part. The initial application and change-of-ownership application must be accompanied by a plan for the delivery of 21 home, residential, and homelike inpatient hospice services to 22 terminally ill persons and their families. Such plan must 23 24 contain, but need not be limited to: (a) The estimated average number of terminally ill 25 persons to be served monthly. 26 27 (b) The geographic area in which hospice services will 28 be available. 29 (c) A listing of services which are or will be provided, either directly by the applicant or through 30 31 contractual arrangements with existing providers. 246 **CODING:**Words stricken are deletions; words underlined are additions.

1 (d) Provisions for the implementation of hospice home 2 care within 3 months after licensure. 3 (e) Provisions for the implementation of hospice homelike inpatient care within 12 months after licensure. 4 5 The number and disciplines of professional staff (f) б to be employed. 7 (q) The name and qualifications of any existing or 8 potential contractee. 9 (h) A plan for attracting and training volunteers. 10 (i) The projected annual operating cost of the 11 hospice. 12 (j) A statement of financial resources and personnel 13 available to the applicant to deliver hospice care. 14 If the applicant is licensed to operate an existing health 15 care provider, the application must be accompanied by a copy 16 17 of the most recent profit-loss statement and, if applicable, 18 the most recent licensure inspection report. 19 (2) Each applicant must submit to the agency with its 20 application a description and explanation of any exclusions, 21 permanent suspensions, or terminations from the Medicaid or 22 Medicare programs of the owner, if an individual; of any officer or board member of the hospice, if the owner is a 23 24 firm, corporation, partnership, or association; or of any 25 person owning 5 percent or more of the hospice. Proof of compliance with disclosure of ownership and control interest 26 27 requirements of the Medicaid or Medicare programs may be 28 accepted in lieu of this submission. 29 (2) (3) A license issued for the operation of a 30 hospice, unless sooner suspended or revoked, shall expire 31 automatically 1 year from the date of issuance. Sixty days 247

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1 prior to the expiration date, a hospice wishing to renew its 2 license shall submit an application for renewal to the agency 3 on forms furnished by the agency. The agency shall renew the license if the applicant has first met the requirements 4 5 established under this part and all applicable rules and has б provided the information described under this section in 7 addition to the application. However, The application for license renewal shall be accompanied by an update of the plan 8 9 for delivery of hospice care only if information contained in 10 the plan submitted pursuant to subsection (1) is no longer 11 applicable. 12 (4) A hospice against which a revocation or suspension proceeding is pending at the time of license renewal may be 13 14 issued a conditional license by the agency effective until final disposition of such proceeding. If judicial relief is 15 16 sought from the final agency action, the court having 17 jurisdiction may issue a conditional permit for the duration of the judicial proceeding. 18 19 (3) (3) (5) The agency shall not issue a license to a 20 hospice that fails to receive a certificate of need under the 21 provisions of ss. 408.031-408.045. A licensed hospice is a health care facility as that term is used in s. 408.039(5) and 22 is entitled to initiate or intervene in an administrative 23 24 hearing. 25 (4) (4) (6) A freestanding hospice facility that is primarily engaged in providing inpatient and related services 26 27 and that is not otherwise licensed as a health care facility 28 shall be required to obtain a certificate of need. However, a 29 freestanding hospice facility with six or fewer beds shall not be required to comply with institutional standards such as, 30 31

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1 but not limited to, standards requiring sprinkler systems, emergency electrical systems, or special lavatory devices. 2 3 Section 126. Section 400.6065, Florida Statutes, is amended to read: 4 5 400.6065 Background screening.--6 (1) Upon receipt of a completed application under s. 7 400.606, the agency shall require level 2 background screening 8 on each of the following persons, who shall be considered 9 employees for the purposes of conducting screening under 10 <del>chapter 435</del>: 11 (a) The hospice administrator and financial officer. (b) An officer or board member if the hospice is a 12 13 firm, corporation, partnership, or association, or any person owning 5 percent or more of the hospice if the agency has 14 probable cause to believe that such officer, board member, or 15 owner has been convicted of any offense prohibited by s. 16 17 435.04. For each officer, board member, or person owning 5 percent or more who has been convicted of any such offense, 18 19 the hospice shall submit to the agency a description and 20 explanation of the conviction at the time of license application. This paragraph does not apply to a board member 21 22 of a not-for-profit corporation or organization if the board member serves solely in a voluntary capacity, does not 23 24 regularly take part in the day-to-day operational decisions of 25 the corporation or organization, receives no remuneration for his or her services, and has no financial interest and has no 26 27 family members with a financial interest in the corporation or 28 organization, provided that the board member and the 29 corporation or organization submit a statement affirming that 30 the board member's relationship to the corporation or 31 organization satisfies the requirements of this paragraph.

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1	(2) Proof of compliance with level 2 screening
2	standards which has been submitted within the previous 5 years
3	to meet any facility or professional licensure requirements of
4	the agency or the Department of Health satisfies the
5	requirements of this section.
б	(3) The agency may grant a provisional license to a
7	hospice applying for an initial license when each individual
8	required by this section to undergo screening has completed
9	the Department of Law Enforcement background check, but has
10	not yet received results from the Federal Bureau of
11	Investigation.
12	(1) <del>(4)</del> The agency shall require employment or
13	contractor screening as provided in chapter 435, using the
14	level 1 standards for screening set forth in that chapter, for
15	hospice personnel.
16	(2) (5) The agency may grant exemptions from
17	disqualification from employment under this section as
18	provided in s. 435.07.
19	(6) The administration of each hospice must sign an
20	affidavit annually, under penalty of perjury, stating that all
21	personnel employed or contracted with on or after October 1,
22	1998, who provide hospice services in a facility, or who enter
23	the home of a patient in their service capacity, have been
24	screened.
25	(3) (7) Proof of compliance with the screening
26	requirements of chapter 435 shall be accepted in lieu of the
27	requirements of this section if the person has been
28	continuously employed or registered without a breach in
29	service that exceeds 180 days, the proof of compliance is not
30	more than 2 years old, and the person has been screened, at
31	the discretion of the hospice.
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1	(4) $(8)$ $(a)$ It is a misdemeanor of the first degree,
2	punishable under s. 775.082 or s. 775.083, for any person
3	willfully, knowingly, or intentionally to:
4	1. Fail, by false statement, misrepresentation,
5	impersonation, or other fraudulent means, to disclose in any
б	application for voluntary or paid employment a material fact
7	used in making a determination as to such person's
8	qualifications to be employed or contracted with under this
9	section;
10	2. Operate or attempt to operate an entity licensed
11	under this part with persons who do not meet the minimum
12	standards for good moral character as contained in this
13	<del>section;</del> or
14	2.3. Use information from the criminal records
15	obtained under this section for any purpose other than
16	screening as specified in this section, or release such
17	information to any other person for any purpose other than
18	screening under this section.
19	(b) It is a felony of the third degree, punishable
20	under s. 775.082, s. 775.083, or s. 775.084, for any person
21	willfully, knowingly, or intentionally to use information from
22	the juvenile records of a person obtained under this section
23	for any purpose other than screening for employment under this
24	section.
25	Section 127. Section 400.607, Florida Statutes, is
26	amended to read:
27	400.607 Denial, suspension, or revocation of license;
28	imposition of administrative fine; grounds; injunctions
29	(1) The agency may deny <u>or</u> ,revoke, or suspend a
30	license, impose a moratorium,or impose an administrative
31	fine, which may not exceed \$5,000 per violation, <u>for the</u>
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COD	TNC Words stright are deletions words underlined are additions

1 violation of any provision of this part, part II of chapter 2 408, or applicable rules in the manner provided in chapter 3 <del>120</del>. (2) Any of the following actions by a licensed hospice 4 5 or any of its employees shall be grounds for action by the б agency against a hospice: 7 (a) A violation of the provisions of this part or 8 applicable rules. 9 (b) An intentional or negligent act materially 10 affecting the health or safety of a patient. 11 (3) The agency may deny or revoke a license upon a determination that: 12 13 (a) Persons subject to level 2 background screening under s. 400.6065 do not meet the screening standards of 14 s. 435.04, and exemptions from disqualification have not been 15 16 provided by the agency. 17 (b) An officer, board member, or person owning 5 18 percent or more of the hospice has been excluded, permanently 19 suspended, or terminated from the Medicare or Medicaid 20 programs. 21 (3) (4) If, 3 months after the date of obtaining a license, or at any time thereafter, a hospice does not have in 22 operation the home-care component of hospice care, the agency 23 24 shall immediately revoke the license of such hospice. 25 (4) (4) (5) If, 12 months after the date of obtaining a license pursuant to s. 400.606, or at any time thereafter, a 26 27 hospice does not have in operation the inpatient components of 28 hospice care, the agency shall immediately revoke the license 29 of such hospice. 30 (6) The agency may institute a civil action in a court 31 of competent jurisdiction to seek injunctive relief to enforce 252

1 compliance with this part or any rule adopted pursuant to this 2 part. 3 (5) (7) The remedies set forth in this section are 4 independent of and cumulative to other remedies provided by 5 law. б Section 128. Subsection (8) of section 400.6095, 7 Florida Statutes, is amended to read: 8 400.6095 Patient admission; assessment; plan of care; 9 discharge; death. --10 (8) The hospice care team may withhold or withdraw 11 cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The agency 12 13 department shall adopt rules providing for the implementation of such orders. Hospice staff shall not be subject to criminal 14 prosecution or civil liability, nor be considered to have 15 engaged in negligent or unprofessional conduct, for 16 17 withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and applicable rules adopted by the 18 19 department. The absence of an order to resuscitate executed 20 pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as 21 22 otherwise permitted by law. Section 129. Subsection (5) of section 400.617, 23 24 Florida Statutes, is amended to read: 25 400.617 Legislative intent; purpose .--(5) Rules of the agency department relating to adult 26 27 family-care homes shall be as minimal and flexible as possible 28 to ensure the protection of residents while minimizing the 29 obstacles that could inhibit the establishment of adult 30 family-care homes. 31

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1 Section 130. Section 400.619, Florida Statutes, is 2 amended to read: 3 400.619 Licensure application and renewal. --4 (1) The requirements of part II of chapter 408 apply 5 to the provision of services that necessitate licensure б pursuant to this part and part II of chapter 408 and to 7 entities licensed by or applying for such licensure from the 8 Agency for Health Care Administration pursuant to this part. However, an applicant for licensure is exempt from the 9 10 provisions of s. 408.810(7), (8), (9), and (10). Each person 11 who intends to be an adult family-care home provider must apply for a license from the agency at least 90 days before 12 the applicant intends to operate the adult family-care home. 13 (2) A person who intends to be an adult family-care 14 home provider must own or rent the adult family-care home that 15 is to be licensed and reside therein. 16 17 (3) In accordance with s. 408.805, an applicant or 18 licensee shall pay a fee for each license application 19 submitted under this part and part II of chapter 408. The 20 amount of the fee shall be \$200 per biennium. The agency shall notify a licensee at least 120 days before the expiration date 21 22 that license renewal is required to continue operation. The notification must be provided electronically or by mail 23 24 delivery. Application for a license or annual license renewal 25 must be made on a form provided by the agency, signed under oath, and must be accompanied by a licensing fee of \$100 per 26 27 year. 28 (4) Upon receipt of a completed license application or 29 license renewal, and the fee, the agency shall initiate a level 1 background screening as provided under chapter 435 on 30 31 the adult family-care home provider, the designated relief 254

1 person, all adult household members, and all staff members. The applicant or licensee is responsible for paying the fees 2 3 associated with obtaining the required screening. The agency shall conduct an onsite visit to the home that is to be 4 5 licensed. б (a) Proof of compliance with level 1 screening 7 standards which has been submitted within the previous 5 years 8 to meet any facility or professional licensure requirements of 9 the agency or the Department of Health satisfies the 10 requirements of this subsection. Such proof must be 11 accompanied, under penalty of perjury, by a copy of the person's current professional license and an affidavit of 12 13 current compliance with the background screening requirements. (b) The person required to be screened must have been 14 continuously employed in the same type of occupation for which 15 the person is seeking employment without a breach in service 16 17 that exceeds 180 days, and proof of compliance with the level 1 screening requirement which is no more than 2 years old must 18 19 be provided. Proof of compliance shall be provided directly 20 from one employer or contractor to another, and not from the person screened. Upon request, a copy of screening results 21 shall be provided to the person screened by the employer 22 retaining documentation of the screening. 23 24 (5) The application must be accompanied by a 25 description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from 26 27 participation in the Medicaid or Medicare programs or any 28 other governmental health care or health insurance program. 29 (5)(6) Unless the adult family-care home is a 30 community residential home subject to chapter 419, the 31 applicant must provide documentation, signed by the 255

appropriate governmental official, that the home has met local
 zoning requirements for the location for which the license is
 sought.

4 (6)(7) Access to a licensed adult family-care home 5 must be provided at reasonable times for the appropriate б officials of the department, the Department of Health, the 7 Department of Children and Family Services, the agency, and the State Fire Marshal, who are responsible for the 8 9 development and maintenance of fire, health, sanitary, and 10 safety standards, to inspect the facility to assure compliance 11 with these standards. In addition, access to a licensed adult family-care home must be provided at reasonable times for the 12 13 local long-term care ombudsman council.

14 (8) A license is effective for 1 year after the date 15 of issuance unless revoked sooner. Each license must state 16 the name of the provider, the address of the home to which the 17 license applies, and the maximum number of residents of the 18 home. Failure to timely file a license renewal application 19 shall result in a late fee equal to 50 percent of the license 20 fee.

21 (9) A license is not transferable or applicable to any
22 location or person other than the location and person
23 indicated on the license.

24 <u>(7)(10)</u> The licensed maximum capacity of each adult 25 family-care home is based on the service needs of the 26 residents and the capability of the provider to meet the needs 27 of the residents. Any relative who lives in the adult 28 family-care home and who is a disabled adult or frail elder 29 must be included in that limitation.

30 <u>(8)(11)</u> Each adult family-care home must designate at 31 least one licensed space for a resident receiving optional

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1 state supplementation. The Department of Children and Family 2 Services shall specify by rule the procedures to be followed 3 for referring residents who receive optional state supplementation to adult family-care homes. 4 Those homes 5 licensed as adult foster homes or assisted living facilities 6 prior to January 1, 1994, that convert to adult family-care 7 homes, are exempt from this requirement. 8 (9) (12) The agency may issue a conditional license to 9 a provider for the purpose of bringing the adult family-care 10 home into compliance with licensure requirements. A 11 conditional license must be limited to a specific period, not exceeding 6 months. The agency department shall, by rule, 12 establish criteria for issuing conditional licenses. 13 (13) All moneys collected under this section must be 14 15 deposited into the Department of Elderly Affairs 16 Administrative Trust Fund and used to offset the expenses of 17 departmental training and education for adult family-care home providers. 18 19 (10)(14) The agency department may adopt rules to 20 establish procedures, identify forms, specify documentation, 21 and clarify terms, as necessary, to administer this section 22 and part II of chapter 408. Section 131. Section 400.6194, Florida Statutes, is 23 24 amended to read: 25 400.6194 Denial or, revocation, or suspension of a license.--In addition to the requirements of part II of 26 chapter 408, the agency may deny, suspend, or revoke a license 27 28 for any of the following reasons: 29 (1) Failure of any of the persons required to undergo 30 background screening under s. 400.619 to meet the level 1 31 257

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1 screening standards of s. 435.03, unless an exemption from 2 disgualification has been provided by the agency. 3 (2) An intentional or negligent act materially affecting the health, safety, or welfare of the adult 4 5 family-care home residents. б (3) Submission of fraudulent information or omission 7 of any material fact on a license application or any other 8 document required by the agency. 9 (4) Failure to pay an administrative fine assessed 10 under this part. 11 (5) A violation of this part or adopted rules which results in conditions or practices that directly threaten the 12 physical or emotional health, safety, or welfare of residents. 13 (2) (2) (6) Failure to correct cited fire code violations 14 that threaten the health, safety, or welfare of residents. 15 (7) Failure to submit a completed initial license 16 17 application or to complete an application for license renewal 18 within the specified timeframes. 19 (8) Exclusion, permanent suspension, or termination of the provider from the Medicare or Medicaid program. 20 21 Section 132. Section 400.6196, Florida Statutes, is amended to read: 22 23 400.6196 Classification of deficiencies; 24 administrative fines Violations; penalties .--25 In accordance with part II of chapter 408, and in (1)addition to any other liability or penalty provided by law, 26 27 the agency may impose an administrative fine against a civil 28 penalty on a provider according to the following 29 classification for a violation of any provision of this part, 30 part II of chapter 408, or applicable rules: 31

