## Florida Senate - 2004

**By** the Committees on Appropriations; Finance and Taxation; Health, Aging, and Long-Term Care; and Senator Saunders

309-2389-04

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.; 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; defining terms; providing licensure
11	requirements for mobile clinics; prohibiting
12	the transfer of certain exemptions; providing
13	for the expiration of certain temporary
14	licenses; providing for the refund of certain
15	fees; exempting certain persons from license
16	application deadlines; requiring health care
17	clinics to be in compliance with part II of ch.
18	408, F.S.; providing for licensure fees;
19	authorizing the agency to adopt rules;
20	providing for administrative fines; conforming
21	provisions with the requirements of part II of
22	ch. 408, F.S.; providing requirements for
23	license application; providing for late fees;
24	providing duties of the agency, including
25	requirements for inspections; authorizing the
26	electronic submission of information to the
27	agency; providing requirements for licensure
28	upon a change of ownership of a provider;
29	specifying license categories; requiring
30	background screening of a licensee,
31	administrator, financial officer, or
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1	controlling interest; providing minimum
2	licensure requirements; providing requirements
3	for a licensee that discontinues operation;
4	requiring that notice be provided to clients;
5	requiring a licensee to inform clients of
6	certain rights; requiring an applicant for
7	licensure to provide proof of liability
8	insurance and financial ability to operate;
9	authorizing the agency to make inspections and
10	investigations; prohibiting certain unlicensed
11	activity; providing penalties; providing for
12	administrative fines; authorizing the agency to
13	impose a moratorium under certain
14	circumstances; specifying grounds under which
15	the agency may deny or revoke a license;
16	authorizing the agency to institute proceedings
17	for an injunction against a provider; requiring
18	that fees and fines be deposited into the
19	Health Care Trust Fund and used for
20	administering the laws and rules governing
21	providers; providing rulemaking authority;
22	amending s. 112.045, F.S., relating to the
23	Drug-Free Workplace Act; requiring drug-testing
24	laboratories to be in compliance with part II
25	of ch. 408, F.S.; deleting obsolete and
26	repetitive provisions; providing for rules and
27	licensure fees; amending ss. 383.301, 383.305,
28	383.309, 383.315, 383.324, 383.33, and 383.335,
29	F.S., and repealing ss. 383.304, 383.325,
30	383.331, and 383.332, F.S., relating to the
31	Birth Center Licensure Act; requiring birth

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1	centers to be in compliance with part II of ch.
2	408, F.S.; providing for licensure fees;
3	authorizing the agency to adopt rules;
4	providing for administrative fines; conforming
5	provisions with the requirements of part II of
6	ch. 408, F.S.; amending ss. 390.011, 390.012,
7	390.014, and 390.018, F.S., and repealing ss.
8	390.013, 390.015, 390.016, 390.017, 390.019,
9	and 390.021, F.S., relating to the regulation
10	of abortion clinics; requiring abortion clinics
11	to be in compliance with part II of ch. 408,
12	F.S.; providing for licensure fees; authorizing
13	the 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. 394.455, F.S., relating to
17	the Florida Mental Health Act; clarifying a
18	definition; amending ss. 394.67, 394.875,
19	394.877, 394.878, 394.879, 394.90, and 394.902,
20	F.S., and repealing s. 394.876, F.S., relating
21	to the Community Substance Abuse and Mental
22	Health Services Act; defining the term
23	"short-term residential treatment facility";
24	requiring substance abuse or mental health
25	facilities, programs, and services to be in
26	compliance with part II of ch. 408, F.S.;
27	providing for licensure fees; authorizing the
28	agency to adopt rules; providing for
29	administrative penalties; conforming provisions
30	with the requirements of part II of ch. 408,
31	F.S.; amending ss. 395.003, 395.004, 395.0161,