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1	(a) Class I violations are those conditions or
2	practices related to the operation and maintenance of an adult
3	family-care home or to the care of residents which the agency
4	determines present an imminent danger to the residents or
5	guests of the facility or a substantial probability that death
6	or serious physical or emotional harm would result therefrom.
7	The condition or practice that constitutes a class I violation
8	must be abated or eliminated within 24 hours, unless a fixed
9	period, as determined by the agency, is required for
10	correction. A class I deficiency is subject to an
11	administrative fine in an amount not less than \$500 and not
12	exceeding \$1,000 for each violation. A fine may be levied
13	notwithstanding the correction of the deficiency.
14	(b) Class II violations are those conditions or
15	practices related to the operation and maintenance of an adult
16	family-care home or to the care of residents which the agency
17	determines directly threaten the physical or emotional health,
18	safety, or security of the residents, other than class I
19	violations. A class II violation is subject to an
20	administrative fine in an amount not less than \$250 and not
21	exceeding \$500 for each violation. A citation for a class II
22	violation must specify the time within which the violation is
23	required to be corrected. If a class II violation is corrected
24	within the time specified, no civil penalty shall be imposed,
25	unless it is a repeated offense.
26	(c) Class III violations are those conditions or
27	practices related to the operation and maintenance of an adult
28	family-care home or to the care of residents which the agency
29	determines indirectly or potentially threaten the physical or
30	emotional health, safety, or security of residents, other than
31	class I or class II violations. A class III violation is
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1	subject to an administrative fine in an amount not less than
2	\$100 and not exceeding \$250 for each violation. A citation for
3	a class III violation shall specify the time within which the
4	violation is required to be corrected. If a class III
5	violation is corrected within the time specified, no civil
6	penalty shall be imposed, unless it is a repeated offense.
7	(d) Class IV violations are those conditions or
8	occurrences related to the operation and maintenance of an
9	adult family-care home, or related to the required reports,
10	forms, or documents, which do not have the potential of
11	negatively affecting the residents. A provider that does not
12	correct a class IV violation within the time limit specified
13	by the agency is subject to an administrative fine in an
14	amount not less than \$50 and not exceeding \$100 for each
15	violation. Any class IV violation that is corrected during the
16	time the agency survey is conducted will be identified as an
17	agency finding and not as a violation.
18	(2) The agency may impose an administrative fine for
19	violations which do not qualify as class I, class II, class
20	III, or class IV violations. The amount of the fine shall not
21	exceed \$250 for each violation or \$2,000 in the aggregate.
22	Unclassified violations include:
23	(a) Violating any term or condition of a license.
24	(b) Violating any <u>provision of</u> <del>rule adopted under</del> this
25	part, part II of chapter 408, or applicable rules.
26	(c) Failure to follow the criteria and procedures
27	provided under part I of chapter 394 relating to the
28	transportation, voluntary admission, and involuntary
29	examination of adult family-care home residents.
30	(d) Exceeding licensed capacity.
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1 (e) Providing services beyond the scope of the 2 license. 3 (f) Violating a moratorium. 4 (3) Each day during which a violation occurs 5 constitutes a separate offense. б (3) (4) In determining whether a penalty is to be 7 imposed, and in fixing the amount of any penalty to be 8 imposed, the agency must consider: 9 (a) The gravity of the violation. 10 (b) Actions taken by the provider to correct a 11 violation. (c) Any previous violation by the provider. 12 13 (d) The financial benefit to the provider of committing or continuing the violation. 14 (4) (4) (5) As an alternative to or in conjunction with an 15 administrative action against a provider, the agency may 16 17 request a plan of corrective action that demonstrates a good 18 faith effort to remedy each violation by a specific date, 19 subject to the approval of the agency. 20 (5) (5) (6) The department shall set forth, by rule, notice 21 requirements and procedures for correction of deficiencies. (7) Civil penalties paid by a provider must be 22 deposited into the Department of Elderly Affairs 23 24 Administrative Trust Fund and used to offset the expenses of 25 departmental training and education for adult family-care home providers. 26 27 (8) The agency may impose an immediate moratorium on 28 admissions to any adult family-care home if the agency finds 29 that a condition in the home presents a threat to the health, 30 safety, or welfare of its residents. The department may by 31 rule establish facility conditions that constitute grounds for 261

1 imposing a moratorium and establish procedures for imposing 2 and lifting a moratorium. 3 Section 133. Section 400.621, Florida Statutes, is amended to read: 4 5 400.621 Rules and standards relating to adult б family-care homes. --7 The agency department, in consultation with the (1)8 Department of Health, the Department of Children and Family 9 Services, and the department agency shall, by rule, establish 10 minimum standards to ensure the health, safety, and well-being 11 of each resident in the adult family-care home pursuant to this part and part II of chapter 408. The rules must address: 12 13 (a) Requirements for the physical site of the facility 14 and facility maintenance. (b) Services that must be provided to all residents of 15 an adult family-care home and standards for such services, 16 17 which must include, but need not be limited to: Room and board. 18 1 19 2. Assistance necessary to perform the activities of daily living. 20 3. Assistance necessary to administer medication. 21 22 4. Supervision of residents. 5. Health monitoring. 23 24 6. Social and leisure activities. (c) Standards and procedures for license application 25 and annual license renewal, advertising, proper management of 26 27 each resident's funds and personal property and personal affairs, financial ability to operate, medication management, 28 29 inspections, complaint investigations, and facility, staff, and resident records. 30 31 262

1 (d) Qualifications, training, standards, and 2 responsibilities for providers and staff. 3 Compliance with chapter 419, relating to community (e) residential homes. 4 5 (f) Criteria and procedures for determining the 6 appropriateness of a resident's placement and continued 7 residency in an adult family-care home. A resident who 8 requires 24-hour nursing supervision may not be retained in an 9 adult family-care home unless such resident is an enrolled 10 hospice patient and the resident's continued residency is 11 mutually agreeable to the resident and the provider. (g) Procedures for providing notice and assuring the 12 least possible disruption of residents' lives when residents 13 are relocated, an adult family-care home is closed, or the 14 ownership of an adult family-care home is transferred. 15 (h) Procedures to protect the residents' rights as 16 17 provided in s. 400.628. (i) Procedures to promote the growth of adult 18 19 family-care homes as a component of a long-term care system. 20 (j) Procedures to promote the goal of aging in place 21 for residents of adult family-care homes. 22 (2) The agency department shall by rule provide minimum standards and procedures for emergencies. Pursuant to 23 24 s. 633.022, the State Fire Marshal, in consultation with the 25 department and the agency, shall adopt uniform firesafety standards for adult family-care homes. 26 27 (3) The agency department shall adopt rules providing 28 for the implementation of orders not to resuscitate. The 29 provider may withhold or withdraw cardiopulmonary 30 resuscitation if presented with an order not to resuscitate 31 executed pursuant to s. 401.45. The provider shall not be 263

1 subject to criminal prosecution or civil liability, nor be 2 considered to have engaged in negligent or unprofessional 3 conduct, for withholding or withdrawing cardiopulmonary 4 resuscitation pursuant to such an order and applicable rules 5 adopted by the department. б (4) The provider of any adult family-care home that is 7 in operation at the time any rules are adopted or amended under this part may be given a reasonable time, not exceeding 8 9 6 months, within which to comply with the new or revised rules 10 and standards. 11 Section 134. Subsection (3) of section 400.6211, Florida Statutes, is amended to read: 12 400.6211 Training and education programs.--13 (3) Effective January 1, 2004, providers must complete 14 15 the training and education program within a reasonable time determined by the agency department. Failure to complete the 16 17 training and education program within the time set by the agency department is a violation of this part and subjects the 18 19 provider to revocation of the license. Section 135. Section 400.622, Florida Statutes, is 20 21 repealed. Section 136. Subsection (2) of section 400.625, 22 Florida Statutes, is amended to read: 23 24 400.625 Residency agreements.--25 (2) Each residency agreement must specify the personal care and accommodations to be provided by the adult 26 family-care home, the rates or charges, a requirement of at 27 28 least 30 days' notice before a rate increase, and any other 29 provisions required by rule of the agency department. 30 Section 137. Section 400.801, Florida Statutes, is 31 amended to read:

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1 400.801 Homes for special services.--2 (1) As used in this section, the term: 3 "Agency" means the "Agency for Health Care (a) Administration." 4 5 "Home for special services" means a site where (b) 6 specialized health care services are provided, including 7 personal and custodial care, but not continuous nursing 8 services. (2) 9 The requirements of part II of chapter 408 apply to the provision of services that necessitate licensure 10 11 pursuant to this section and part II of chapter 408 and to entities licensed by or applying for such licensure from the 12 Agency for Health Care Administration pursuant to this 13 section. However, an applicant for licensure is exempt from 14 the provisions of s. 408.810(7), (8), (9), and (10). A person 15 must obtain a license from the agency to operate a home for 16 17 special services. A license is valid for 1 year. (3) In accordance with s. 408.805, an applicant or 18 19 licensee shall pay a fee for each license application submitted under this section and part II of chapter 408. The 20 21 amount of the fee shall be established by rule and may not be more than \$2,000 per biennium. The application for a license 22 23 under this section must be made on a form provided by the 24 agency. A nonrefundable license fee of not more than \$1,000 25 must be submitted with the license application. 26 (4) Each applicant for licensure must comply with the 27 following requirements: (a) Upon receipt of a completed, signed, and dated 28 29 application, the agency shall require background screening, in 30 accordance with the level 2 standards for screening set forth 31 in chapter 435, of the managing employee, or other similarly 265

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1 titled individual who is responsible for the daily operation of the facility, and of the financial officer, or other 2 3 similarly titled individual who is responsible for the financial operation of the facility, including billings for 4 5 client care and services, in accordance with the level 2 6 standards for screening set forth in chapter 435. The 7 applicant must comply with the procedures for level 2 8 background screening as set forth in chapter 435. 9 (b) The agency may require background screening of any 10 other individual who is an applicant if the agency has 11 probable cause to believe that he or she has been convicted of a crime or has committed any other offense prohibited under 12 the level 2 standards for screening set forth in chapter 435. 13 (c) Proof of compliance with the level 2 background 14 screening requirements of chapter 435 which has been submitted 15 within the previous 5 years in compliance with any other 16 17 health care or assisted living licensure requirements of this 18 state is acceptable in fulfillment of the requirements of 19 paragraph (a). 20 (d) A provisional license may be granted to an 21 applicant when each individual required by this section to undergo background screening has met the standards for the 22 Department of Law Enforcement background check, but the agency 23 24 has not yet received background screening results from the 25 Federal Bureau of Investigation, or a request for a 26 disqualification exemption has been submitted to the agency as 27 set forth in chapter 435, but a response has not yet been issued. A standard license may be granted to the applicant 28 upon the agency's receipt of a report of the results of the 29 30 Federal Bureau of Investigation background screening for each 31 individual required by this section to undergo background 266

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1 screening which confirms that all standards have been met, or 2 upon the granting of a disgualification exemption by the 3 agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in 4 5 his or her capacity pending the agency's receipt of the report 6 from the Federal Bureau of Investigation. However, the person 7 may not continue to serve if the report indicates any 8 violation of background screening standards and a disqualification exemption has not been requested of and 9 10 granted by the agency as set forth in chapter 435. 11 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 12 permanent suspensions, or terminations of the applicant from 13 the Medicare or Medicaid programs. Proof of compliance with 14 the requirements for disclosure of ownership and control 15 16 interests under the Medicaid or Medicare programs may be 17 accepted in lieu of this submission. (f) Each applicant must submit to the agency a 18 19 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 20 21 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 22 applicant. This requirement does not apply to a director of a 23 24 not-for-profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 25 organization, does not regularly take part in the day-to-day 26 27 operational decisions of the corporation or organization, receives no remuneration for his or her services on the 28 29 corporation or organization's board of directors, and has no 30 financial interest and has no family members with a financial 31 interest in the corporation or organization, provided that the 267

1 director and the not-for-profit corporation or organization include in the application a statement affirming that the 2 3 director's relationship to the corporation satisfies the requirements of this paragraph. 4 5 (g) A license may not be granted to an applicant if 6 the applicant or managing employee has been found quilty of, 7 regardless of adjudication, or has entered a plea of nolo 8 contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, 9 10 unless an exemption from disqualification has been granted by 11 the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the 12 13 applicant: 1. Has falsely represented a material fact in the 14 application required by paragraph (e) or paragraph (f), or has 15 omitted any material fact from the application required by 16 17 paragraph (e) or paragraph (f); or 18 2. Has had prior action taken against the applicant 19 under the Medicaid or Medicare program as set forth in 20 paragraph (e). 21 (i) An application for license renewal must contain the information required under paragraphs (e) and (f). 22 23 (5) Application for license renewal must be submitted 24 90 days before the expiration of the license. (6) A change of ownership or control of a home for 25 special services must be reported to the agency in writing at 26 27 least 60 days before the change is scheduled to take effect. (4) (7) The agency may shall adopt rules for 28 implementing and enforcing this section and part II of chapter 29 30 408. 31

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1 (8)(a) It is unlawful for any person to establish, 2 conduct, manage, or operate a home for special services 3 without obtaining a license from the agency. 4 (b) It is unlawful for any person to offer or 5 advertise to the public, in any medium whatever, specialized б health care services without obtaining a license from the 7 agency. 8 (c) It is unlawful for a holder of a license issued under this section to advertise or represent to the public 9 10 that it holds a license for a type of facility other than the 11 facility for which its license is issued. (5)(9)(a) In accordance with part II of chapter 408,a 12 violation of any provision of this section, part II of chapter 13 408, or applicable rules adopted by the agency for 14 implementing this section is punishable by payment of an 15 administrative fine not to exceed \$5,000. 16 17 (b) A violation of subsection (8) or rules adopted 18 under that subsection is a misdemeanor of the first degree, 19 punishable as provided in s. 775.082 or s. 775.083. Each day 20 of continuing violation is a separate offense. 21 Section 138. Section 400.805, Florida Statutes, is amended to read: 22 23 400.805 Transitional living facilities .--24 (1) As used in this section, the term: 25 (a) "Agency" means the Agency for Health Care 26 Administration. 27 "Department" means the Department of Health. (b) 28 "Transitional living facility" means a site where (C) 29 specialized health care services are provided, including, but 30 not limited to, rehabilitative services, community reentry 31 training, aids for independent living, and counseling to 269

1 spinal-cord-injured persons and head-injured persons. This 2 term does not include a hospital licensed under chapter 395 or 3 any federally operated hospital or facility. 4 (2)(a) The requirements of part II of chapter 408 5 apply to the provision of services that necessitate licensure б pursuant to this section and part II of chapter 408 and to 7 entities licensed by or applying for such licensure from the 8 Agency for Health Care Administration pursuant to this section. However, an applicant for licensure is exempt from 9 10 the provisions of s. 408.810(7), (8), (9), and (10). A person 11 must obtain a license from the agency to operate a transitional living facility. A license issued under this 12 section is valid for 1 year. 13 (b) In accordance with s. 408.805, an applicant or 14 15 licensee shall pay a fee for each license application submitted under this section and part II of chapter 408. The 16 17 fee shall be comprised of a license fee of \$4,000 per biennium and a fee of \$78.50 for each bed per biennium, unless modified 18 19 by rule. The application for a license must be made on a form 20 provided by the agency. A nonrefundable license fee of \$2,000 21 and a fee of up to \$39.25 per bed must be submitted with the 22 license application. 23 (c) The agency may not issue a license to an applicant 24 until the agency receives notice from the department as 25 provided in paragraph (6)(b). (3) Each applicant for licensure must comply with the 26 27 following requirements: 28 (a) Upon receipt of a completed, signed, and dated 29 application, the agency shall require background screening, in 30 accordance with the level 2 standards for screening set forth 31 in chapter 435, of the managing employee, or other similarly 270

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1	titled individual who is responsible for the daily operation
2	of the facility, and of the financial officer, or other
3	similarly titled individual who is responsible for the
4	financial operation of the facility, including billings for
5	client care and services. The applicant must comply with the
6	procedures for level 2 background screening as set forth in
7	chapter 435.
8	(b) The agency may require background screening of any
9	other individual who is an applicant if the agency has
10	probable cause to believe that he or she has been convicted of
11	a crime or has committed any other offense prohibited under
12	the level 2 standards for screening set forth in chapter 435.
13	(c) Proof of compliance with the level 2 background
14	screening requirements of chapter 435 which has been submitted
15	within the previous 5 years in compliance with any other
16	health care or assisted living licensure requirements of this
17	state is acceptable in fulfillment of the requirements of
18	<del>paragraph (a).</del>
19	(d) A provisional license may be granted to an
20	applicant when each individual required by this section to
21	undergo background screening has met the standards for the
22	Department of Law Enforcement background check, but the agency
23	has not yet received background screening results from the
24	Federal Bureau of Investigation, or a request for a
25	disqualification exemption has been submitted to the agency as
26	set forth in chapter 435, but a response has not yet been
27	issued. A standard license may be granted to the applicant
28	upon the agency's receipt of a report of the results of the
29	Federal Bureau of Investigation background screening for each
30	individual required by this section to undergo background
31	screening which confirms that all standards have been met, or
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1 upon the granting of a disqualification exemption by the 2 agency as set forth in chapter 435. Any other person who is 3 required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report 4 5 from the Federal Bureau of Investigation. However, the person 6 may not continue to serve if the report indicates any 7 violation of background screening standards and a disqualification exemption has not been requested of and 8 9 granted by the agency as set forth in chapter 435. 10 (e) Each applicant must submit to the agency, with its 11 application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from 12 the Medicare or Medicaid programs. Proof of compliance with 13 the requirements for disclosure of ownership and control 14 interests under the Medicaid or Medicare programs may be 15 accepted in lieu of this submission. 16 17 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 18 prohibited under the level 2 standards of chapter 435 by a 19 20 member of the board of directors of the applicant, its 21 officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a 22 23 not-for-profit corporation or organization if the director 24 serves solely in a voluntary capacity for the corporation or 25 organization, does not regularly take part in the day-to-day 26 operational decisions of the corporation or organization, 27 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 28 29 financial interest and has no family members with a financial 30 interest in the corporation or organization, provided that the 31 director and the not-for-profit corporation or organization 272

1 include in the application a statement affirming that the 2 director's relationship to the corporation satisfies the 3 requirements of this paragraph. (g) A license may not be granted to an applicant if 4 5 the applicant or managing employee has been found guilty of, 6 regardless of adjudication, or has entered a plea of nolo 7 contendere or quilty to, any offense prohibited under the 8 level 2 standards for screening set forth in chapter 435, 9 unless an exemption from disqualification has been granted by 10 the agency as set forth in chapter 435. 11 (h) The agency may deny or revoke licensure if the 12 applicant: 1. Has falsely represented a material fact in the 13 14 application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by 15 16 paragraph (e) or paragraph (f); or 17 2. Has had prior action taken against the applicant 18 under the Medicaid or Medicare program as set forth in 19 paragraph (e). 20 (i) An application for license renewal must contain 21 the information required under paragraphs (e) and (f). 22 (4) An application for renewal of license must be submitted 90 days before the expiration of the license. Upon 23 24 renewal of licensure, each applicant must submit to the 25 agency, under penalty of perjury, an affidavit as set forth in paragraph (3)(d). 26 27 (5) A change of ownership or control of a transitional 28 living facility must be reported to the agency in writing at 29 least 60 days before the change is scheduled to take effect. 30 (3)(6)(a) The agency shall adopt rules in consultation 31 with the department governing the physical plant of 273

1 transitional living facilities and the fiscal management of 2 transitional living facilities. 3 (b) The department shall adopt rules in consultation with the agency governing the services provided to clients of 4 5 transitional living facilities. The department shall enforce б all requirements for providing services to the facility's 7 clients. The department must notify the agency when it 8 determines that an applicant for licensure meets the service 9 requirements adopted by the department. 10 (c) The agency and the department shall enforce 11 requirements under this section, as such requirements relate to them respectively, and their respective adopted rules. 12 13 (7)(a) It is unlawful for any person to establish, conduct, manage, or operate a transitional living facility 14 without obtaining a license from the agency. 15 16 (b) It is unlawful for any person to offer or 17 advertise to the public, in any medium whatever, services or care defined in paragraph (1)(c) without obtaining a license 18 19 from the agency. (c) It is unlawful for a holder of a license issued 20 21 under this section to advertise or represent to the public 22 that it holds a license for a type of facility other than the facility for which its license is issued. 23 24 (4) (4) (8) Any designated officer or employee of the 25 agency, of the state, or of the local fire marshal may enter unannounced upon and into the premises of any facility 26 27 licensed under this section in order to determine the state of 28 compliance with this section and the rules or standards in 29 force under this section. The right of entry and inspection also extends to any premises that the agency has reason to 30 31 believe are being operated or maintained as a facility without 274