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395.0163, 395.0199, 395.1046, 395.1055, and 1 2 395.1065, F.S., and repealing ss. 395.002(4), 395.0055, and 395.0162, F.S., relating to 3 4 hospitals and other licensed facilities; 5 requiring hospitals and other licensed б facilities to be in compliance with part II of 7 ch. 408, F.S.; providing for licensure fees; 8 authorizing the agency to adopt rules; providing for administrative fines; conforming 9 10 provisions with the requirements of part II of ch. 408, F.S.; amending s. 395.1041, F.S.; 11 12 requiring a facility licensed under ch. 395, 13 F.S., to withhold or withdraw cardiopulmonary resuscitation when presented with an order not 14 to resuscitate; creating s. 395.10411, F.S.; 15 providing requirements to be carried out by a 16 17 facility licensed under ch. 395, F.S., when a 18 patient has an advance directive, has an order not to resuscitate, or is a designated organ 19 donor; amending s. 765.1105, F.S.; requiring a 20 21 health care provider that refuses to carry out 22 a patient's advance directive to transfer the 23 patient within a specified time to a health care provider that will comply with the advance 24 directive; creating s. 765.1021, F.S., to 25 encourage physicians and patients to discuss 26 27 end-of-life care and to specify when an advance 2.8 directive be part of the patient's medical record; amending s. 765.304, F.S.; requiring an 29 attending physician who refuses to comply with 30 a person's living will to transfer the person 31

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1	to a physician who will comply; amending s.
2	395.0197, F.S.; providing that a health care
3	facility must use the services of, rather than
4	hire, a risk manager; restricting the number of
5	internal risk management programs in separate
6	hospitals which may be the responsibility of a
7	risk manager; providing exceptions; amending
8	ss. 395.10973, 395.10974, and 395.10975, F.S.,
9	relating to health care risk managers;
10	requiring health care risk managers to comply
11	with part II of ch. 408, F.S.; providing for
12	fees; authorizing the agency to adopt rules;
13	providing for administrative fines; conforming
14	provisions with the requirements of part II of
15	ch. 408, F.S.; amending s. 400.21, F.S.;
16	providing that certain registered nurses may
17	sign a resident care plan; amending ss.
18	400.022, 400.051, 400.062, 400.063, 400.071,
19	400.102, 400.111, 400.1183, 400.121, 400.141,
20	400.17, 400.179, 400.18, 400.19, 400.191,
21	400.20, 400.211, and 400.23, F.S., and
22	repealing ss. 400.021(5) and (20), 400.125, and
23	400.241(1) and (2), F.S., relating to nursing
24	homes; requiring nursing homes to be in
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; revising reporting
29	requirements; conforming provisions with the
30	requirements of part II of ch. 408, F.S.;
31	creating s. 400.0712, F.S.; authorizing the

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1 Agency for Health Care Administration to issue 2 an inactive license to a nursing home facility for all or a portion of its beds; providing 3 4 procedures when applying for an inactive 5 license; permitting the agency to issue an б inactive license to a nursing home that chooses 7 to use an unoccupied contiguous portion of the 8 facility for an alternative use to meet the needs of elderly persons through the use of 9 10 less restrictive, less institutional services; providing that an inactive license issued may 11 12 be granted for specified periods of time; 13 directing that a nursing home that receives an inactive license to provide alternative 14 services may not receive preference for 15 participation in the Assisted Living for the 16 17 Elderly Medicaid waiver; providing that reactivation of an inactive license requires 18 the applicant to meet certain specified 19 conditions; amending ss. 400.402, 400.407, 20 21 400.4075, 400.408, 400.411, 400.412, 400.414, 22 400.417, 400.4174, 400.4176, 400.418, 400.419, 23 400.42, 400.424, 400.4255, 400.4256, 400.427, 400.4275, 400.431, 400.434, 400.441, 400.442, 2.4 400.444, 400.452, and 400.454, F.S., and 25 repealing ss. 400.415, 400.4178(7), 400.435(1), 26 400.447(1), (2), and (3), and 400.451, F.S., 27 2.8 relating to assisted living facilities; 29 requiring assisted living facilities to be in 30 compliance with part II of ch. 408, F.S.; providing for licensure fees; requiring 31

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1	assisted living facilities to conduct resident
2	elopement prevention and response drills;
3	authorizing the agency to adopt rules;
4	providing for administrative fines; conforming
5	provisions with the requirements of part II of
6	ch. 408, F.S.; amending ss. 400.464, 400.471,
7	400.474, 400.484, 400.494, 400.495, 400.497,
8	400.506, 400.509, and 400.512, F.S., and
9	repealing s. 400.515, F.S., relating to home
10	health agencies and nurse registries; requiring
11	home health agencies and nurse registries to be
12	in compliance with part II of ch. 408, F.S.;
13	providing for licensure fees; authorizing the
14	agency to adopt rules; providing for
15	administrative fines; conforming provisions
16	with the requirements of part II of ch. 408,
17	F.S.; amending ss. 400.551, 400.554, 400.555,
18	400.556, 400.5565, 400.557, 400.5572, 400.559,
19	400.56, and 400.562, F.S., and repealing ss.
20	400.5575, 400.558, and 400.564, F.S., relating
21	to adult day care centers; requiring adult day
22	care centers to be in compliance with part II
23	of ch. 408, F.S.; providing for licensure fees;
24	authorizing the agency to adopt rules;
25	providing for administrative fines; conforming
26	provisions with the requirements of part II of
27	ch. 408, F.S.; amending ss. 400.602, 400.605,
28	400.606, 400.6065, 400.607, and 400.6095, F.S.,
29	relating to hospices; requiring hospices to be
30	in compliance with part II of ch. 408, F.S.;
31	providing for licensure fees; authorizing the
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**CODING:** Words stricken are deletions; words <u>underlined</u> are additions.

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1	agency to adopt rules; providing for
2	administrative fines; conforming provisions
3	with the requirements of part II of ch. 408,
4	F.S.; amending ss. 400.617, 400.619, 400.6194,
5	400.6196, 400.621, 400.6211, and 400.625, F.S.,
6	and repealing s. 400.622, F.S., relating to
7	adult family-care homes; requiring adult
8	family-care homes to be in compliance with part
9	II of ch. 408, F.S.; providing for licensure
10	fees; authorizing the agency to adopt rules;
11	providing for administrative fines; conforming
12	provisions with the requirements of part II of
13	ch. 408, F.S.; amending ss. 400.801 and
14	400.805, F.S., relating to homes for special
15	services and transitional living facilities;
16	requiring such homes and facilities to be in
17	compliance with part II of ch. 408, F.S.;
18	providing for licensure fees; authorizing the
19	agency to adopt rules; providing for
20	administrative fines; conforming provisions
21	with the requirements of part II of ch. 408,
22	F.S.; amending ss. 400.902, 400.903, 400.905,
23	400.907, 400.908, 400.912, 400.914, and
24	400.915, F.S., and repealing ss. 400.906,
25	400.910, 400.911, 400.913, 400.916, and
26	400.917, F.S., relating to prescribed pediatric
27	extended care centers; requiring such centers
28	to be in compliance with part II of ch. 408,
29	F.S.; providing for licensure fees; authorizing
30	the agency to adopt rules; providing for
31	administrative fines; conforming provisions

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1	with the requirements of part II of ch. 408,
2	F.S.; amending ss. 400.925, 400.93, 400.931,
3	400.932, 400.933, and 400.935, F.S., and
4	repealing ss. 400.95, 400.953(2), 400.955(4),
5	and 400.956, F.S., relating to home medical
б	equipment providers; requiring home medical
7	equipment providers to be in compliance with
8	part II of ch. 408, F.S.; providing for
9	licensure fees; authorizing the agency to adopt
10	rules; providing for administrative fines;
11	conforming provisions with the requirements of
12	part II of ch. 408, F.S.; amending ss. 400.960,
13	400.962, 400.967, 400.968, and 400.969, F.S.,
14	and repealing ss. 400.963 and 400.965, F.S.,
15	relating to intermediate care facilities for
16	the developmentally disabled; requiring such
17	facilities to be in compliance with part II of
18	ch. 408, F.S.; providing for licensure fees;
19	authorizing the agency to adopt rules;
20	providing for administrative fines; conforming
21	provisions with the requirements of part II of
22	ch. 408, F.S.; amending s. 400.908, F.S.;
23	requiring health care services pools to be in
24	compliance with part II of ch. 408, F.S.;
25	providing for licensure fees; authorizing the
26	agency to adopt rules; providing for
27	administrative fines; conforming provisions
28	with the requirements of part II of ch. 408,
29	F.S.; amending ss. 400.991, 400.9915, 400.992,
30	400.9925, 400.993, 400.9935, and 400.995, F.S.,
31	and repealing ss. 400.9905(2), 400.994, and