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a license; but such an entry or inspection may not be made 1 2 without the permission of the owner or person in charge of the 3 facility unless a warrant that authorizes the entry is first obtained from the circuit court. The warrant requirement 4 5 extends only to a facility that the agency has reason to б believe is being operated or maintained as a facility without a license. An application for a license or renewal thereof 7 which is made under this section constitutes permission for, 8 9 and acquiescence in, any entry or inspection of the premises 10 for which the license is sought, in order to facilitate 11 verification of the information submitted on or in connection with the application; to discover, investigate, and determine 12 13 the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. A current valid license 14 constitutes unconditional permission for, and acquiescence in, 15 any entry or inspection of the premises by authorized 16 17 personnel. The agency retains the right of entry and inspection of facilities that have had a license revoked or 18 19 suspended within the previous 24 months, to ensure that the 20 facility is not operating unlawfully. However, before the facility is entered, a statement of probable cause must be 21 filed with the director of the agency, who must approve or 22 disapprove the action within 48 hours. Probable cause 23 24 includes, but is not limited to, evidence that the facility 25 holds itself out to the public as a provider of personal assistance services, or the receipt by the advisory council on 26 brain and spinal cord injuries of a complaint about the 27 28 facility. 29 (5) (9) The agency may institute injunctive proceedings in a court of competent jurisdiction for temporary or 30

31 permanent relief to:

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1	(a) Enforce this section or any minimum standard,
2	rule, or order issued pursuant thereto if the agency's effort
3	to correct a violation through administrative fines has failed
4	or when the violation materially affects the health, safety,
5	or welfare of residents; or
6	(b) Terminate the operation of a facility if a
7	violation of this section or of any standard or rule adopted
8	pursuant thereto exists which materially affects the health,
9	safety, or welfare of residents.
10	
11	The Legislature recognizes that, in some instances, action is
12	necessary to protect residents of facilities from immediately
13	life-threatening situations. If it appears by competent
14	evidence or a sworn, substantiated affidavit that a temporary
15	injunction should issue, the court, pending the determination
16	on final hearing, shall enjoin operation of the facility.
17	(10) The agency may impose an immediate moratorium on
18	admissions to a facility when the agency determines that any
19	condition in the facility presents a threat to the health,
20	safety, or welfare of the residents in the facility. If a
21	facility's license is denied, revoked, or suspended, the
22	facility may be subject to the immediate imposition of a
23	moratorium on admissions to run concurrently with licensure
24	denial, revocation, or suspension.
25	<u>(6)<del>(11)(a)</del> In accordance with part II of chapter 408,</u>
26	a violation of any provision of this section, part II of
27	<u>chapter 408,</u> or <u>applicable</u> rules <del>adopted by the agency or</del>
28	department under this section is punishable by payment of an
29	administrative or a civil penalty fine not to exceed \$5,000.
30	(b) A violation of subsection (7) or rules adopted
31	under that subsection is a misdemeanor of the first degree,
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1 punishable as provided in s. 775.082 or s. 775.083. Each day 2 of a continuing violation is a separate offense. 3 Section 139. Subsection (4) of section 400.902, Florida Statutes, is amended to read: 4 5 400.902 Definitions.--As used in this part, the term: б "Owner or operator" means a licensee any (4) 7 individual who has general administrative charge of a PPEC 8 <del>center</del>. Section 140. Subsection (3) is added to section 9 10 400.903, Florida Statutes, to read: 11 400.903 PPEC centers to be licensed; exemptions.--(3) The requirements of part II of chapter 408 apply 12 to the provision of services that necessitate licensure 13 14 pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the 15 Agency for Health Care Administration pursuant to this part. 16 17 However, an applicant for licensure is exempt from the provisions of s. 408.810(10). 18 19 Section 141. Section 400.905, Florida Statutes, is amended to read: 20 21 400.905 License required; fee; exemption; display .--22 (1)(a) It is unlawful to operate or maintain a PPEC 23 center without first obtaining from the agency a license 24 authorizing such operation. The agency is responsible for 25 licensing PPEC centers in accordance with the provisions of this part. 26 27 (b) Any person who violates paragraph (a) is guilty of a felony of the third degree, punishable as provided in s. 28 29 775.082, s. 775.083, or s. 775.084. 30 (1) (2) Separate licenses are required for PPEC centers 31 maintained on separate premises, even though they are operated 277

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1 under the same management. Separate licenses are not required 2 for separate buildings on the same grounds. 3 (2) (3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 4 5 submitted under this part and part II of chapter 408. The б amount of the fee shall be established by rule and may not be less than \$1,000 or more than \$3,000 per biennium. The annual 7 8 license fee required of a PPEC center shall be in an amount 9 determined by the agency to be sufficient to cover the 10 agency's costs in carrying out its responsibilities under this 11 part, but shall not be less than \$500 or more than \$1,500. (3)(4) County-operated or municipally operated PPEC 12 13 centers applying for licensure under this part are exempt from the payment of license fees. 14 (5) The license shall be displayed in a conspicuous 15 place inside the PPEC center. 16 17 (6) A license shall be valid only in the possession of the individual, firm, partnership, association, or corporation 18 19 to whom it is issued and shall not be subject to sale, 20 assignment, or other transfer, voluntary or involuntary; nor 21 shall a license be valid for any premises other than that for 22 which originally issued. (7) Any license granted by the agency shall state the 23 24 maximum capacity of the facility, the date the license was 25 issued, the expiration date of the license, and any other information deemed necessary by the agency. 26 27 Section 142. Section 400.906, Florida Statutes, is 28 repealed. 29 Section 143. Section 400.907, Florida Statutes, is 30 amended to read: 31 278

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1 400.907 Denial or, suspension, revocation of 2 licensure; administrative fines; grounds.--3 (1) In accordance with part II of chapter 408, the agency may deny or, revoke, or suspend a license or impose an 4 5 administrative fine for a violation of any provision of this б part, part II of chapter 408, or applicable rules in the 7 manner provided in chapter 120. 8 (2) Any of the following actions by a PPEC center or 9 its employee is grounds for action by the agency against a 10 PPEC center or its employee: 11 (a) An intentional or negligent act materially affecting the health or safety of children in the PPEC center. 12 (b) A violation of the provisions of this part, part 13 II of chapter 408, or applicable rules or of any standards or 14 rules adopted pursuant to this part. 15 (c) Multiple and repeated violations of this part or 16 17 of minimum standards or rules adopted pursuant to this part. (3) The agency shall be responsible for all 18 19 investigations and inspections conducted pursuant to this 20 part. 21 Section 144. Section 400.908, Florida Statutes, is 22 amended to read: 400.908 Administrative fines; disposition of fees and 23 24 fines.--(1)(a) If the agency determines that a PPEC center is 25 being operated without a license or is otherwise not in 26 27 compliance with rules adopted under this part, part II of 28 chapter 408, or applicable rules, the agency, notwithstanding 29 any other administrative action it takes, shall make a reasonable attempt to discuss each violation and recommended 30 31 corrective action with the owner of the PPEC center prior to 279

1 written notification thereof. The agency may request that the 2 PPEC center submit a corrective action plan which demonstrates 3 a good faith effort to remedy each violation by a specific date, subject to the approval of the agency. 4 5 (b) In accordance with part II of chapter 408, the б agency may fine a PPEC center or employee found in violation 7 of rules adopted pursuant to this part, part II of chapter 8 408, or applicable rules in an amount not to exceed \$500 for 9 each violation. Such fine may not exceed \$5,000 in the 10 aggregate. 11 (c) The failure to correct a violation by the date set by the agency, or the failure to comply with an approved 12 corrective action plan, is a separate violation for each day 13 such failure continues, unless the agency approves an 14 15 extension to a specific date. 16 (d) If a PPEC center desires to appeal any agency 17 action under this section and the fine is upheld, the violator shall pay the fine, plus interest at the legal rate specified 18 19 in s. 687.01, for each day beyond the date set by the agency 20 for payment of the fine. (2) In determining if a fine is to be imposed and in 21 22 fixing the amount of any fine, the agency shall consider the following factors: 23 24 (a) The gravity of the violation, including the 25 probability that death or serious physical or emotional harm to a child will result or has resulted, the severity of the 26 actual or potential harm, and the extent to which the 27 28 provisions of the applicable statutes or rules were violated. 29 (b) Actions taken by the owner or operator to correct 30 violations. 31 (c) Any previous violations. 280

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1 (d) The financial benefit to the PPEC center of 2 committing or continuing the violation. 3 (3) Fees and fines received by the agency under this 4 part shall be deposited in the Health Care Trust Fund created 5 <del>in s. 408.16.</del> б Section 145. Sections 400.910 and 400.911, Florida 7 Statutes, are repealed. 8 Section 146. Section 400.912, Florida Statutes, is amended to read: 9 10 400.912 Closing of a PPEC center.--11 (1) Whenever a PPEC center voluntarily discontinues operation, it shall inform the agency in writing at least 30 12 days before the discontinuance of operation. The PPEC center 13 shall also, at such time, inform each child's legal quardian 14 15 of the fact and the proposed time of such discontinuance. 16 (2) Immediately upon discontinuance of the operation 17 of a PPEC center, the owner or operator shall surrender the 18 license therefor to the agency and the license shall be 19 canceled. 20 Section 147. Section 400.913, Florida Statutes, is 21 repealed. Section 148. Subsection (1) of section 400.914, 22 23 Florida Statutes, is amended to read: 400.914 Rules establishing standards .--24 (1) Pursuant to the intention of the Legislature to 25 provide safe and sanitary facilities and healthful programs, 26 27 the agency in conjunction with the Division of Children's 28 Medical Services Prevention and Intervention of the Department 29 of Health shall adopt and publish rules to implement the provisions of this part and part II of chapter 408, which 30 31 shall include reasonable and fair standards. Any conflict 281

1 between these standards and those that may be set forth in 2 local, county, or city ordinances shall be resolved in favor 3 of those having statewide effect. Such standards shall relate 4 to:

5 (a) The assurance that PPEC services are family
6 centered and provide individualized medical, developmental,
7 and family training services.

8 (b) The maintenance of PPEC centers, not in conflict 9 with the provisions of chapter 553 and based upon the size of 10 the structure and number of children, relating to plumbing, 11 heating, lighting, ventilation, and other building conditions, 12 including adequate space, which will ensure the health, 13 safety, comfort, and protection from fire of the children 14 served.

15 (c) The appropriate provisions of the most recent 16 edition of the "Life Safety Code" (NFPA-101) shall be applied. 17 (d) The number and qualifications of all personnel who 18 have responsibility for the care of the children served.

(e) All sanitary conditions within the PPEC center and
its surroundings, including water supply, sewage disposal,
food handling, and general hygiene, and maintenance thereof,

22 which will ensure the health and comfort of children served.

(f) Programs and basic services promoting and maintaining the health and development of the children served and meeting the training needs of the children's legal guardians.

27 (g) Supportive, contracted, other operational, and28 transportation services.

29 (h) Maintenance of appropriate medical records, data, 30 and information relative to the children and programs. Such 31

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   records shall be maintained in the facility for inspection by
2
    the agency.
3
           Section 149. Section 400.915, Florida Statutes, is
    amended to read:
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5
           400.915 Construction and renovation;
6
    requirements. -- The requirements for the construction or
7
    renovation of a PPEC center shall comply with:
8
           (1) The provisions of chapter 553, which pertain to
   building construction standards, including plumbing,
9
10
    electrical code, glass, manufactured buildings, accessibility
11
    for the physically disabled;
           (2) The minimum standards for physical facilities in
12
   rule 10M-12.003, Florida Administrative Code, Child Care
13
    Standards; and
14
15
           (3) The standards or rules adopted pursuant to this
   part and part II of chapter 408.
16
17
           Section 150.
                         Sections 400.916 and 400.917, Florida
18
    Statutes, are repealed.
19
           Section 151.
                         Section 400.925, Florida Statutes, is
    amended to read:
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21
           400.925 Definitions.--As used in this part, the term:
22
           (1)
                "Accrediting organizations" means the Joint
    Commission on Accreditation of Healthcare Organizations or
23
24
    other national accreditation agencies whose standards for
25
    accreditation are comparable to those required by this part
    for licensure.
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27
          (2) "Affiliated person" means any person who directly
28
    or indirectly manages, controls, or oversees the operation of
29
    a corporation or other business entity that is a licensee,
   regardless of whether such person is a partner, shareholder,
30
31
   owner, officer, director, agent, or employee of the entity.
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(2)(3) "Agency" means the Agency for Health Care 1 2 Administration. 3 (4) "Applicant" means an individual applicant in the 4 case of a sole proprietorship, or any officer, director, 5 agent, managing employee, general manager, or affiliated б person, or any partner or shareholder having an ownership 7 interest equal to 5 percent or greater in the corporation, partnership, or other business entity. 8 9 (3)(5) "Consumer" or "patient" means any person who 10 uses home medical equipment in his or her place of residence. 11 (4)(6) "Department" means the Department of Children 12 and Family Services. 13 (5) "General manager" means the individual who has 14 the general administrative charge of the premises of a 15 licensed home medical equipment provider. (6)(8) "Home medical equipment" includes any product 16 17 as defined by the Federal Drug Administration's Drugs, Devices 18 and Cosmetics Act, any products reimbursed under the Medicare 19 Part B Durable Medical Equipment benefits, or any products reimbursed under the Florida Medicaid durable medical 20 equipment program. Home medical equipment includes oxygen and 21 related respiratory equipment; manual, motorized, or 22 customized wheelchairs and related seating and positioning, 23 24 but does not include prosthetics or orthotics or any splints, 25 braces, or aids custom fabricated by a licensed health care practitioner; motorized scooters; personal transfer systems; 26 and specialty beds, for use by a person with a medical need. 27 28 (7)<del>(9)</del> "Home medical equipment provider" means any 29 person or entity that sells or rents or offers to sell or rent to or for a consumer: 30 31 (a) Any home medical equipment and services; or

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1 (b) Home medical equipment that requires any home 2 medical equipment services. 3 (8)(10) "Home medical equipment provider personnel" means persons who are employed by or under contract with a 4 5 home medical equipment provider. б (9)(11) "Home medical equipment services" means 7 equipment management and consumer instruction, including 8 selection, delivery, setup, and maintenance of equipment, and 9 other related services for the use of home medical equipment 10 in the consumer's regular or temporary place of residence. 11 (10) (12) "Licensee" means the person or entity to whom a license to operate as a home medical equipment provider is 12 13 issued by the agency. 14 (11)<del>(13)</del> "Moratorium" has the same meaning as in s. 15 408.803, except that means a mandated temporary cessation or 16 suspension of the sale, rental, or offering of equipment after 17 the imposition of the moratorium.services related to equipment sold or rented prior to the moratorium must be 18 19 continued without interruption, unless deemed otherwise by the 20 agency. 21 (12)(14) "Person" means any individual, firm, 22 partnership, corporation, or association. (13)(15) "Premises" means those buildings and 23 24 equipment which are located at the address of the licensed home medical equipment provider for the provision of home 25 medical equipment services, which are in such reasonable 26 proximity as to appear to the public to be a single provider 27 28 location, and which comply with zoning ordinances. 29 (14)(16) "Residence" means the consumer's home or 30 place of residence, which may include nursing homes, assisted 31 285

1 living facilities, transitional living facilities, adult family-care homes, or other congregate residential facilities. 2 3 Section 152. Subsection (3) and paragraphs (d) and (e) of subsection (6) of section 400.93, Florida Statutes, are 4 5 amended to read: 6 400.93 Licensure required; exemptions; unlawful acts; 7 penalties.--8 (3) The requirements of part II of chapter 408 apply 9 to the provision of services that necessitate licensure 10 pursuant to this part and part II of chapter 408 and to 11 entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. 12 However, an applicant for licensure is exempt from the 13 provisions of s. 408.810(8) and (10).A home medical equipment 14 provider must be licensed by the agency to operate in this 15 state or to provide home medical equipment and services to 16 17 consumers in this state. A standard license issued to a home medical equipment provider, unless sooner suspended or 18 19 revoked, expires 2 years after its effective date. 20 (6) (d) The following penalties shall be imposed for 21 operating an unlicensed home medical equipment provider: 22 1. Any person or entity who operates an unlicensed 23 24 provider commits a felony of the third degree. 25 2. For any person or entity who has received government reimbursement for services provided by an 26 27 unlicensed provider, the agency shall make a fraud referral to 28 the appropriate government reimbursement program. 29 3. For any licensee found to be concurrently operating 30 licensed and unlicensed provider premises, the agency may impose a fine or moratorium, or revoke existing licenses of 31 286

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1 any or all of the licensee's licensed provider locations until 2 such time as the unlicensed provider premises is licensed. 3 (e) A provider found to be operating without a license may apply for licensure, and must cease operations until a 4 5 license is awarded by the agency. б Section 153. Section 400.931, Florida Statutes, is 7 amended to read: 8 400.931 Application for license; fee; provisional 9 license; temporary permit. --10 (1) Application for an initial license or for renewal 11 of an existing license must be made under oath to the agency on forms furnished by it and must be accompanied by the 12 appropriate license fee as provided in subsection (12). 13 (1) (1) (2) The applicant must file with the application 14 satisfactory proof that the home medical equipment provider is 15 in compliance with this part and applicable rules, including: 16 17 (a) A report, by category, of the equipment to be provided, indicating those offered either directly by the 18 19 applicant or through contractual arrangements with existing 20 providers. Categories of equipment include: 21 1. Respiratory modalities. 2. Ambulation aids. 22 3. Mobility aids. 23 24 4. Sickroom setup. 25 5. Disposables. (b) A report, by category, of the services to be 26 27 provided, indicating those offered either directly by the 28 applicant or through contractual arrangements with existing 29 providers. Categories of services include: 30 1. Intake. Equipment selection. 31 2. 287

1 3. Delivery. 2 4. Setup and installation. 3 5. Patient training. 6. Ongoing service and maintenance. 4 5 7. Retrieval. 6 (c) A listing of those with whom the applicant 7 contracts, both the providers the applicant uses to provide 8 equipment or services to its consumers and the providers for whom the applicant provides services or equipment. 9 10 (2) (3) The applicant for initial licensure must 11 demonstrate financial ability to operate, which may be accomplished by the submission of a \$50,000 surety bond to the 12 agency in lieu of the requirements of s. 408.810(8). 13 14 (4) An applicant for renewal who has demonstrated 15 financial inability to operate must demonstrate financial 16 ability to operate. 17 (5) Each applicant for licensure must comply with the 18 following requirements: 19 (a) Upon receipt of a completed, signed, and dated 20 application, the agency shall require background screening of 21 the applicant, in accordance with the level 2 standards for 22 screening set forth in chapter 435. As used in this subsection, the term "applicant" means the general manager and 23 24 the financial officer or similarly titled individual who is 25 responsible for the financial operation of the licensed facility. 26 27 (b) The agency may require background screening for a member of the board of directors of the licensee or an officer 28 29 or an individual owning 5 percent or more of the licensee if 30 the agency has probable cause to believe that such individual 31

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1 has been convicted of an offense prohibited under the level 2 2 standards for screening set forth in chapter 435. 3 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 4 5 within the previous 5 years in compliance with any other 6 health care licensure requirements of this state is acceptable 7 in fulfillment of paragraph (a). 8 (d) Each applicant must submit to the agency, with its 9 application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from 10 11 the Medicare or Medicaid programs. Proof of compliance with disclosure of ownership and control interest requirements of 12 the Medicaid or Medicare programs shall be accepted in lieu of 13 this submission. 14 15 (e) Each applicant must submit to the agency a 16 description and explanation of any conviction of an offense 17 prohibited under the level 2 standards of chapter 435 by a 18 member of the board of directors of the applicant, its 19 officers, or any individual owning 5 percent or more of the 20 applicant. This requirement does not apply to a director of a not-for-profit corporation or organization if the director 21 22 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day 23 24 operational decisions of the corporation or organization, 25 receives no remuneration for his or her services on the corporation's or organization's board of directors, and has no 26 27 financial interest and has no family members with a financial 28 interest in the corporation or organization, provided that the 29 director and the not-for-profit corporation or organization 30 include in the application a statement affirming that the 31

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1 director's relationship to the corporation satisfies the 2 requirements of this provision. 3 (f) A license may not be granted to any potential licensee if any applicant, administrator, or financial officer 4 5 has been found guilty of, regardless of adjudication, or has б entered a plea of nolo contendere or quilty to, any offense 7 prohibited under the level 2 standards for screening set forth 8 in chapter 435, unless an exemption from disqualification has 9 been granted by the agency as set forth in chapter 435. (g) The agency may deny or revoke licensure to any 10 11 potential licensee if any applicant: Has falsely represented a material fact in the 12 <del>1.</del> application required by paragraphs (d) and (e), or has omitted 13 14 any material fact from the application required by paragraphs 15 (d) and (e); or 16 2. Has had prior Medicaid or Medicare action taken 17 against the applicant as set forth in paragraph (d). (h) Upon licensure renewal, each applicant must submit 18 19 to the agency, under penalty of perjury, an affidavit of 20 compliance with the background screening provisions of this 21 section. (3)<del>(6)</del> As specified in part II of chapter 408, the 22 home medical equipment provider must also obtain and maintain 23 24 professional and commercial liability insurance. Proof of liability insurance, as defined in s. 624.605, must be 25 submitted with the application. The agency shall set the 26 27 required amounts of liability insurance by rule, but the 28 required amount must not be less than \$250,000 per claim. In 29 the case of contracted services, it is required that the 30 contractor have liability insurance not less than \$250,000 per 31 claim.

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1	(7) A provisional license shall be issued to an
2	approved applicant for initial licensure for a period of 90
3	days, during which time a survey must be conducted
4	demonstrating substantial compliance with this section. A
5	provisional license shall also be issued pending the results
6	of an applicant's Federal Bureau of Investigation report of
7	background screening confirming that all standards have been
8	met. If substantial compliance is demonstrated, a standard
9	license shall be issued to expire 2 years after the effective
10	date of the provisional license.
11	(8) Ninety days before the expiration date, an
12	application for license renewal must be submitted to the
13	agency under oath on forms furnished by the agency, and a
14	license shall be renewed if the applicant has met the
15	requirements established under this part and applicable rules.
16	The home medical equipment provider must file with the
17	application satisfactory proof that it is in compliance with
18	this part and applicable rules. The home medical equipment
19	provider must submit satisfactory proof of its financial
20	ability to comply with the requirements of this part.
21	(9) When a change of ownership of a home medical
22	equipment provider occurs, the prospective owner must submit
23	an initial application for a license at least 15 days before
24	the effective date of the change of ownership. An application
25	for change of ownership of a license is required when
26	ownership, a majority of the ownership, or controlling
27	interest of a licensed home medical equipment provider is
28	transferred or assigned and when a licensee agrees to
29	undertake or provide services to the extent that legal
30	liability for operation of the home medical equipment provider
31	rests with the licensee. A provisional license shall be issued
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1 to the new owner for a period of 90 days, during which time 2 all required documentation must be submitted and a survey must 3 be conducted demonstrating substantial compliance with this 4 section. If substantial compliance is demonstrated, a standard 5 license shall be issued to expire 2 years after the issuance 6 of the provisional license.

7 (4) (10) When a change of the general manager of a home 8 medical equipment provider occurs, the licensee must notify 9 the agency of the change within 45 days. thereof and must 10 provide evidence of compliance with the background screening 11 requirements in subsection (5); except that a general manager who has met the standards for the Department of Law 12 Enforcement background check, but for whom background 13 screening results from the Federal Bureau of Investigation 14 have not yet been received, may be employed pending receipt of 15 the Federal Bureau of Investigation background screening 16 17 report. An individual may not continue to serve as general 18 manager if the Federal Bureau of Investigation background 19 screening report indicates any violation of background 20 screening standards. 21 (5) (11) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 22 submitted under this part and part II of chapter 408. The 23 24 amount of the fee shall be established by rule and may not exceed \$300 per biennium. All licensure fees required of a 25 home medical equipment provider are nonrefundable. The agency 26 27 shall set the fees in an amount that is sufficient to cover

28 its costs in carrying out its responsibilities under this

29 part. However, state, county, or municipal governments

30 applying for licenses under this part are exempt from the

31 payment of license fees. All fees collected under this part

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1 must be deposited in the Health Care Trust Fund for the 2 administration of this part. 3 (6)(12) An applicant for initial licensure, renewal, or change of ownership shall also pay a license processing fee 4 5 not to exceed \$300, to be paid by all applicants, and an б inspection fee, not to exceed \$400, which shall to be paid by 7 all applicants except those not subject to licensure 8 inspection by the agency as described in s. 400.933(2). 9 (13) When a change is reported which requires issuance of a license, a fee must be assessed. The fee must be based on 10 11 the actual cost of processing and issuing the license. (14) When a duplicate license is issued, a fee must be 12 13 assessed, not to exceed the actual cost of duplicating and mailing. 14 15 (15) When applications are mailed out upon request, a fee must be assessed, not to exceed the cost of the printing, 16 17 preparation, and mailing. 18 (16) The license must be displayed in a conspicuous 19 place in the administrative office of the home medical 20 equipment provider and is valid only while in the possession of the person or entity to which it is issued. The license may 21 not be sold, assigned, or otherwise transferred, voluntarily 22 or involuntarily, and is valid only for the home medical 23 24 equipment provider and location for which originally issued. 25 (17) A home medical equipment provider against whom a proceeding for revocation or suspension, or for denial of a 26 27 renewal application, is pending at the time of license renewal may be issued a provisional license effective until final 28 29 disposition by the agency of such proceedings. If judicial 30 relief is sought from the final disposition, the court that 31

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1 has jurisdiction may issue a temporary permit for the duration 2 of the judicial proceeding. 3 Section 154. Section 400.932, Florida Statutes, is amended to read: 4 5 400.932 Administrative penalties; injunctions; б emergency orders; moratoriums.--7 (1) The agency may deny or, revoke, or suspend a 8 license, or impose an administrative fine not to exceed \$5,000 9 per violation, per day, or initiate injunctive proceedings under s. 400.956. 10 11 (2) Any of the following actions by an employee of a home medical equipment provider or any of its employees is 12 13 grounds for administrative action or penalties by the agency: (a) Violation of this part or of applicable rules. 14 (b) An intentional, reckless, or negligent act that 15 materially affects the health or safety of a patient. 16 17 (3) The agency may deny or revoke the license of any 18 applicant that: 19 (a) Made a false representation or omission of any 20 material fact in making the application, including the submission of an application that conceals the controlling or 21 22 ownership interest or any officer, director, agent, managing employee, affiliated person, partner, or shareholder who may 23 24 not be eligible to participate; 25 (a) (b) Has been previously found by any professional licensing, certifying, or standards board or agency to have 26 27 violated the standards or conditions relating to licensure or 28 certification or the quality of services provided. "Professional licensing, certifying, or standards board or 29 agency" shall include, but is not limited to, practitioners, 30 31

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1 health care facilities, programs, or services, or residential care, treatment programs, or other human services; or 2 3 (b)(c) Has been or is currently excluded, suspended, or terminated from, or has involuntarily withdrawn from, 4 5 participation in Florida's Medicaid program or any other б state's Medicaid program, or participation in the Medicare 7 program or any other governmental or private health care or 8 health insurance program. 9 (4) The agency may issue an emergency order 10 immediately suspending or revoking a license when it 11 determines that any condition within the responsibility of the home medical equipment provider presents a clear and present 12 danger to public health and safety. 13 14 (5) The agency may impose an immediate moratorium on 15 any licensed home medical equipment provider when the agency 16 determines that any condition within the responsibility of the 17 home medical equipment provider presents a threat to public 18 health or safety. 19 Section 155. Section 400.933, Florida Statutes, is amended to read: 20 21 400.933 Licensure inspections and investigations .--22 (1) The agency shall make or cause to be made such 23 inspections and investigations as it considers necessary, 24 including: 25 (a) Licensure inspections. 26 (b) Inspections directed by the federal Health Care 27 Financing Administration. 28 (c) Licensure complaint investigations, including full 29 licensure investigations with a review of all licensure standards as outlined in the administrative rules. Complaints 30 31 received by the agency from individuals, organizations, or 295

1 other sources are subject to review and investigation by the 2 agency. 3 (2) The agency shall accept, in lieu of its own periodic inspections for licensure, submission of the 4 5 following: б (1) (1) (a) The survey or inspection of an accrediting 7 organization, provided the accreditation of the licensed home medical equipment provider is not provisional and provided the 8 9 licensed home medical equipment provider authorizes release 10 of, and the agency receives the report of, the accrediting 11 organization; or (2) (b) A copy of a valid medical oxygen retail 12 13 establishment permit issued by the Department of Health, pursuant to chapter 499. 14 15 Section 156. Section 400.935, Florida Statutes, is amended to read: 16 17 400.935 Rules establishing minimum standards.--The agency shall adopt, publish, and enforce rules to implement 18 19 this part and part II of chapter 408, which must provide 20 reasonable and fair minimum standards relating to: (1) The qualifications and minimum training 21 requirements of all home medical equipment provider personnel. 22 (2) License application and renewal. 23 24 (3) License and inspection fees. 25 (2)<del>(4)</del> Financial ability to operate. (3) (3) (5) The administration of the home medical 26 27 equipment provider. 28 (4) (4) (6) Procedures for maintaining patient records. 29 (5) (5) (7) Ensuring that the home medical equipment and 30 services provided by a home medical equipment provider are in 31

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1 accordance with the plan of treatment established for each 2 patient, when provided as a part of a plan of treatment. 3 (6) (6) (8) Contractual arrangements for the provision of 4 home medical equipment and services by providers not employed 5 by the home medical equipment provider providing for the б consumer's needs. 7 (7)<del>(9)</del> Physical location and zoning requirements. 8 (8)(10) Home medical equipment requiring home medical 9 equipment services. 10 Section 157. Section 400.95, subsection (2) of section 11 400.953, subsection (4) of section 400.955, and section 12 400.956, Florida Statutes, are repealed. 13 Section 158. Subsection (5) of section 400.960, Florida Statutes, is amended to read: 14 400.960 Definitions.--As used in this part, the term: 15 (5) "Client" means any person receiving services in an 16 17 intermediate care facility for the developmentally disabled determined by the department to be eligible for developmental 18 19 services. Section 159. Section 400.962, Florida Statutes, is 20 21 amended to read: 400.962 License required; license application.--22 The requirements of part II of chapter 408 apply 23 (1) 24 to the provision of services that necessitate licensure 25 pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the 26 27 Agency for Health Care Administration pursuant to this part. However, an applicant for licensure is exempt from s. 28 29 408.810(7). The licensure fee shall be \$234 per bed unless 30 modified by rule. It is unlawful to operate an intermediate 31

1 care facility for the developmentally disabled without a 2 license. 3 (2) Separate licenses are required for facilities 4 maintained on separate premises even if operated under the 5 same management. However, a separate license is not required б for separate buildings on the same grounds. 7 (3) The basic license fee collected shall be deposited 8 in the Health Care Trust Fund, established for carrying out 9 the purposes of this chapter. 10 (4) The license must be conspicuously displayed inside 11 the facility. (5) A license is valid only in the hands of the 12 13 individual, firm, partnership, association, or corporation to whom it is issued. A license is not valid for any premises 14 15 other than those for which it was originally issued and may not be sold, assigned, or otherwise transferred, voluntarily 16 17 or involuntarily. 18 (6) An application for a license shall be made to the 19 agency on forms furnished by it and must be accompanied by the 20 appropriate license fee. 21 (7) The application must be under oath and must 22 contain the following: 23 (a) The name, address, and social security number of 24 the applicant if an individual; if the applicant is a firm, 25 partnership, or association, its name, address, and employer identification number (EIN), and the name and address of every 26 27 member; if the applicant is a corporation, its name, address, 28 and employer identification number (EIN), and the name and 29 address of its director and officers and of each person having 30 at least a 5 percent interest in the corporation; and the name 31 by which the facility is to be known. 298

1 (b) The name of any person whose name is required on 2 the application under paragraph (a) and who owns at least a 10 3 percent interest in any professional service, firm, association, partnership, or corporation providing goods, 4 5 leases, or services to the facility for which the application 6 is made, and the name and address of the professional service, firm, association, partnership, or corporation in which such 7 8 interest is held. 9 (c) The location of the facility for which a license 10 is sought and an indication that such location conforms to the 11 local zoning ordinances. (d) The name of the persons under whose management or 12 supervision the facility will be operated. 13 (e) The total number of beds. 14 (3) (3) (8) The applicant must demonstrate that sufficient 15 numbers of staff, qualified by training or experience, will be 16 17 employed to properly care for the type and number of residents who will reside in the facility. 18 19 (9) The applicant must submit evidence that 20 establishes the good moral character of the applicant, 21 manager, supervisor, and administrator. An applicant who is an individual or a member of a board of directors or officer of 22 an applicant that is a firm, partnership, association, or 23 24 corporation must not have been convicted, or found guilty, 25 regardless of adjudication, of a crime in any jurisdiction which affects or may potentially affect residents in the 26 facility. 27 28 (10)(a) Upon receipt of a completed, signed, and dated 29 application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for 30 31 screening set forth in chapter 435. As used in this 299

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1 subsection, the term "applicant" means the facility 2 administrator, or similarly titled individual who is 3 responsible for the day-to-day operation of the licensed facility, and the facility financial officer, or similarly 4 5 titled individual who is responsible for the financial б operation of the licensed facility. 7 (b) The agency may require background screening for a member of the board of directors of the licensee or an officer 8 or an individual owning 5 percent or more of the licensee if 9 10 the agency has probable cause to believe that such individual 11 has been convicted of an offense prohibited under the level 2 standards for screening set forth in chapter 435. 12 (c) Proof of compliance with the level 2 background 13 screening requirements of chapter 435 which has been submitted 14 within the previous 5 years in compliance with any other 15 licensure requirements under this chapter satisfies the 16 17 requirements of paragraph (a). Proof of compliance with background screening which has been submitted within the 18 19 previous 5 years to fulfill the requirements of the Financial 20 Services Commission and the Office of Insurance Regulation 21 under chapter 651 as part of an application for a certificate of authority to operate a continuing care retirement community 22 satisfies the requirements for the Department of Law 23 24 Enforcement and Federal Bureau of Investigation background <del>checks.</del> 25 26 (d) A provisional license may be granted to an 27 applicant when each individual required by this section to 28 undergo background screening has met the standards for the 29 Department of Law Enforcement background check, but the agency 30 has not yet received background screening results from the 31 Federal Bureau of Investigation, or a request for a 300

1 disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been 2 3 issued. A license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal 4 5 Bureau of Investigation background screening for each 6 individual required by this section to undergo background 7 screening which confirms that all standards have been met, or 8 upon the granting of a disgualification exemption by the 9 agency as set forth in chapter 435. Any other person who is 10 required to undergo level 2 background screening may serve in 11 his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation; however, the person 12 may not continue to serve if the report indicates any 13 violation of background screening standards and a 14 disqualification exemption has not been granted by the agency 15 as set forth in chapter 435. 16 17 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 18 19 permanent suspensions, or terminations of the applicant from 20 the Medicare or Medicaid programs. Proof of compliance with 21 disclosure of ownership and control interest requirements of 22 the Medicaid or Medicare programs shall be accepted in lieu of 23 this submission. (f) Each applicant must submit to the agency a 24 25 description and explanation of any conviction of an offense 26 prohibited under the level 2 standards of chapter 435 by a 27 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 28 29 applicant. This requirement does not apply to a director of a 30 not-for-profit corporation or organization if the director 31 serves solely in a voluntary capacity for the corporation or 301

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1	organization, does not regularly take part in the day-to-day	
2	operational decisions of the corporation or organization,	
3	receives no remuneration for his or her services on the	
4	corporation's or organization's board of directors, and has no	
5	financial interest and has no family members with a financial	
6	interest in the corporation or organization, provided that the	
7	director and the not-for-profit corporation or organization	
8	include in the application a statement affirming that the	
9	director's relationship to the corporation satisfies the	
10	requirements of this paragraph.	
11	(g) An application for license renewal must contain	
12	the information required under paragraphs (e) and (f).	
13	(11) The applicant must furnish satisfactory proof of	
14	financial ability to operate and conduct the facility in	
15	accordance with the requirements of this part and all rules	
16	adopted under this part, and the agency shall establish	
17	<del>standards for this purpose.</del>	
18	Section 160. Sections 400.963 and 400.965, Florida	
19	Statutes, are repealed.	
20	Section 161. Section 400.967, Florida Statutes, is	
21	amended to read:	
22	400.967 Rules and classification of deficiencies	
23	(1) It is the intent of the Legislature that rules	
24	adopted and enforced under this part and part II of chapter	
25	408 include criteria by which a reasonable and consistent	
26	quality of resident care may be ensured, the results of such	
27	resident care can be demonstrated, and safe and sanitary	
28	facilities can be provided.	
29	(2) Pursuant to the intention of the Legislature, the	
30	agency, in consultation with the Department of Children and	
31	Family Services and the Department of Elderly Affairs, shall	
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<b>CODING:</b> Words stricken are deletions; words <u>underlined</u> are additions.		