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400.9945, F.S., relating to health care 1 2 clinics; requiring health care clinics to be in compliance with part II of ch. 408, F.S.; 3 4 providing for licensure fees; authorizing the 5 agency to adopt rules; providing for б administrative fines; conforming provisions 7 with the requirements of part II of ch. 408, F.S.; amending s. 408.036, F.S.; revising the 8 9 prerequisites for allowing an exemption from 10 certificate-of-need review for adding skilled nursing facility beds to a licensed skilled 11 12 nursing facility or for construction of a 13 skilled nursing facility; allowing such an exemption only in counties having a specified 14 maximum population; amending s. 408.831, F.S., 15 relating to the authority of the Agency for 16 17 Health Care Administration to impose certain 18 penalties against a regulated or licensed entity; conforming provisions to changes made 19 by the act; amending s. 440.102, F.S., relating 20 21 to the drug-free workplace program; requiring 22 laboratories to be in compliance with the 23 requirements of part II of ch. 408, F.S.; conforming provisions to changes made by the 2.4 act; amending s. 468.711, F.S.; deleting the 25 requirement that continuing education for 26 27 athletic trainers include first aid; amending 2.8 s. 468.723, F.S.; revising exemptions from licensure requirements; amending s. 1012.46, 29 F.S.; providing that a first responder for a 30 school district may not represent himself or 31

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1 herself as an athletic trainer; amending ss. 2 483.035, 483.051, 483.061, 483.091, 483.101, 3 483.111, 483.172, 483.201, 483.221, and 483.23, 4 F.S., and repealing ss. 483.131 and 483.25, 5 F.S., relating to clinical laboratories; б requiring clinical laboratories to be in 7 compliance with part II of ch. 408, F.S.; providing for licensure fees; authorizing the 8 9 agency to adopt rules; providing for 10 administrative fines; conforming provisions with the requirements of part II of ch. 408, 11 12 F.S.; amending ss. 483.291, 483.294, 483.30, 13 483.302, and 483.32, F.S., and repealing ss. 483.311, 483.317(1), 483.322(1), and 483.328, 14 F.S., relating to multiphasic health testing 15 centers; requiring such centers to be in 16 17 compliance with part II of ch. 408, F.S.; providing for licensure fees; authorizing the 18 19 agency to adopt rules; providing for administrative fines; conforming provisions 20 21 with the requirements of part II of ch. 408, 22 F.S.; providing for ss. 408.801-408.819, F.S., 23 to prevail in the case of a conflict with other laws governing the licensure of health care 2.4 providers by the agency; authorizing the agency 25 to issue a license for less than a specified 26 27 period and to charge a prorated fee; amending 2.8 s. 651.118, F.S.; revising standards for use of sheltered nursing home beds by certain persons; 29 30 providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:
Section 1. <u>Part I of chapter 408, Florida Statutes,</u>
consisting of sections 408.02, 408.031, 408.032, 408.033,
<u>408.034, 408.035, 408.036, 408.0361, 408.037, 408.038,</u>
408.039, 408.040, 408.041, 408.042, 408.043, 408.044, 408.045,
<u>408.0455, 408.05, 408.061, 408.062, 408.063, 408.07, 408.08,</u>
<u>408.09, 408.10, 408.15, 408.16, 408.18, 408.185, 408.20,</u>
<u>408.301, 408.302, 408.40, 408.50, 408.70, 408.7056, 408.7057,</u>
and 408.7071, is created and entitled "Health Facility and
<u>Services Planning."</u>
Section 2. <u>Part II of chapter 408, Florida Statutes,</u>
consisting of sections 408.801, 408.802, 408.803, 408.804,
408.805, 408.806, 408.807, 408.808, 408.809, 408.810, 408.811,
408.812, 408.813, 408.814, 408.815, 408.816, 408.817, 408.818,
408.819, and 408.831, is created and entitled "Health Care
Licensing: General Provisions."
Section 3. <u>Part III of chapter 408, Florida Statutes,</u>
consisting of sections 408.90, 408.901, 408.902, 408.903,
<u>408.904, 408.905, 408.906, 408.907, 408.908, and 408.909, is</u>
created and entitled "Health Insurance Access."
Section 4. Part IV of chapter 408, Florida Statutes,
consisting of sections 408.911, 408.913, 408.914, 408.915,
408.916, 408.917, and 408.918, is created and entitled "Health
and Human Services Eligibility Access System."
Section 5. Sections 408.801 through 408.819, Florida
Statutes, are created to read:
408.801 Short title; purpose
(1) This part may be cited as the "Health Care
Licensing Procedures Act."

1 (2) The Legislature finds that there is unnecessary 2 duplication and variation in the requirements for licensure by the Agency for Health Care Administration, brought about by 3 4 the historical pattern of legislative action focused exclusively on a single type of regulated provider. It is the 5 6 intent of the Legislature to provide a streamlined and 7 consistent set of basic licensing requirements for all such providers in order to minimize confusion, standardize 8 terminology, and include issues that are otherwise not 9 10 adequately addressed in the statutes pertaining to specific 11 providers. 12 408.802 Applicability.--The provisions of this part 13 apply to the provision of services that necessitate licensure as defined in this part and to the following entities licensed 14 or registered by the Agency for Health Care Administration, as 15 further described in chapters 112, 383, 390, 394, 395, 400, 16 17 440, and 483: 18 (1) Laboratories authorized to perform testing under the Drug-Free Workplace Act, as provided under ss. 112.0455 19 and 440.102. 20 21 (2) Birth centers, as provided under chapter 383. (3) Abortion clinics, as provided under chapter 390. 22 23 (4) Crisis stabilization units, as provided under parts I and IV of chapter 394. 2.4 25 (5) Short-term residential treatment units, as provided under parts I and IV of chapter 394. 26 27 (6) Residential treatment facilities, as provided 2.8 under part IV of chapter 394. (7) Residential treatment centers for children and 29 30 adolescents, as provided under part IV of chapter 394. 31

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1	(8) Hospitals, as provided under part I of chapter
2	<u>395.</u>
3	(9) Ambulatory surgical centers, as provided under
4	part I of chapter 395.
5	(10) Mobile surgical facilities, as provided under
6	part I of chapter 395.
7	(11) Private review agents, as provided under part I
8	<u>of chapter 395.</u>
9	(12) Health care risk managers, as provided under part
10	I of chapter 395.
11	(13) Nursing homes, as provided under part II of
12	chapter 400.
13	(14) Assisted living facilities, as provided under
14	part III of chapter 400.
15	(15) Home health agencies, as provided under part IV
16	of chapter 400.
17	(16) Nurse registries, as provided under part IV of
18	chapter 400.
19	(17) Companion services or homemaker services
20	providers, as provided under part IV of chapter 400.
21	(18) Adult day care centers, as provided under part V
22	of chapter 400.
23	(19) Hospices, as provided under part VI of chapter
24	<u>400.</u>
25	(20) Adult family-care homes, as provided under part
26	VII of chapter 400.
27	(21) Homes for special services, as provided under
28	part VIII of chapter 400.
29	(22) Transitional living facilities, as provided under
30	part VIII of chapter 400.
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1 (23) Prescribed pediatric extended care centers, as 2 provided under part IX of chapter 400. 3 (24) Home medical equipment providers, as provided 4 under part X of chapter 400. 5 (25) Intermediate care facilities for the б developmentally disabled, as provided under part XI of chapter 7 400. 8 (26) Health care services pools, as provided under part XII of chapter 400. 9 10 (27) Health care clinics, as provided under part XIII of chapter 400. 11 12 (28) Clinical laboratories, as provided under part I 13 of chapter 483. (29) Multiphasic health testing centers, as provided 14 under part II of chapter 483. 15 408.803 Definitions.--As used in this part, the term: 16 17 (1) "Agency" means the Agency for Health Care 18 Administration, which is the licensing agency under this part. (2) "Applicant" means an individual, corporation, 19 partnership, firm, association, or governmental entity that 20 21 submits an application to the agency for a license. 22 (3) "Authorizing statute" means the statute 23 authorizing the licensed operation of a provider listed in s. 2.4 408.802. (4) "Certification" means certification as a Medicare 25 or Medicaid provider of the services that necessitate 26 27 licensure or certification pursuant to the federal Clinical 2.8 Laboratory Improvement Amendments (CLIA). (5) "Change of ownership" means an event in which the 29 licensee changes to a different legal entity or in which 45 30 percent or more of the ownership or voting shares is 31