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1 adopt and enforce rules to administer this part, which shall 2 include reasonable and fair criteria governing: 3 (a) The location and construction of the facility; 4 including fire and life safety, plumbing, heating, cooling, 5 lighting, ventilation, and other housing conditions that will б ensure the health, safety, and comfort of residents. The 7 agency shall establish standards for facilities and equipment to increase the extent to which new facilities and a new wing 8 9 or floor added to an existing facility after July 1, 2000, are 10 structurally capable of serving as shelters only for 11 residents, staff, and families of residents and staff, and equipped to be self-supporting during and immediately 12 following disasters. The Agency for Health Care Administration 13 shall work with facilities licensed under this part and report 14 to the Governor and the Legislature by April 1, 2000, its 15 recommendations for cost-effective renovation standards to be 16 17 applied to existing facilities. In making such rules, the 18 agency shall be guided by criteria recommended by nationally 19 recognized, reputable professional groups and associations 20 having knowledge concerning such subject matters. The agency shall update or revise such criteria as the need arises. All 21 facilities must comply with those lifesafety code requirements 22 and building code standards applicable at the time of approval 23 24 of their construction plans. The agency may require alterations to a building if it determines that an existing 25 condition constitutes a distinct hazard to life, health, or 26 safety. The agency shall adopt fair and reasonable rules 27 28 setting forth conditions under which existing facilities 29 undergoing additions, alterations, conversions, renovations, or repairs are required to comply with the most recent updated 30 31 or revised standards.

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1 (b) The number and qualifications of all personnel, 2 including management, medical nursing, and other personnel, 3 having responsibility for any part of the care given to residents. 4 5 (c) All sanitary conditions within the facility and 6 its surroundings, including water supply, sewage disposal, 7 food handling, and general hygiene, which will ensure the 8 health and comfort of residents. 9 (d) The equipment essential to the health and welfare 10 of the residents. 11 (e) A uniform accounting system. The care, treatment, and maintenance of residents 12 (f) 13 and measurement of the quality and adequacy thereof. 14 (q) The preparation and annual update of a 15 comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after 16 17 consultation with the Department of Community Affairs. At a 18 minimum, the rules must provide for plan components that 19 address emergency evacuation transportation; adequate 20 sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; 21 supplies; staffing; emergency equipment; individual 22 identification of residents and transfer of records; and 23 24 responding to family inquiries. The comprehensive emergency 25 management plan is subject to review and approval by the local emergency management agency. During its review, the local 26 emergency management agency shall ensure that the following 27 28 agencies, at a minimum, are given the opportunity to review 29 the plan: the Department of Elderly Affairs, the Department of 30 Children and Family Services, the Agency for Health Care 31 Administration, and the Department of Community Affairs. Also,

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1 appropriate volunteer organizations must be given the 2 opportunity to review the plan. The local emergency management 3 agency shall complete its review within 60 days and either 4 approve the plan or advise the facility of necessary 5 revisions. 6 (h) Each licensee shall post its license in a 7 prominent place that is in clear and unobstructed public view 8 at or near the place where residents are being admitted to the 9 facility. 10 (3) In accordance with part II of chapter 408, the 11 agency shall adopt rules to provide that, when the criteria 12 established under this part and part II of chapter 408 subsection (2) are not met, such deficiencies shall be 13 classified according to the nature of the deficiency. The 14 agency shall indicate the classification on the face of the 15 notice of deficiencies as follows: 16 17 (a) Class I deficiencies are those which the agency 18 determines present an and imminent danger to the residents or 19 guests of the facility or a substantial probability that death 20 or serious physical harm would result therefrom. The condition or practice constituting a class I violation must be abated or 21 eliminated immediately, unless a fixed period of time, as 22 determined by the agency, is required for correction. 23 24 Notwithstanding s. 400.121(2), a class I deficiency is subject 25 to a civil penalty in an amount not less than \$5,000 and not exceeding \$10,000 for each deficiency. A fine may be levied 26 27 notwithstanding the correction of the deficiency. 28 (b) Class II deficiencies are those which the agency 29 determines have a direct or immediate relationship to the health, safety, or security of the facility residents, other 30 31 than class I deficiencies. A class II deficiency is subject to 305

1 a civil penalty in an amount not less than \$1,000 and not 2 exceeding \$5,000 for each deficiency. A citation for a class 3 II deficiency shall specify the time within which the deficiency must be corrected. If a class II deficiency is 4 5 corrected within the time specified, no civil penalty shall be б imposed, unless it is a repeated offense. 7 (c) Class III deficiencies are those which the agency 8 determines to have an indirect or potential relationship to 9 the health, safety, or security of the facility residents, other than class I or class II deficiencies. A class III 10 11 deficiency is subject to a civil penalty of not less than \$500 and not exceeding \$1,000 for each deficiency. A citation for a 12 13 class III deficiency shall specify the time within which the deficiency must be corrected. If a class III deficiency is 14 corrected within the time specified, no civil penalty shall be 15 imposed, unless it is a repeated offense. 16 17 (4) Civil penalties paid by any licensee under 18 subsection (3) shall be deposited in the Health Care Trust 19 Fund and expended as provided in s. 400.063. 20 (4) (4) (5) The agency shall approve or disapprove the 21 plans and specifications within 60 days after receipt of the final plans and specifications. The agency may be granted one 22 15-day extension for the review period, if the secretary of 23 24 the agency so approves. If the agency fails to act within the specified time, it is deemed to have approved the plans and 25 specifications. When the agency disapproves plans and 26 specifications, it must set forth in writing the reasons for 27 28 disapproval. Conferences and consultations may be provided as 29 necessary. 30 (5)(6) The agency may charge an initial fee of \$2,000 31 for review of plans and construction on all projects, no part 306

1 of which is refundable. The agency may also collect a fee, not 2 to exceed 1 percent of the estimated construction cost or the 3 actual cost of review, whichever is less, for the portion of 4 the review which encompasses initial review through the 5 initial revised construction document review. The agency may б collect its actual costs on all subsequent portions of the 7 review and construction inspections. Initial fee payment must accompany the initial submission of plans and specifications. 8 9 Any subsequent payment that is due is payable upon receipt of 10 the invoice from the agency. Notwithstanding any other 11 provision of law, all money received by the agency under this section shall be deemed to be trust funds, to be held and 12 13 applied solely for the operations required under this section. Section 162. Section 400.968, Florida Statutes, is 14 amended to read: 15 16 400.968 Right of entry; protection of health, safety, 17 and welfare. --(1) Any designated officer or employee of the agency, 18 19 of the state, or of the local fire marshal may enter 20 unannounced the premises of any facility licensed under this part in order to determine the state of compliance with this 21 part and the rules or standards in force under this part. The 22 right of entry and inspection also extends to any premises 23 24 that the agency has reason to believe are being operated or 25 maintained as a facility without a license; but such an entry

or inspection may not be made without the permission of the owner or person in charge of the facility unless a warrant that authorizes the entry is first obtained from the circuit court. The warrant requirement extends only to a facility that the agency has reason to believe is being operated or

31 maintained as a facility without a license. An application for

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1 a license or renewal thereof which is made under this section constitutes permission for, and acquiescence in, any entry or 2 3 inspection of the premises for which the license is sought, in order to facilitate verification of the information submitted 4 5 in connection with the application; to discover, investigate, б and determine the existence of abuse or neglect; or to elicit, 7 receive, respond to, and resolve complaints. A current valid license constitutes unconditional permission for, and 8 9 acquiescence in, any entry or inspection of the premises by 10 authorized personnel. The agency retains the right of entry 11 and inspection of facilities that have had a license revoked or suspended within the previous 24 months, to ensure that the 12 13 facility is not operating unlawfully. However, before the facility is entered, a statement of probable cause must be 14 15 filed with the director of the agency, who must approve or disapprove the action within 48 hours. 16 17 (2) The agency may institute injunctive proceedings in 18 a court of competent jurisdiction for temporary or permanent 19 relief to: 20 (a) Enforce this section or any minimum standard, 21 rule, or order issued pursuant thereto if the agency's effort 22 to correct a violation through administrative fines has failed or when the violation materially affects the health, safety, 23 24 or welfare of residents; or 25 (b) Terminate the operation of a facility if a 26 violation of this section or of any standard or rule adopted 27 pursuant thereto exists which materially affects the health, 28 safety, or welfare of residents. 29 The Legislature recognizes that, in some instances, action is 30 31 necessary to protect residents of facilities from immediately 308

life-threatening situations. If it appears by competent 1 2 evidence or a sworn, substantiated affidavit that a temporary 3 injunction should issue, the court, pending the determination 4 on final hearing, shall enjoin operation of the facility. 5 (3) The agency may impose an immediate moratorium on б admissions to a facility when the agency determines that any 7 condition in the facility presents a threat to the health, 8 safety, or welfare of the residents in the facility. If a 9 facility's license is denied, revoked, or suspended, the 10 facility may be subject to the immediate imposition of a 11 moratorium on admissions to run concurrently with licensure 12 denial, revocation, or suspension. Section 163. Subsection (1) of section 400.969, 13 Florida Statutes, is amended to read: 14 400.969 Violation of part; penalties.--15 (1) In accordance with part II of chapter 408, and 16 17 except as provided in s. 400.967(3), a violation of any provision of this part, part II of chapter 408, or applicable 18 19 rules adopted by the agency under this part is punishable by 20 payment of an administrative or civil penalty not to exceed \$5,000. 21 Section 164. Section 400.980, Florida Statutes, is 22 amended to read: 23 24 400.980 Health care services pools .--25 (1) As used in this section, the term: "Agency" means the Agency for Health Care 26 (a) 27 Administration. 28 "Health care services pool" means any person, (b) 29 firm, corporation, partnership, or association engaged for hire in the business of providing temporary employment in 30 31 health care facilities, residential facilities, and agencies 309 **CODING:**Words stricken are deletions; words underlined are additions. 1 for licensed, certified, or trained health care personnel including, without limitation, nursing assistants, nurses' 2 3 aides, and orderlies. However, the term does not include nursing registries, a facility licensed under chapter 400, a 4 5 health care services pool established within a health care б facility to provide services only within the confines of such 7 facility, or any individual contractor directly providing 8 temporary services to a health care facility without use or 9 benefit of a contracting agent.

10 (2) The requirements of part II of chapter 408 apply 11 to the provision of services that necessitate licensure or registration pursuant to this part and part II of chapter 408 12 and to entities registered by or applying for such 13 registration from the Agency for Health Care Administration 14 pursuant to this part; however, an applicant for licensure is 15 exempt from s. 408.810(6)-(10). Each person who operates a 16 17 health care services pool must register each separate business location with the agency. The agency shall adopt rules and 18 19 provide forms required for such registration and shall impose 20 a registration fee in an amount sufficient to cover the cost 21 of administering this section. In addition, the registrant must provide the agency with any change of information 22 contained on the original registration application within 14 23 24 days prior to the change. The agency may inspect the offices 25 of any health care services pool at any reasonable time for the purpose of determining compliance with this section or the 26 27 rules adopted under this section. 28 (3) Each application for registration must include:

29 (a) The name and address of any person who has an

30 ownership interest in the business, and, in the case of a

31 corporate owner, copies of the articles of incorporation,

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1 bylaws, and names and addresses of all officers and directors 2 of the corporation. 3 (b) Any other information required by the agency. (3)(4) Each applicant for registration must comply 4 5 with the following requirements: 6 (a) Upon receipt of a completed, signed, and dated 7 application, the agency shall require background screening, in accordance with the level 1 standards for screening set forth 8 in chapter 435, of every individual who will have contact with 9 10 patients. The agency shall require background screening of the 11 managing employee or other similarly titled individual who is responsible for the operation of the entity, and of the 12 financial officer or other similarly titled individual who is 13 responsible for the financial operation of the entity, 14 including billings for services in accordance with the level 2 15 standards for background screening as set forth in chapter 16 17 <del>435.</del> 18 (b) The agency may require background screening of any 19 other individual who is affiliated with the applicant if the 20 agency has a reasonable basis for believing that he or she has 21 been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth 22 23 in chapter 435. 24 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 25 26 within the previous 5 years in compliance with any other 27 health care or assisted living licensure requirements of this state is acceptable in fulfillment of paragraph (a). 28 29 (d) A provisional registration may be granted to an 30 applicant when each individual required by this section to 31 undergo background screening has met the standards for the 311

1 Department of Law Enforcement background check but the agency 2 has not yet received background screening results from the 3 Federal Bureau of Investigation. A standard registration may be granted to the applicant upon the agency's receipt of a 4 5 report of the results of the Federal Bureau of Investigation 6 background screening for each individual required by this 7 section to undergo background screening which confirms that 8 all standards have been met, or upon the granting of a 9 disqualification exemption by the agency as set forth in 10 chapter 435. Any other person who is required to undergo level 11 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal 12 Bureau of Investigation. However, the person may not continue 13 to serve if the report indicates any violation of background 14 screening standards and if a disqualification exemption has 15 16 not been requested of and granted by the agency as set forth 17 in chapter 435. 18 (e) Each applicant must submit to the agency, with its 19 application, a description and explanation of any exclusions, 20 permanent suspensions, or terminations of the applicant from 21 the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and controlling 22 23 interests under the Medicaid or Medicare programs may be 24 accepted in lieu of this submission. 25 (f) Each applicant must submit to the agency a 26 description and explanation of any conviction of an offense 27 prohibited under the level 2 standards of chapter 435 which was committed by a member of the board of directors of the 28 29 applicant, its officers, or any individual owning 5 percent or 30 more of the applicant. This requirement does not apply to a 31 director of a not-for-profit corporation or organization who 312

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1	serves solely in a voluntary capacity for the corporation or
2	organization, does not regularly take part in the day-to-day
3	operational decisions of the corporation or organization,
4	receives no remuneration for his or her services on the
5	corporation's or organization's board of directors, and has no
6	financial interest and no family members having a financial
7	interest in the corporation or organization, if the director
8	and the not-for-profit corporation or organization include in
9	the application a statement affirming that the director's
10	relationship to the corporation satisfies the requirements of
11	this paragraph.
12	(g) A registration may not be granted to an applicant
13	if the applicant or managing employee has been found guilty
14	of, regardless of adjudication, or has entered a plea of nolo
15	<del>contendere or guilty to, any offense prohibited under the</del>
16	level 2 standards for screening set forth in chapter 435,
17	unless an exemption from disqualification has been granted by
18	the agency as set forth in chapter 435.
19	(h) Failure to provide all required documentation
20	within 30 days after a written request from the agency will
21	result in denial of the application for registration.
22	(i) The agency must take final action on an
23	application for registration within 60 days after receipt of
24	all required documentation.
25	(j) The agency may deny, revoke, or suspend the
26	registration of any applicant or registrant who:
27	1. Has falsely represented a material fact in the
28	application required by paragraph (e) or paragraph (f), or has
29	omitted any material fact from the application required by
30	<del>paragraph (e) or paragraph (f); or</del>
31	
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1 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in 2 3 paragraph (e). 4 3. Fails to comply with this section or applicable 5 rules. б 4. Commits an intentional, reckless, or negligent act 7 that materially affects the health or safety of a person 8 receiving services. 9 (4) (4) (5) It is a misdemeanor of the first degree, 10 punishable under s. 775.082 or s. 775.083, for any person 11 willfully, knowingly, or intentionally to: (a) Fail, by false statement, misrepresentation, 12 13 impersonation, or other fraudulent means, to disclose in any 14 application for voluntary or paid employment a material fact used in making a determination as to an applicant's 15 qualifications to be a contractor under this section; 16 17 (b) Operate or attempt to operate an entity registered 18 under this part with persons who do not meet the minimum 19 standards of chapter 435 as contained in this section; or (c) Use information from the criminal records obtained 20 21 under this section for any purpose other than screening an applicant for temporary employment as specified in this 22 section, or release such information to any other person for 23 24 any purpose other than screening for employment under this 25 section. (5) (5) (6) It is a felony of the third degree, punishable 26 27 under s. 775.082, s. 775.083, or s. 775.084, for any person willfully, knowingly, or intentionally to use information from 28 29 the juvenile records of a person obtained under this section for any purpose other than screening for employment under this 30 31 section.

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1	(7) It is unlawful for a person to offer or advertise		
2	services, as defined by rule, to the public without obtaining		
3	a certificate of registration from the Agency for Health Care		
4	Administration. It is unlawful for any holder of a certificate		
5	<del>of registration to advertise or hold out to the public that he</del>		
6	<del>or she holds a certificate of registration for other than that</del>		
7	for which he or she actually holds a certificate of		
8	registration. Any person who violates this subsection is		
9	subject to injunctive proceedings under s. 400.515.		
10	(8) Each registration shall be for a period of 2		
11	years. The application for renewal must be received by the		
12	agency at least 30 days before the expiration date of the		
13	registration. An application for a new registration is		
14	required within 30 days prior to the sale of a controlling		
15	interest in a health care services pool.		
16	(6) <del>(9)</del> A health care services pool may not require an		
17	employee to recruit new employees from persons employed at a		
18	health care facility to which the health care services pool		
19	employee is assigned. Nor shall a health care facility to		
20	which employees of a health care services pool are assigned		
21	recruit new employees from the health care services pool.		
22	(7) <del>(10)</del> A health care services pool shall document		
23	that each temporary employee provided to a health care		
24	facility has met the licensing, certification, training, or		
25	continuing education requirements, as established by the		
26	appropriate regulatory agency, for the position in which he or		
27	she will be working.		
28	(8) <del>(11)</del> When referring persons for temporary		
29	employment in health care facilities, a health care services		
30	pool shall comply with all pertinent state and federal laws,		
31	rules, and regulations relating to health, background		
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CODING. Words stricken are deletions: words underlined are additions			

screening, and other qualifications required of persons
 working in a facility of that type.

3 (9)(12)(a) As a condition of registration and prior to 4 the issuance or renewal of a certificate of registration, a 5 health care services pool applicant must prove financial responsibility to pay claims, and costs ancillary thereto, б 7 arising out of the rendering of services or failure to render 8 services by the pool or by its employees in the course of 9 their employment with the pool. The agency shall promulgate 10 rules establishing minimum financial responsibility coverage 11 amounts which shall be adequate to pay potential claims and 12 costs ancillary thereto.

13 (b) Each health care services pool shall give written 14 notification to the agency within 20 days after any change in the method of assuring financial responsibility or upon 15 cancellation or nonrenewal of professional liability 16 17 insurance. Unless the pool demonstrates that it is otherwise in compliance with the requirements of this section, the 18 19 agency shall suspend the registration of the pool pursuant to 20 ss. 120.569 and 120.57. Any suspension under this section shall remain in effect until the pool demonstrates compliance 21 22 with the requirements of this section.

23 (c) Proof of financial responsibility must be 24 demonstrated to the satisfaction of the agency, through one of 25 the following methods:

Establishing and maintaining an escrow account
 consisting of cash or assets eligible for deposit in
 accordance with s. 625.52;

29 2. Obtaining and maintaining an unexpired irrevocable
 30 letter of credit established pursuant to chapter 675. Such
 31 letters of credit shall be nontransferable and nonassignable

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1 and shall be issued by any bank or savings association 2 organized and existing under the laws of this state or any 3 bank or savings association organized under the laws of the 4 United States that has its principal place of business in this 5 state or has a branch office which is authorized under the б laws of this state or of the United States to receive deposits 7 in this state; or 3. Obtaining and maintaining professional liability 8 9 coverage from one of the following: 10 a. An authorized insurer as defined under s. 624.09; 11 An eligible surplus lines insurer as defined under b. 12 s. 626.918(2); 13 c. A risk retention group or purchasing group as defined under s. 627.942; or 14 d. A plan of self-insurance as provided in s. 627.357. 15 (d) If financial responsibility requirements are met 16 17 by maintaining an escrow account or letter of credit, as 18 provided in this section, upon the entry of an adverse final 19 judgment arising from a medical malpractice arbitration award 20 from a claim of medical malpractice either in contract or tort, or from noncompliance with the terms of a settlement 21 agreement arising from a claim of medical malpractice either 22 in contract or tort, the financial institution holding the 23 24 escrow account or the letter of credit shall pay directly to 25 the claimant the entire amount of the judgment together with all accrued interest or the amount maintained in the escrow 26 account or letter of credit as required by this section, 27 28 whichever is less, within 60 days after the date such judgment 29 became final and subject to execution, unless otherwise mutually agreed to in writing by the parties. If timely 30 31 payment is not made, the agency shall suspend the registration 317

1 of the pool pursuant to procedures set forth by the agency 2 through rule. Nothing in this paragraph shall abrogate a 3 judgment debtor's obligation to satisfy the entire amount of 4 any judgment. 5 (e) Each health care services pool carrying б claims-made coverage must demonstrate proof of extended 7 reporting coverage through either tail or nose coverage, in 8 the event the policy is canceled, replaced, or not renewed. Such extended coverage shall provide coverage for incidents 9 10 that occurred during the claims-made policy period but were 11 reported after the policy period. (f) The financial responsibility requirements of this 12 13 section shall apply to claims for incidents that occur on or after January 1, 1991, or the initial date of registration in 14 this state, whichever is later. 15 (g) Meeting the financial responsibility requirements 16 17 of this section must be established at the time of issuance or renewal of a certificate of registration. 18 19 (10)(13) The agency shall adopt rules to implement this section and part II of chapter 408, including rules 20 21 providing for the establishment of: (a) Minimum standards for the operation and 22 administration of health care personnel pools, including 23 24 procedures for recordkeeping and personnel. 25 In accordance with part II of chapter 408, fines (b) for the violation of this part, part II of chapter 408, or 26 27 applicable rules section in an amount not to exceed \$2,500 and 28 suspension or revocation of registration. 29 (c) Disciplinary sanctions for failure to comply with 30 this section or the rules adopted under this section. 31 318

1 Section 165. Subsection (2) of section 400.9905, 2 Florida Statutes, is repealed. 3 Section 166. Section 400.991, Florida Statutes, is 4 amended to read: 5 400.991 License requirements; background screenings; б prohibitions.--7 The requirements of part II of chapter 408 apply (1)8 to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 9 10 entities licensed by or applying for such licensure from the 11 Agency for Health Care Administration pursuant to this part; however, an applicant for licensure is exempt from s. 12 13 408.810(6), (7), and (10). Each clinic, as defined in s. 400.9905, must be licensed and shall at all times maintain a 14 valid license with the agency. Each clinic location shall be 15 licensed separately regardless of whether the clinic is 16 17 operated under the same business name or management as another 18 clinic. Mobile clinics must provide to the agency, at least 19 quarterly, their projected street locations to enable the 20 agency to locate and inspect such clinics. The initial clinic license application shall be 21 (2) filed with the agency by all clinics, as defined in s. 22 400.9905, on or before March 1, 2004. A clinic license must be 23 24 renewed biennially. 25 (3) Applicants that submit an application on or before March 1, 2004, which meets all requirements for initial 26 27 licensure as specified in this section shall receive a 28 temporary license until the completion of an initial 29 inspection verifying that the applicant meets all requirements in rules authorized by s. 400.9925. However, a clinic engaged 30 31 in magnetic resonance imaging services may not receive a 319

1 temporary license unless it presents evidence satisfactory to 2 the agency that such clinic is making a good faith effort and 3 substantial progress in seeking accreditation required under s. 400.9935. 4 5 (4) Application for an initial clinic license or for 6 renewal of an existing license shall be notarized on forms 7 furnished by the agency and must be accompanied by the appropriate license fee as provided in s. 400.9925. The agency 8 9 shall take final action on an initial license application 10 within 60 days after receipt of all required documentation. 11 (4) (4) (5) The application shall contain information that includes, but need not be limited to, information pertaining 12 13 to the name, residence and business address, phone number, social security number, and license number of the medical or 14 15 clinic director, of the licensed medical providers employed or under contract with the clinic, and of each person who, 16 17 directly or indirectly, owns or controls 5 percent or more of an interest in the clinic, or general partners in limited 18 19 liability partnerships. 20 (5) (5) (6) The applicant must file with the application satisfactory proof that the clinic is in compliance with this 21 part and applicable rules, including: 22 (a) A listing of services to be provided either 23 24 directly by the applicant or through contractual arrangements 25 with existing providers; (b) The number and discipline of each professional 26 staff member to be employed; and 27 28 (c) Proof of financial ability to operate. An 29 applicant must demonstrate financial ability to operate a clinic by submitting a balance sheet and an income and expense 30 31 statement for the first year of operation which provide 320

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1 evidence of the applicant's having sufficient assets, credit, 2 and projected revenues to cover liabilities and expenses. The 3 applicant shall have demonstrated financial ability to operate if the applicant's assets, credit, and projected revenues meet 4 5 or exceed projected liabilities and expenses. All documents б required under this subsection must be prepared in accordance 7 with generally accepted accounting principles, may be in a 8 compilation form, and the financial statement must be signed 9 by a certified public accountant. As an alternative to 10 submitting proof of financial ability to operate as required 11 in s. 408.810(8)<del>a balance sheet and an income and expense</del> statement for the first year of operation, the applicant may 12 file a surety bond of at least \$500,000 which guarantees that 13 the clinic will act in full conformity with all legal 14 requirements for operating a clinic, payable to the agency. 15 The agency may adopt rules to specify related requirements for 16 17 such surety bond. (6)<del>(7)</del> Each medical provider at the clinic is subject 18 19 to the background screening requirements of s. 408.809. Each 20 applicant for licensure shall comply with the following 21 requirements: (a) As used in this subsection, the term "applicant" 22 means individuals owning or controlling, directly or 23 24 indirectly, 5 percent or more of an interest in a clinic; the medical or clinic director, or a similarly titled person who 25 is responsible for the day-to-day operation of the licensed 26 27 clinic; the financial officer or similarly titled individual who is responsible for the financial operation of the clinic; 28 29 and licensed medical providers at the clinic. 30 (b) Upon receipt of a completed, signed, and dated 31 application, the agency shall require background screening of 321

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1 the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. Proof of compliance with 2 3 the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in 4 5 compliance with any other health care licensure requirements 6 of this state is acceptable in fulfillment of this paragraph. 7 (c) Each applicant must submit to the agency, with the application, a description and explanation of any exclusions, 8 permanent suspensions, or terminations of an applicant from 9 10 the Medicare or Medicaid programs. Proof of compliance with 11 the requirements for disclosure of ownership and control interest under the Medicaid or Medicare programs may be 12 accepted in lieu of this submission. The description and 13 explanation may indicate whether such exclusions, suspensions, 14 or terminations were voluntary or not voluntary on the part of 15 16 the applicant. 17 (d) A license may not be granted to a clinic if the applicant has been found guilty of, regardless of 18 19 adjudication, or has entered a plea of nolo contendere or 20 guilty to, any offense prohibited under the level 2 standards 21 for screening set forth in chapter 435, or a violation of insurance fraud under s. 817.234, within the past 5 years. If 22 23 the applicant has been convicted of an offense prohibited 24 under the level 2 standards or insurance fraud in any jurisdiction, the applicant must show that his or her civil 25 26 rights have been restored prior to submitting an application. 27 (e) The agency may deny or revoke licensure if the applicant has falsely represented any material fact or omitted 28 29 any material fact from the application required by this part. 30 (8) Requested information omitted from an application 31 for licensure, license renewal, or transfer of ownership must 322

1 be filed with the agency within 21 days after receipt of the 2 agency's request for omitted information, or the application 3 shall be deemed incomplete and shall be withdrawn from further consideration. 4 5 (9) The failure to file a timely renewal application 6 shall result in a late fee charged to the facility in an 7 amount equal to 50 percent of the current license fee. 8 Section 167. Section 400.9915, Florida Statutes, is amended to read: 9 10 400.9915 Clinic inspections; emergency suspension; 11 costs.--(1) Any authorized officer or employee of the agency 12 shall make inspections of the clinic as part of the initial 13 license application or renewal application. The application 14 for a clinic license issued under this part or for a renewal 15 16 license constitutes permission for an appropriate agency 17 inspection to verify the information submitted on or in connection with the application or renewal. 18 19 (2) An authorized officer or employee of the agency 20 may make unannounced inspections of clinics licensed pursuant to this part as are necessary to determine that the clinic is 21 in compliance with this part and with applicable rules. A 22 licensed clinic shall allow full and complete access to the 23 24 premises and to billing records or information to any 25 representative of the agency who makes an inspection to determine compliance with this part and with applicable rules. 26 27 (1) (1) (3) Failure by a clinic licensed under this part to 28 allow full and complete access to the premises and to billing 29 records or information to any representative of the agency who makes a request to inspect the clinic to determine compliance 30 31 with this part or failure by a clinic to employ a qualified 323

1 medical director or clinic director constitutes a ground for 2 an action under s. 408.814 emergency suspension of the license 3 by the agency pursuant to s. 120.60(6). (2) (4) In addition to any administrative fines 4 5 imposed, the agency may assess a fee equal to the cost of 6 conducting a complaint investigation. 7 Section 168. Section 400.992, Florida Statutes, is 8 repealed. 9 Section 169. Subsections (1) and (3) of section 10 400.9925, Florida Statutes, are amended to read: 11 400.9925 Rulemaking authority; license fees.--(1) The agency shall adopt rules necessary to 12 13 administer the clinic administration, regulation, and 14 licensure program, including rules pursuant to part II of chapter 408 establishing the specific licensure requirements, 15 procedures, forms, and fees. It shall adopt rules establishing 16 17 a procedure for the biennial renewal of licenses. The agency may issue initial licenses for less than the full 2-year 18 19 period by charging a prorated licensure fee and specifying a different renewal date than would otherwise be required for 20 21 biennial licensure. The rules shall specify the expiration dates of licenses, the process of tracking compliance with 22 financial responsibility requirements, and any other 23 24 conditions of renewal required by law or rule. 25 (3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 26 27 submitted under this part and part II of chapter 408. The 28 amount of the fee shall be established by rule and may not 29 exceed \$2,000 per biennium. License application and renewal 30 fees must be reasonably calculated by the agency to cover its 31 costs in carrying out its responsibilities under this part, 324

1 including the cost of licensure, inspection, and regulation of 2 clinics, and must be of such amount that the total fees 3 collected do not exceed the cost of administering and enforcing compliance with this part. Clinic licensure fees are 4 5 nonrefundable and may not exceed \$2,000. The agency shall 6 adjust the license fee annually by not more than the change in 7 the Consumer Price Index based on the 12 months immediately 8 preceding the increase. All fees collected under this part 9 must be deposited in the Health Care Trust Fund for the 10 administration of this part. 11 Section 170. Section 400.993, Florida Statutes, is amended to read: 12 13 400.993 Reporting of unlicensed clinics; penalties; fines; verification of licensure status. --14 (1) It is unlawful to own, operate, or maintain a 15 clinic without obtaining a license under this part. 16 17 (2) Any person who owns, operates, or maintains an unlicensed clinic commits a felony of the third degree, 18 19 punishable as provided in s. 775.082, s. 775.083, or s. 20 775.084. Each day of continued operation is a separate 21 offense. (3) Any person found guilty of violating subsection 22 (2) a second or subsequent time commits a felony of the second 23 24 degree, punishable as provided under s. 775.082, s. 775.083, 25 or s. 775.084. Each day of continued operation is a separate 26 offense. 27 (4) Any person who owns, operates, or maintains an 28 unlicensed clinic due to a change in this part or a modification in agency rules within 6 months after the 29 30 effective date of such change or modification and who, within 31 10 working days after receiving notification from the agency, 325

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1	fails to cease operation or apply for a license under this
2	part commits a felony of the third degree, punishable as
3	provided in s. 775.082, s. 775.083, or s. 775.084. Each day of
4	continued operation is a separate offense.
5	(5) Any clinic that fails to cease operation after
6	agency notification may be fined for each day of noncompliance
7	pursuant to this part.
8	(6) When a person has an interest in more than one
9	<del>clinic, and fails to obtain a license for any one of these</del>
10	<del>clinics, the agency may revoke the license, impose a</del>
11	moratorium, or impose a fine pursuant to this part on any or
12	all of the licensed clinics until such time as the unlicensed
13	clinic is licensed or ceases operation.
14	(7) Any person aware of the operation of an unlicensed
15	<del>clinic must report that facility to the agency.</del>
16	(8) In addition to the requirements of part II of
17	chapter 408, any health care provider who is aware of the
18	operation of an unlicensed clinic shall report that facility
19	to the agency. Failure to report a clinic that the provider
20	knows or has reasonable cause to suspect is unlicensed shall
21	be reported to the provider's licensing board.
22	(9) The agency may not issue a license to a clinic
23	that has any unpaid fines assessed under this part.
24	Section 171. Section 400.9935, Florida Statutes, is
25	amended to read:
26	400.9935 Clinic responsibilities
27	(1) Each clinic shall appoint a medical director or
28	clinic director who shall agree in writing to accept legal
29	responsibility for the following activities on behalf of the
30	clinic. The medical director or the clinic director shall:
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1 (a) Have signs identifying the medical director or 2 clinic director posted in a conspicuous location within the 3 clinic readily visible to all patients. 4 (b) Ensure that all practitioners providing health 5 care services or supplies to patients maintain a current б active and unencumbered Florida license. 7 (c) Review any patient referral contracts or 8 agreements executed by the clinic. 9 (d) Ensure that all health care practitioners at the 10 clinic have active appropriate certification or licensure for 11 the level of care being provided. (e) Serve as the clinic records owner as defined in s. 12 456.057. 13 (f) Ensure compliance with the recordkeeping, office 14 15 surgery, and adverse incident reporting requirements of chapter 456, the respective practice acts, and rules adopted 16 17 under this part and part II of chapter 408. (g) Conduct systematic reviews of clinic billings to 18 19 ensure that the billings are not fraudulent or unlawful. Upon 20 discovery of an unlawful charge, the medical director or 21 clinic director shall take immediate corrective action. 22 (2) Any business that becomes a clinic after 23 commencing operations must, within 5 days after becoming a 24 clinic, file a license application under this part and shall 25 be subject to all provisions of this part applicable to a <del>clinic.</del> 26 27 (2) (3) Any contract to serve as a medical director or 28 a clinic director entered into or renewed by a physician or a 29 licensed health care practitioner in violation of this part is void as contrary to public policy. This subsection shall apply 30 31 327

1 to contracts entered into or renewed on or after March 1, 2 2004. 3 (3)(4) All charges or reimbursement claims made by or 4 on behalf of a clinic that is required to be licensed under 5 this part, but that is not so licensed, or that is otherwise б operating in violation of this part, are unlawful charges, and 7 therefore are noncompensable and unenforceable. (4)(5) Any person establishing, operating, or managing 8 9 an unlicensed clinic otherwise required to be licensed under 10 this part, or any person who knowingly files a false or 11 misleading license application or license renewal application, or false or misleading information related to such application 12 or department rule, commits a felony of the third degree, 13 14 punishable as provided in s. 775.082, s. 775.083, or s. 775.084. 15 (5) (5) (6) Any licensed health care provider who violates 16 17 this part is subject to discipline in accordance with this chapter and his or her respective practice act. 18 19 (7) The agency may fine, or suspend or revoke the license of, any clinic licensed under this part for operating 20 21 in violation of the requirements of this part or the rules 22 adopted by the agency. 23 (8) The agency shall investigate allegations of 24 noncompliance with this part and the rules adopted under this 25 <del>part.</del> (6) (6) (9) Any person or entity providing health care 26 services which is not a clinic, as defined under s. 400.9905, 27 28 may voluntarily apply for a certificate of exemption from 29 licensure under its exempt status with the agency on a form that sets forth its name or names and addresses, a statement 30 31 328

of the reasons why it cannot be defined as a clinic, and other
 information deemed necessary by the agency.

3 (10) The clinic shall display its license in a
4 conspicuous location within the clinic readily visible to all
5 patients.

б  $(7)\frac{(11)}{(a)}$  Each clinic engaged in magnetic resonance 7 imaging services must be accredited by the Joint Commission on 8 Accreditation of Healthcare Organizations, the American College of Radiology, or the Accreditation Association for 9 10 Ambulatory Health Care, within 1 year after licensure. 11 However, a clinic may request a single, 6-month extension if it provides evidence to the agency establishing that, for good 12 13 cause shown, such clinic can not be accredited within 1 year after licensure, and that such accreditation will be completed 14 within the 6-month extension. After obtaining accreditation as 15 required by this subsection, each such clinic must maintain 16 17 accreditation as a condition of renewal of its license.

(b) The agency may disallow the application of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this subsection and whose principals were previously principals of an entity that was unable to meet the accreditation requirements within the specified timeframes. The agency may adopt rules as to the accreditation of magnetic resonance imaging clinics.