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1 transferred or assigned, including the final transfer or 2 assignment of multiple transfers or assignments over a 2-year period which cumulatively total 45 percent or greater. 3 However, a change solely in the management company is not a 4 5 change of ownership. б (6) "Client" means any person receiving services from 7 a provider listed in s. 408.802. 8 (7) "Controlling interest" means: (a) The applicant for licensure or a licensee; 9 10 (b) A person or entity that serves as an officer of, is on the board of directors of, or has a 5 percent or greater 11 12 ownership interest in the applicant or licensee; or 13 (c) A person or entity that serves as an officer of, is on the board of directors of, or has a 5 percent or greater 14 ownership interest in the management company or other entity, 15 related or unrelated, which the applicant or licensee may 16 17 contract with to operate the provider. 18 The term does not include a voluntary board member. 19 (8) "License" means any permit, registration, 20 21 certificate, or license issued by the agency. 22 (9) "Licensee" means an individual, corporation, 23 partnership, firm, association, or governmental entity that is issued a permit, registration, certificate, or license by the 2.4 agency. The licensee is legally responsible for all aspects of 25 the provider operation. 26 27 (10) "Moratorium" means a prohibition on the 2.8 acceptance of new clients. (11) "Provider" means any activity, service, agency, 29 30 or facility regulated by the agency and listed in s. 408.802. 31

1 (12) "Services that necessitate licensure" means those 2 services, including residential services, which require a valid license before those services may be provided in 3 4 accordance with authorizing statutes and agency rules. 5 (13) "Voluntary board member" means a board member of 6 a not-for-profit corporation or organization who serves solely 7 in a voluntary capacity for the licensee, does not receive any 8 remuneration for his or her services on the board of directors, and has no financial interest in the corporation or 9 10 organization. The agency shall recognize a person as a voluntary board member following submission of a statement to 11 12 the agency by the board member and the not-for-profit 13 corporation or organization which affirms that the board member conforms to this definition. The statement affirming 14 the status of the board member must be submitted to the agency 15 on a form provided by the agency. 16 17 408.804 License required; display.--18 (1) It is unlawful to provide services that necessitate licensure, or operate or maintain a provider 19 offering or providing services that necessitate licensure, 2.0 21 without first obtaining from the agency a license authorizing 2.2 such operation. 23 (2) A license must be displayed in a conspicuous place readily visible to clients who enter at the address that 2.4 appears on the license and is valid only in the hands of the 25 individual, firm, partnership, association, or corporation to 26 27 whom it is issued and may not be sold, assigned, or otherwise 2.8 transferred, voluntarily or involuntarily. The license is valid only for the licensee, provider, and location for which 29 the license is originally issued. 30

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1 408.805 Fees required; adjustments.--Unless otherwise 2 limited by authorizing statutes, license fees must be reasonably calculated by the agency to cover its costs in 3 4 carrying out its responsibilities under this part, authorizing statutes, and applicable rules, including the cost of 5 6 licensure, inspection, and regulation of providers, and must 7 be of such amount that the total fees collected do not exceed 8 the cost of administering and enforcing compliance with this part, authorizing statutes, and applicable rules. 9 10 (1) Licensure fees shall be adjusted for biennial licensure in agency rules. 11 12 (2) The agency shall annually adjust licensure fees, including fees paid per bed, by not more than the change in 13 the consumer price index based on the 12 months immediately 14 preceding the increase. 15 (3) The agency may, by rule, adjust licensure fees to 16 17 cover the cost of regulation under this part, authorizing 18 statutes, and applicable rules. (4) An inspection fee must be paid as required in 19 20 authorizing statutes. 21 (5) Licensure and inspection fees are nonrefundable. 2.2 (6) When a change is reported which requires issuance 23 of a license, a fee must be assessed. The fee must be based on the actual cost of processing and issuing the license. 2.4 (7) A fee may be charged to a licensee requesting a 25 duplicate license. The fee may not exceed the actual cost of 26 27 duplication and postage. 2.8 (8) Total fees collected may not exceed the cost of carrying out the provisions of this part, authorizing 29 statutes, or applicable rules. 30

31 <u>408.806</u> License application process.--

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1	(1) An application for licensure must be made to the
2	agency on forms furnished by the agency, submitted under oath,
3	and accompanied by the appropriate license fee in order to be
4	accepted and considered timely. The application must contain
5	information required by authorizing statutes and applicable
б	rules and must include:
7	(a) The name, address, and social security number of
8	the applicant and each controlling interest if the applicant
9	<u>or controlling interest is an individual.</u>
10	(b) The name, address, and federal employer
11	identification number or taxpayer identification number of the
12	applicant and each controlling interest if the applicant or
13	controlling interest is not an individual.
14	(c) The name by which the provider is to be known.
15	(d) The total number of beds or capacity requested, as
16	applicable.
17	(e) The location of the provider for which application
18	is made, a report or letter from the zoning authority
19	indicating the location is zoned appropriately for its use,
20	and a satisfactory fire safety report from the local authority
21	having jurisdiction or the state fire marshal. If the provider
22	is a community residential home under chapter 419, the zoning
23	requirement must be satisfied by proof of compliance with
24	chapter 419.
25	(f) The name of the person or persons under whose
26	management or supervision the provider will be operated and
27	the name of the administrator if required.
28	(q) Any information that the agency finds is necessary
29	to determine the ability of the applicant to carry out its
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	responsibilities, including satisfactory inspection results,