25 <u>(8)(12)</u> The agency shall give full faith and credit 26 pertaining to any past variance and waiver granted to a 27 magnetic resonance imaging clinic from rule 64-2002, Florida 28 Administrative Code, by the Department of Health, until 29 September 2004. After that date, such clinic must request a 30 variance and waiver from the agency under s. 120.542. 31

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1 Section 172. Sections 400.994 and 400.9945, Florida 2 Statutes, are repealed. 3 Section 173. Section 400.995, Florida Statutes, is 4 amended to read: 5 400.995 Agency Administrative fines penalties .-б The agency may impose administrative penalties (1)7 against clinics of up to \$5,000 per violation for violations of the requirements of this part. In determining if a penalty 8 9 is to be imposed and in fixing the amount of the fine, the 10 agency shall consider the following factors: 11 (a) The gravity of the violation, including the probability that death or serious physical or emotional harm 12 13 to a patient will result or has resulted, the severity of the action or potential harm, and the extent to which the 14 provisions of the applicable laws or rules were violated. 15 (b) Actions taken by the owner, medical director, or 16 17 clinic director to correct violations. (c) Any previous violations. 18 19 (d) The financial benefit to the clinic of committing 20 or continuing the violation. (2) Each day of continuing violation after the date 21 fixed for termination of the violation, as ordered by the 22 23 agency, constitutes an additional, separate, and distinct 24 violation. 25 (2) (3) Any action taken to correct a violation shall be documented in writing by the owner, medical director, or 26 clinic director of the clinic and verified through followup 27 28 visits by agency personnel. The agency may impose a fine and, 29 in the case of an owner-operated clinic, revoke or deny a clinic's license when a clinic medical director or clinic 30 31

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1 director fraudulently misrepresents actions taken to correct a 2 violation. 3 (4) For fines that are upheld following administrative 4 or judicial review, the violator shall pay the fine, plus 5 interest at the rate as specified in s. 55.03, for each day б beyond the date set by the agency for payment of the fine. 7 (5) Any unlicensed clinic that continues to operate 8 after agency notification is subject to a \$1,000 fine per day. 9 (3)(6) Any licensed clinic whose owner, medical 10 director, or clinic director concurrently operates an 11 unlicensed clinic shall be subject to an administrative fine of \$5,000 per day. 12 13 (7) Any clinic whose owner fails to apply for a 14 change-of-ownership license in accordance with s. 400.992 and 15 operates the clinic under the new ownership is subject to a fine of \$5,000. 16 17 (4) (4) (8) The agency, as an alternative to or in conjunction with an administrative action against a clinic for 18 19 violations of this part, part II of chapter 408, and adopted 20 rules, shall make a reasonable attempt to discuss each 21 violation and recommended corrective action with the owner, medical director, or clinic director of the clinic, prior to 22 written notification. The agency, instead of fixing a period 23 24 within which the clinic shall enter into compliance with standards, may request a plan of corrective action from the 25 clinic which demonstrates a good faith effort to remedy each 26 violation by a specific date, subject to the approval of the 27 28 agency. 29 (9) Administrative fines paid by any clinic under this 30 section shall be deposited into the Health Care Trust Fund. 31

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1 Section 174. Section 408.831, Florida Statutes, is 2 amended to read: 3 408.831 Denial, suspension, or revocation of a license, registration, certificate, or application .--4 5 (1) In addition to any other remedies provided by law, б the agency may deny each application or <del>suspend or</del> revoke each 7 license, registration, or certificate of entities regulated or 8 licensed by it: 9 (a) If the applicant, licensee, registrant, or 10 certificateholder, or, in the case of a corporation, 11 partnership, or other business entity, if any affiliated business entity, officer, director, agent, or managing 12 13 employee of that business entity or any affiliated person, partner, or shareholder having an ownership interest equal to 14 5 percent or greater in that business entity, has failed to 15 pay all outstanding fines, liens, or overpayments assessed by 16 17 final order of the agency or final order of the Centers for Medicare and Medicaid Services, not subject to further appeal, 18 19 unless a repayment plan is approved by the agency; or 20 For failure to comply with any repayment plan. (b) (2) In reviewing any application requesting a change 21 of ownership or change of the licensee, registrant, or 22 certificateholder, the transferor shall, prior to agency 23 24 approval of the change, repay or make arrangements to repay 25 any amounts owed to the agency. Should the transferor fail to repay or make arrangements to repay the amounts owed to the 26 agency, the issuance of a license, registration, or 27 28 certificate to the transferee shall be delayed until repayment 29 or until arrangements for repayment are made. 30 (3) This section provides standards of enforcement 31 applicable to all entities licensed or regulated by the Agency 332

1 for Health Care Administration. This section controls over any 2 conflicting provisions of chapters 39, <del>381,</del>383, 390, 391, 3 393, 394, 395, 400, 408, 468, 483, and 641, and 765 or rules 4 adopted pursuant to those chapters. 5 Section 175. Subsections (9) and (10) of section б 440.102, Florida Statutes, are amended to read: 7 440.102 Drug-free workplace program requirements. -- The 8 following provisions apply to a drug-free workplace program 9 implemented pursuant to law or to rules adopted by the Agency 10 for Health Care Administration: 11 (9) DRUG-TESTING STANDARDS FOR LABORATORIES.--(a) The requirements of part II of chapter 408 apply 12 to the provision of services that necessitate licensure 13 14 pursuant to this section and part II of chapter 408 and to entities licensed by or applying for such licensure from the 15 Agency for Health Care Administration pursuant to this 16 17 section. 18 (b)(a) A laboratory may analyze initial or 19 confirmation test specimens only if: 20 The laboratory obtains a license under the 1. 21 requirements of part II of chapter 408 and s. 112.0455(17). Each applicant for licensure must comply with all requirements 22 of part II of chapter 408, with the exception of s. 23 24 408.810(5)-(10). is licensed and approved by the Agency for 25 Health Care Administration using criteria established by the United States Department of Health and Human Services as 26 27 general quidelines for modeling the state drug-testing program 28 pursuant to this section or the laboratory is certified by the 29 United States Department of Health and Human Services. 30 2. The laboratory has written procedures to ensure the 31 chain of custody.

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1 3. The laboratory follows proper quality control 2 procedures, including, but not limited to: 3 The use of internal quality controls, including the a. use of samples of known concentrations which are used to check 4 5 the performance and calibration of testing equipment, and б periodic use of blind samples for overall accuracy. 7 b. An internal review and certification process for 8 drug test results, conducted by a person qualified to perform 9 that function in the testing laboratory. 10 c. Security measures implemented by the testing 11 laboratory to preclude adulteration of specimens and drug test 12 results. 13 d. Other necessary and proper actions taken to ensure 14 reliable and accurate drug test results. (c) (b) A laboratory shall disclose to the medical 15 review officer a written positive confirmed test result report 16 17 within 7 working days after receipt of the sample. All laboratory reports of a drug test result must, at a minimum, 18 19 state: 20 The name and address of the laboratory that 1. performed the test and the positive identification of the 21 22 person tested. 2. Positive results on confirmation tests only, or 23 24 negative results, as applicable. 25 3. A list of the drugs for which the drug analyses were conducted. 26 27 The type of tests conducted for both initial tests 4. 28 and confirmation tests and the minimum cutoff levels of the 29 tests. 30 31 334

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5. Any correlation between medication reported by the
 employee or job applicant pursuant to subparagraph (5)(b)2.
 and a positive confirmed drug test result.

5 A report must not disclose the presence or absence of any drug6 other than a specific drug and its metabolites listed pursuant7 to this section.

8 (d) (c) The laboratory shall submit to the Agency for 9 Health Care Administration a monthly report with statistical 10 information regarding the testing of employees and job 11 applicants. The report must include information on the methods of analysis conducted, the drugs tested for, the number of 12 positive and negative results for both initial tests and 13 confirmation tests, and any other information deemed 14 appropriate by the Agency for Health Care Administration. A 15 monthly report must not identify specific employees or job 16 17 applicants.

18 (10) RULES.--The Agency for Health Care Administration 19 shall adopt rules pursuant to s. 112.0455, part II of chapter 20 <u>408</u>, and criteria established by the United States Department 21 of Health and Human Services as general guidelines for 22 modeling <u>drug-free workplace laboratories</u> the state 23 <u>drug-testing program</u>, concerning, but not limited to:

24 (a) Standards for licensing drug-testing laboratories
25 and <u>denial</u> suspension and revocation of such licenses.

(b) Urine, hair, blood, and other body specimens and minimum specimen amounts that are appropriate for drug testing.

29 (c) Methods of analysis and procedures to ensure 30 reliable drug-testing results, including standards for initial 31 tests and confirmation tests.

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1	(d) Minimum cutoff detection levels for each drug or
2	metabolites of such drug for the purposes of determining a
3	positive test result.
4	(e) Chain-of-custody procedures to ensure proper
5	identification, labeling, and handling of specimens tested.
6	(f) Retention, storage, and transportation procedures
7	to ensure reliable results on confirmation tests and retests.
8	Section 176. Subsection (3) is added to section
9	483.035, Florida Statutes, to read:
10	483.035 Clinical laboratories operated by
11	practitioners for exclusive use; licensure and regulation
12	(3) The requirements of part II of chapter 408 apply
13	to the provision of services that necessitate licensure
14	pursuant to this part and part II of chapter 408 and to
15	entities licensed by or applying for such licensure from the
16	Agency for Health Care Administration pursuant to this part;
17	however, an applicant for licensure is exempt from s.
18	408.810(5) - (10).
19	Section 177. Subsection (1) of section 483.051,
20	Florida Statutes, is amended to read:
21	483.051 Powers and duties of the agencyThe agency
22	shall adopt rules to implement this part, which rules must
23	include, but are not limited to, the following:
24	(1) LICENSING; QUALIFICATIONSThe agency shall
25	provide for biennial licensure of all clinical laboratories
26	meeting the requirements of this part and shall prescribe the
27	qualifications necessary for such licensure. <del>A license issued</del>
28	for operating a clinical laboratory, unless sooner suspended
29	or revoked, expires on the date set forth by the agency on the
30	face of the license.
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1 Section 178. Section 483.061, Florida Statutes, is 2 amended to read: 3 483.061 Inspection of clinical laboratories.--4 (1) The agency shall ensure that each clinical 5 laboratory subject to this part is inspected either onsite or б offsite when deemed necessary by the agency, but at least 7 every 2 years, for the purpose of evaluating the operation, supervision, and procedures of the facility to ensure 8 9 compliance with this part. Collection stations and branch 10 offices may be inspected either onsite or offsite, when deemed 11 necessary by the agency. The agency may conduct or cause to be conducted the following announced or unannounced inspections 12 13 at any reasonable time: 14 (a) An inspection conducted at the direction of the federal Health Care Financing Administration. 15 16 (b) A licensure inspection. 17 (c) A validation inspection. (d) A complaint investigation, including a full 18 19 licensure investigation with a review of all licensure 20 standards as outlined in rule. Complaints received by the agency from individuals, organizations, or other sources are 21 22 subject to review and investigation by the agency. If a complaint has been filed against a laboratory or if a 23 24 laboratory has a substantial licensure deficiency, the agency 25 may inspect the laboratory annually or as the agency considers necessary. 26 27 28 However, for laboratories operated under s. 483.035, biennial 29 licensure inspections shall be scheduled so as to cause the 30 least disruption to the practitioner's scheduled patients. 31

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1 (2) The right of entry and inspection is extended to 2 any premises that is maintained as a laboratory without a 3 license, but such entry or inspection may not be made without the permission of the owner or person in charge of the 4 5 laboratory, unless an inspection warrant as defined in s. б 933.20 is first obtained. 7 (2) (3) The agency may shall inspect an out-of-state 8 clinical laboratory under this section at the expense of the out-of-state clinical laboratory to determine whether the 9 10 laboratory meets the requirements of this part and part II of 11 chapter 408. (3) (4) The agency shall accept, in lieu of its own 12 periodic inspections for licensure, the survey of or 13 inspection by private accrediting organizations that perform 14 inspections of clinical laboratories accredited by such 15 organizations, including postinspection activities required by 16 17 the agency. (a) The agency shall accept inspections performed by 18 19 such organizations if the accreditation is not provisional, if 20 such organizations perform postinspection activities required by the agency and provide the agency with all necessary 21 inspection and postinspection reports and information 22 necessary for enforcement, if such organizations apply 23 24 standards equal to or exceeding standards established and approved by the agency, and if such accrediting organizations 25 are approved by the federal Health Care Financing 26 27 Administration to perform such inspections. 28 (b) The agency may conduct complaint investigations 29 made against laboratories inspected by accrediting 30 organizations. 31

1 (c) The agency may conduct sample validation 2 inspections of laboratories inspected by accrediting 3 organizations to evaluate the accreditation process used by an 4 accrediting organization. 5 (d) The agency may conduct a full inspection if an б accrediting survey has not been conducted within the previous 24 months, and the laboratory must pay the appropriate 7 8 inspection fee under s. 483.172. 9 (e) The agency shall develop, and adopt, by rule, 10 criteria for accepting inspection and postinspection reports 11 of accrediting organizations in lieu of conducting a state licensure inspection. 12 Section 179. Section 483.091, Florida Statutes, is 13 amended to read: 14 483.091 Clinical laboratory license. -- A person may not 15 16 conduct, maintain, or operate a clinical laboratory in this 17 state, except a laboratory that is exempt under s. 483.031, unless the clinical laboratory has obtained a license from the 18 19 agency. A clinical laboratory may not send a specimen drawn 20 within this state to any clinical laboratory outside the state 21 for examination unless the out-of-state laboratory has obtained a license from the agency. A license is valid only 22 for the person or persons to whom it is issued and may not be 23 24 sold, assigned, or transferred, voluntarily or involuntarily, 25 and is not valid for any premises other than those for which the license is issued. However, A new license may be secured 26 27 for a the new location before the actual change, if the 28 contemplated change complies with this part and the rules 29 adopted under this part. Application for a new clinical laboratory license must be made 60 days before a change in the 30 31 ownership of the clinical laboratory. 339

1 Section 180. Section 483.101, Florida Statutes, is 2 amended to read: 3 483.101 Application for clinical laboratory license.--(1) An application for a clinical laboratory license 4 5 must be made under oath by the owner or director of the б clinical laboratory or by the public official responsible for 7 operating a state, municipal, or county clinical laboratory or 8 institution that contains a clinical laboratory, upon forms 9 provided by the agency. 10 (2) Each applicant for licensure must comply with the 11 following requirements: (a) Upon receipt of a completed, signed, and dated 12 application, the agency shall require background screening, in 13 accordance with the level 2 standards for screening set forth 14 in chapter 435, of the managing director or other similarly 15 titled individual who is responsible for the daily operation 16 17 of the laboratory and of the financial officer, or other 18 similarly titled individual who is responsible for the 19 financial operation of the laboratory, including billings for 20 patient services. The applicant must comply with the 21 procedures for level 2 background screening as set forth in chapter 435, as well as the requirements of s. 435.03(3). 22 23 (b) The agency may require background screening of any 24 other individual who is an applicant if the agency has 25 probable cause to believe that he or she has been convicted of a crime or has committed any other offense prohibited under 26 27 the level 2 standards for screening set forth in chapter 435. 28 (c) Proof of compliance with the level 2 background 29 screening requirements of chapter 435 which has been submitted 30 within the previous 5 years in compliance with any other 31

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1 health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a). 2 3 (d) A provisional license may be granted to an applicant when each individual required by this section to 4 5 undergo background screening has met the standards for the 6 Department of Law Enforcement background check but the agency 7 has not yet received background screening results from the 8 Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as 9 10 set forth in chapter 435 but a response has not yet been 11 issued. A license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal 12 Bureau of Investigation background screening for each 13 individual required by this section to undergo background 14 screening which confirms that all standards have been met, or 15 upon the granting of a disqualification exemption by the 16 17 agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in 18 19 his or her capacity pending the agency's receipt of the report 20 from the Federal Bureau of Investigation. However, the person 21 may not continue to serve if the report indicates any violation of background screening standards and a 22 23 disqualification exemption has not been requested of and 24 granted by the agency as set forth in chapter 435. 25 (e) Each applicant must submit to the agency, with its 26 application, a description and explanation of any exclusions, 27 permanent suspensions, or terminations of the applicant from 28 the Medicare or Medicaid programs. Proof of compliance with 29 the requirements for disclosure of ownership and control 30 interests under the Medicaid or Medicare programs may be 31 accepted in lieu of this submission.

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1	(f) Each applicant must submit to the agency a
2	description and explanation of any conviction of an offense
3	<del>prohibited under the level 2 standards of chapter 435 by a</del>
4	member of the board of directors of the applicant, its
5	officers, or any individual owning 5 percent or more of the
6	applicant. This requirement does not apply to a director of a
7	not-for-profit corporation or organization if the director
8	serves solely in a voluntary capacity for the corporation or
9	organization, does not regularly take part in the day-to-day
10	operational decisions of the corporation or organization,
11	receives no remuneration for his or her services on the
12	corporation or organization's board of directors, and has no
13	financial interest and has no family members with a financial
14	interest in the corporation or organization, provided that the
15	director and the not-for-profit corporation or organization
16	include in the application a statement affirming that the
17	director's relationship to the corporation satisfies the
18	requirements of this paragraph.
19	(g) A license may not be granted to an applicant if
20	the applicant or managing employee has been found guilty of,
21	regardless of adjudication, or has entered a plea of nolo
22	<del>contendere or guilty to, any offense prohibited under the</del>
23	<del>level 2 standards for screening set forth in chapter 435,</del>
24	unless an exemption from disqualification has been granted by
25	the agency as set forth in chapter 435.
26	(h) The agency may deny or revoke licensure if the
27	applicant:
28	1. Has falsely represented a material fact in the
29	application required by paragraph (e) or paragraph (f), or has
30	omitted any material fact from the application required by
31	<del>paragraph (e) or paragraph (f); or</del>
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1	2. Has had prior action taken against the applicant
2	under the Medicaid or Medicare program as set forth in
3	<del>paragraph (e).</del>
4	(i) An application for license renewal must contain
5	the information required under paragraphs (e) and (f).
6	(3) A license must be issued authorizing the
7	performance of one or more clinical laboratory procedures or
8	one or more tests on each specialty or subspecialty. A
9	separate license is required of all laboratories maintained on
10	separate premises even if the laboratories are operated under
11	the same management. <del>Upon receipt of a request for an</del>
12	application for a clinical laboratory license, the agency
13	shall provide to the applicant a copy of the rules relating to
14	licensure and operations applicable to the laboratory for
15	which licensure is sought.
16	Section 181. Section 483.111, Florida Statutes, is
17	amended to read:
18	483.111 Limitations on licensureA license may be
19	issued to a clinical laboratory to perform only those clinical
20	laboratory procedures and tests that are within the
21	specialties or subspecialties in which the clinical laboratory
22	personnel are qualified. A license may not be issued unless
23	the agency determines that the clinical laboratory is
24	adequately staffed and equipped to operate in conformity with
25	the requirements of this part, part II of chapter 408, and
26	applicable the rules adopted under this part.
27	Section 182. Section 483.131, Florida Statutes, is
28	repealed.
29	Section 183. Section 483.172, Florida Statutes, is
30	amended to read:
31	483.172 License fees
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1 (1) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 2 3 submitted under this part and part II of chapter 408. The agency shall collect fees for all licenses issued under this 4 5 part. Each fee is due at the time of application and must be б payable to the agency to be deposited in the Health Care Trust 7 Fund administered by the agency. (2) The biennial license fee schedule is as follows, 8 9 unless modified by rule: 10 (a) If a laboratory performs not more than 2,000 tests 11 annually, the fee is \$400. (b) If a laboratory performs not more than 3 12 13 categories of procedures with a total annual volume of more than 2,000 but no more than 10,000 tests, the license fee is 14 \$965. 15 (c) If a laboratory performs at least 4 categories of 16 17 procedures with a total annual volume of not more than 10,000 tests, the license fee is \$1,294. 18 19 (d) If a laboratory performs not more than 3 categories of procedures with a total annual volume of more 20 21 than 10,000 but not more than 25,000 tests, the license fee is \$1,592. 22 23 If a laboratory performs at least 4 categories of (e) 24 procedures with a total annual volume of more than 10,000 but not more than 25,000 tests, the license fee is \$2,103. 25 (f) If a laboratory performs a total of more than 26 27 25,000 but not more than 50,000 tests annually, the license 28 fee is \$2,364. 29 (g) If a laboratory performs a total of more than 30 50,000 but not more than 75,000 tests annually, the license 31 fee is \$2,625. 344

1 (h) If a laboratory performs a total of more than 2 75,000 but not more than 100,000 tests annually, the license 3 fee is \$2,886. 4 (i) If a laboratory performs a total of more than 5 100,000 but not more than 500,000 tests annually, the license б fee is \$3,397. (j) If a laboratory performs a total of more than 7 8 500,000 but not more than 1 million tests annually, the 9 license fee is \$3,658. 10 (k) If a laboratory performs a total of more than 1 11 million tests annually, the license fee is \$3,919. (3) The agency shall assess a biennial fee of \$100 for 12 a certificate of exemption and a \$100 license fee for 13 14 facilities surveyed by an approved accrediting organization. Section 184. Section 483.201, Florida Statutes, is 15 amended to read: 16 17 483.201 Grounds for disciplinary action against 18 clinical laboratories .-- In addition to the requirements of 19 part II of chapter 408, the following acts constitute grounds 20 for which a disciplinary action specified in s. 483.221 may be taken against a clinical laboratory: 21 22 (1) Making a fraudulent statement on an application for a clinical laboratory license or any other document 23 24 required by the agency. 25 (1) (1) (2) Permitting unauthorized persons to perform technical procedures or to issue reports. 26 27 (2) (3) Demonstrating incompetence or making consistent 28 errors in the performance of clinical laboratory examinations 29 and procedures or erroneous reporting. 30 31

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1 (3) (4) Performing a test and rendering a report 2 thereon to a person not authorized by law to receive such 3 services. (4)(5) Knowingly having professional connection with 4 5 or knowingly lending the use of the name of the licensed б clinical laboratory or its director to an unlicensed clinical 7 laboratory. (5) (6) Violating or aiding and abetting in the 8 9 violation of any provision of this part or the rules adopted 10 under this part. 11 (6) (7) Failing to file any report required by the provisions of this part or the rules adopted under this part. 12 13 (7) (8) Reporting a test result for a clinical specimen 14 if the test was not performed on the clinical specimen. 15 (8) (9) Performing and reporting tests in a specialty or subspecialty in which the laboratory is not licensed. 16 17 (9)<del>(10)</del> Knowingly advertising false services or 18 credentials. 19 (10)(11) Failing to correct deficiencies within the 20 time required by the agency. 21 Section 185. Section 483.221, Florida Statutes, is 22 amended to read: 483.221 Administrative fines penalties .--23 24 (1)(a) In accordance with part II of chapter 408, the 25 agency may deny, suspend, revoke, annul, limit, or deny renewal of a license or impose an administrative fine, not to 26 exceed \$1,000 per violation, for the violation of any 27 28 provision of this part or rules adopted under this part. Each 29 day of violation constitutes a separate violation and is 30 subject to a separate fine. 31

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1	(2) (b) In determining the penalty to be imposed for a
2	violation, as provided in <u>subsection (1)<del>paragraph (a)</del>, the</u>
3	following factors must be considered:
4	(a) The severity of the violation, including the
5	probability that death or serious harm to the health or safety
6	of any person will result or has resulted; the severity of the
7	actual or potential harm; and the extent to which the
8	provisions of this part were violated.
9	$(b)^{2}$ . Actions taken by the licensee to correct the
10	violation or to remedy complaints.
11	(c) Any previous violation by the licensee.
12	(d)4. The financial benefit to the licensee of
13	committing or continuing the violation.
14	(c) All amounts collected under this section must be
15	deposited into the Health Care Trust Fund administered by the
16	<del>agency.</del>
17	(2) The agency may issue an emergency order
18	immediately suspending, revoking, annulling, or limiting a
19	license if it determines that any condition in the licensed
20	facility presents a clear and present danger to public health
21	<del>or safety.</del>
22	Section 186. Section 483.23, Florida Statutes, is
23	amended to read:
24	483.23 Offenses; criminal penalties
25	(1)(a) It is unlawful for any person to:
26	1. Operate, maintain, direct, or engage in the
27	business of operating a clinical laboratory unless she or he
28	has obtained a clinical laboratory license from the agency or
29	<del>is exempt under s. 483.031.</del>
30	<u>1.<del>2.</del></u> Conduct, maintain, or operate a clinical
31	laboratory, other than an exempt laboratory or a laboratory
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1 operated under s. 483.035, unless the clinical laboratory is 2 under the direct and responsible supervision and direction of 3 a person licensed under part III of this chapter. 4 2.3. Allow any person other than an individual 5 licensed under part III of this chapter to perform clinical б laboratory procedures, except in the operation of a laboratory 7 exempt under s. 483.031 or a laboratory operated under s. 8 483.035. 9 3.4. Violate or aid and abet in the violation of any 10 provision of this part or the rules adopted under this part. 11 (b) The performance of any act specified in paragraph (a) constitutes a misdemeanor of the second degree, punishable 12 as provided in s. 775.082 or s. 775.083. 13 (2) Any use or attempted use of a forged license under 14 15 this part or part IV <del>III</del> of this chapter constitutes the crime 16 of forgery. 17 Section 187. Section 483.25, Florida Statutes, is 18 repealed. 19 Section 188. Section 483.291, Florida Statutes, is amended to read: 20 21 483.291 Powers and duties of the agency; rules.--The agency shall adopt rules to implement this part and part II of 22 chapter 408, which rules must include the following: 23 24 (1) LICENSING STANDARDS.--The agency shall license all 25 multiphasic health testing centers meeting the requirements of this part and shall prescribe standards necessary for 26 27 licensure. 28 (2) FEES.--In accordance with s. 408.805, an applicant 29 or licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 30 31 agency shall establish annual fees, which shall be reasonable 348

in amount, for licensing of centers. The fees must be
 sufficient in amount to cover the cost of licensing and
 inspecting centers.

4 (a) The annual licensure fee is due at the time of
5 application and is payable to the agency to be deposited in
6 the Health Care Trust Fund administered by the agency. The
7 license fee must be not less than\$600\$300 or more than
8 \$2,000 per biennium\$1,000.

9 (b) The fee for late filing of an application for
10 license renewal is \$200 and is in addition to the licensure
11 fee due for renewing the license.

(3) ANNUAL LICENSING. -- The agency shall provide for 12 annual licensing of centers. Any center that fails to pay the 13 proper fee or otherwise fails to qualify by the date of 14 expiration of its license is delinquent, and its license is 15 automatically canceled without notice or further proceeding. 16 17 Upon cancellation of its license under this subsection, a 18 center may have its license reinstated only upon application 19 and qualification as provided for initial applicants and upon 20 payment of all delinquent fees.

21 <u>(3)(4)</u> STANDARDS OF PERFORMANCE.--The agency shall 22 prescribe standards for the performance of health testing 23 procedures.

24 (4)(5) CONSTRUCTION OF CENTERS.--The agency may adopt 25 rules to ensure that centers comply with all local, county, 26 state, and federal standards for the construction, renovation, 27 maintenance, or repair of centers, which standards must ensure 28 the conduct and operation of the centers in a manner that will 29 protect the public health.

30 (5)(6) SAFETY AND SANITARY CONDITIONS WITHIN THE 31 CENTER AND ITS SURROUNDINGS.--The agency shall establish

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1 standards relating to safety and sanitary conditions within the center and its surroundings, including water supply; 2 3 sewage; the handling of specimens; identification, 4 segregation, and separation of biohazardous waste as required 5 by s. 381.0098; storage of chemicals; workspace; firesafety; б and general measures, which standards must ensure the 7 protection of the public health. The agency shall determine 8 compliance by a multiphasic health testing center with the requirements of s. 381.0098 by verifying that the center has 9 10 obtained all required permits. 11 (6)(7) EQUIPMENT.--The agency shall establish minimum standards for center equipment essential to the proper conduct 12 13 and operation of the center. 14 (7)(8) PERSONNEL. -- The agency shall prescribe minimum 15 qualifications for center personnel. A center may employ as a medical assistant a person who has at least one of the 16 17 following qualifications: 18 (a) Prior experience of not less than 6 months as a 19 medical assistant in the office of a licensed medical doctor 20 or osteopathic physician or in a hospital, an ambulatory surgical center, a home health agency, or a health maintenance 21 22 organization. (b) Certification and registration by the American 23 24 Medical Technologists Association or other similar professional association approved by the agency. 25 (c) Prior employment as a medical assistant in a 26 27 licensed center for at least 6 consecutive months at some time 28 during the preceding 2 years. 29 Section 189. Section 483.294, Florida Statutes, is 30 amended to read: 31 350

1	483.294 Inspection of centersThe agency shall, at
2	least once annually, inspect the premises and operations of
3	all centers subject to licensure under this part, without
4	<del>prior notice to the centers, for the purpose of studying and</del>
5	evaluating the operation, supervision, and procedures of such
6	facilities, to determine their compliance with agency
7	standards and to determine their effect upon the health and
8	safety of the people of this state.
9	Section 190. Section 483.30, Florida Statutes, is
10	amended to read:
11	483.30 Licensing of centersThe requirements of part
12	II of chapter 408 apply to the provision of services that
13	necessitate licensure pursuant to this part and part II of
14	chapter 408 and to entities licensed by or applying for such
15	licensure from the Agency for Health Care Administration
16	pursuant to this part; however, an applicant for licensure is
17	exempt from s. 408.810(5)-(10).
18	<del>(1) A person may not conduct, maintain, or operate a</del>
19	multiphasic health testing center in this state without
20	obtaining a multiphasic health testing center license from the
21	agency. The license is valid only for the person or persons
22	to whom it is issued and may not be sold, assigned, or
23	transferred, voluntarily or involuntarily.A license is not
24	valid for any premises other than the center for which it is
25	issued. However, a new license may be secured for the new
26	location for a fixed center before the actual change, if the
27	contemplated change is in compliance with this part and the
28	rules adopted under this part. A center must be relicensed if
29	a change of ownership occurs. Application for relicensure
30	must be made 60 days before the change of ownership.
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1	(2) Each applicant for licensure must comply with the
2	following requirements:
3	(a) Upon receipt of a completed, signed, and dated
4	application, the agency shall require background screening, in
5	accordance with the level 2 standards for screening set forth
6	in chapter 435, of the managing employee, or other similarly
7	titled individual who is responsible for the daily operation
8	of the center, and of the financial officer, or other
9	similarly titled individual who is responsible for the
10	financial operation of the center, including billings for
11	patient services. The applicant must comply with the
12	procedures for level 2 background screening as set forth in
13	chapter 435, as well as the requirements of s. 435.03(3).
14	(b) The agency may require background screening of any
15	other individual who is an applicant if the agency has
16	probable cause to believe that he or she has been convicted of
17	a crime or has committed any other offense prohibited under
18	the level 2 standards for screening set forth in chapter 435.
19	(c) Proof of compliance with the level 2 background
20	screening requirements of chapter 435 which has been submitted
21	within the previous 5 years in compliance with any other
22	health care licensure requirements of this state is acceptable
23	in fulfillment of the requirements of paragraph (a).
24	(d) A provisional license may be granted to an
25	applicant when each individual required by this section to
26	undergo background screening has met the standards for the
27	Department of Law Enforcement background check, but the agency
28	has not yet received background screening results from the
29	Federal Bureau of Investigation, or a request for a
30	disqualification exemption has been submitted to the agency as
31	<del>set forth in chapter 435 but a response has not yet been</del>
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1 issued. A license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal 2 3 Bureau of Investigation background screening for each individual required by this section to undergo background 4 5 screening which confirms that all standards have been met, or 6 upon the granting of a disqualification exemption by the 7 agency as set forth in chapter 435. Any other person who is 8 required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report 9 10 from the Federal Bureau of Investigation. However, the person 11 may not continue to serve if the report indicates any violation of background screening standards and a 12 13 disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435. 14 (e) Each applicant must submit to the agency, with its 15 application, a description and explanation of any exclusions, 16 17 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 18 19 the requirements for disclosure of ownership and control 20 interests under the Medicaid or Medicare programs may be 21 accepted in lieu of this submission. 22 (f) Each applicant must submit to the agency a 23 description and explanation of any conviction of an offense 24 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 25 26 officers, or any individual owning 5 percent or more of the 27 applicant. This requirement does not apply to a director of a not-for-profit corporation or organization if the director 28 29 serves solely in a voluntary capacity for the corporation or 30 organization, does not regularly take part in the day-to-day 31 operational decisions of the corporation or organization, 353

1 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 2 3 financial interest and has no family members with a financial interest in the corporation or organization, provided that the 4 5 director and the not-for-profit corporation or organization 6 include in the application a statement affirming that the 7 director's relationship to the corporation satisfies the 8 requirements of this paragraph. 9 (g) A license may not be granted to an applicant if 10 the applicant or managing employee has been found guilty of, 11 regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 12 level 2 standards for screening set forth in chapter 435, 13 unless an exemption from disqualification has been granted by 14 15 the agency as set forth in chapter 435. 16 (h) The agency may deny or revoke licensure if the 17 applicant: 18 1. Has falsely represented a material fact in the 19 application required by paragraph (e) or paragraph (f), or has 20 omitted any material fact from the application required by 21 paragraph (e) or paragraph (f); or 22 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in 23 24 paragraph (e). 25 (i) An application for license renewal must contain the information required under paragraphs (e) and (f). 26 27 Section 191. Section 483.302, Florida Statutes, is amended to read: 28 29 483.302 Application for license.--30 31

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1	(1) Application for a license as required by s. 483.30
2	must be made to the agency on forms furnished by it and must
3	be accompanied by the appropriate license fee.
4	<del>(2)</del> The application <u>for a license must</u> <del>shall</del> contain:
5	(1) (a) A determination as to whether the facility will
б	be fixed or mobile and the location for a fixed facility.
7	(b) The name and address of the owner if an
8	individual; if the owner is a firm, partnership, or
9	association, the name and address of every member thereof; if
10	the owner is a corporation, its name and address and the name
11	and address of its medical director and officers and of each
12	<del>person having at least a 10 percent interest in the</del>
13	corporation.
14	(2) <del>(c)</del> The name of any person <del>whose name is required</del>
15	on the application under the provisions of paragraph (b) and
16	who owns at least a 10 percent interest in any professional
17	service, firm, association, partnership, or corporation
18	providing goods, leases, or services to the center for which
19	the application is made, and the name and address of the
20	professional service, firm, association, partnership, or
21	corporation in which such interest is held.
22	(d) The name by which the facility is to be known.
23	(3) (e) The name, address, and Florida physician's
24	license number of the medical director.
25	Section 192. Section 483.311 and subsection (1) of
26	section 483.317, Florida Statutes, are repealed.
27	Section 193. Section 483.32, Florida Statutes, is
28	amended to read:
29	483.32 Administrative <u>fines</u> <del>penalties</del>
30	(1) <del>(a)</del> The agency may <del>deny, suspend, revoke, annul,</del>
31	limit, or deny renewal of a license or impose an
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COD	TNG:Words stricken are deletions; words underlined are additions

1 administrative fine, not to exceed \$500 per violation, for the 2 violation of any provision of this part, part II of chapter 3 408, or applicable rules adopted under this part. Each day of 4 violation constitutes a separate violation and is subject to a 5 separate fine. 6 (2) (b) In determining the amount of the fine to be 7 levied for a violation, as provided in paragraph (a), the 8 following factors shall be considered: (a) 1. The severity of the violation, including the 9 10 probability that death or serious harm to the health or safety 11 of any person will result or has resulted; the severity of the actual or potential harm; and the extent to which the 12 provisions of this part were violated. 13 14 (b)<del>2.</del> Actions taken by the licensee to correct the violation or to remedy complaints. 15 (c) Any previous violation by the licensee. 16 17 (d) 4. The financial benefit to the licensee of committing or continuing the violation. 18 19 (c) All amounts collected under this section must be 20 deposited into the Health Care Trust Fund administered by the 21 agency. 22 (2) The agency may issue an emergency order immediately suspending, revoking, annulling, or limiting a 23 24 license when it determines that any condition in the licensed 25 facility presents a clear and present danger to public health and safety. 26 27 Subsection (1) of section 483.322 and Section 194. section 483.328, Florida Statutes, are repealed. 28 29 Section 195. In the case of a conflict between the 30 provisions of part II of chapter 408, Florida Statutes, and 31 the authorizing statutes governing the licensure of health

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care providers by the Agency for Health Care Administration, found in chapter 112, chapter 383, chapter 390, chapter 394, chapter 395, chapter 400, chapter 440, or chapter 483, Florida Statutes, the provisions of part II of chapter 408, Florida Statutes, shall prevail. Section 196. Between October 1, 2004, and September 30, 2005, the Agency for Health Care Administration may issue any license for less than a 2-year period by charging a prorated licensure fee and specifying a different renewal date than the date that would otherwise be required for biennial licensure. Section 197. This act shall take effect October 1, 2004. STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR Senate Bill 1680 The committee substitute divides ch. 408, F.S., into four parts and consolidates core licensure requirements for facilities licensed by the Agency for Health Care Administration in part II of ch. 408, F.S. The bill establishes exemptions from certain aspects of the core licensure requirements in part II of ch. 408, F.S., for specified providers. The bill permits hospitals to use the services of, rather than to hire, a risk manager and removes the limitation on the number of ambulatory surgical centers and mobile surgical facilities a risk manager could serve. and mobile surgical facilities a risk manager could serve.