1 under this part and authorizing statutes, as specified in 2 rule. 3 (2)(a) The applicant for a renewal license must submit 4 an application that must be received by the agency at least 60 5 days prior to the expiration of the current license. б (b) The applicant for initial licensure due to a 7 change of ownership must submit an application that must be 8 received by the agency at least 60 days prior to the date of change of ownership. 9 10 (c) For any other application or request, the applicant must submit an application or request that must be 11 12 received by the agency at least 60 days prior to the requested 13 effective date, unless otherwise specified in authorizing statutes or rules. 14 (3) Upon receipt of an application for a license, the 15 agency shall examine the application and, within 30 days after 16 17 receipt, notify the applicant in writing of any apparent 18 errors or omissions and request any additional information required. 19 (4) Requested information omitted from an application 20 21 for licensure, license renewal, or change of ownership, other than an inspection, must be filed with the agency within 21 2.2 23 days after the agency's request for omitted information, or the application shall be deemed incomplete, and shall be 2.4 withdrawn from further consideration and the fees forfeited. 25 (5) Licensees subject to the provisions of this part 26 27 shall be issued biennial licenses unless conditions of the 2.8 license category specify a shorter license period. The agency may not issue an initial license to a health care provider 29 subject to the certificate-of-need provisions in ss. 30 408.031-408.045 if the licensee has not been issued a 31

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certificate of need or exemption, when applicable. Failure to 2 apply for the renewal of a license prior to the expiration date renders the license null and void and the former licensee may not be issued a new license unless the licensee reapplies for an initial license and meets all current qualifications

6 for licensure, including construction standards for facilities 7 where applicable and complies with certificate-of-need 8 requirements if the applicant is subject to the provisions of ss. 408.031-408.045. 9 10 (6) The failure to file a timely application and license fee shall result in a late fee charged to the licensee 11 12 in an amount equal to 50 percent of the licensure fee. If a 13 renewal application is not received by the agency 60 days in advance of the license expiration date, the agency shall 14 notify the licensee of this late fee within 10 days after the 15 date the renewal application was due. 16 17 (7) Within 60 days after the receipt of a complete 18 application, the agency shall approve or deny the application. (8) Each license issued shall indicate the name of the 19 licensee, the provider or service that the licensee is 20 21 required or authorized to operate or offer, the date the license is issued, the expiration date of the license, the 2.2 23 maximum capacity of the licensed premises if applicable, and any other information required by authorizing statutes or 2.4 deemed necessary by the agency. 25 (9)(a) An initial inspection is not required for 26 27 companion services or homemaker services providers, as 2.8 provided under part IV of chapter 400 or for health care

- 29 services pools, as provided under part XII of chapter 400.
- 30 (b) If an inspection is required by the authorizing
- statute for a license application other than an initial 31

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1 application, the inspection must be unannounced. This paragraph does not apply to inspections required pursuant to 2 ss. 483.061(2), 395.0161(4), and 383.324(3). 3 4 (c) If a provider is not available when an inspection is attempted, the application shall be withdrawn from further 5 6 consideration. 7 (10) The agency may establish procedures for the electronic submission of required information, including, but 8 not limited to: 9 10 (a) Licensure applications and required signatures. (b) Payment of fees. 11 12 (c) Notarization of applications. 13 Requirements for electronic submission of any documents 14 required by this part or authorizing statutes may be 15 16 established by rule. 17 408.807 Change of ownership. --Whenever a change of 18 ownership occurs: (1) The transferor shall notify the agency in writing 19 at least 60 days before the anticipated date of transfer of 20 21 ownership. 22 (2) The transferee shall make application to the 23 agency for a license within the timeframes required in s. 2.4 408.806. (3) The transferor shall be responsible and liable 25 26 <u>for:</u> 27 (a) The lawful operation of the provider and the 2.8 welfare of the clients served until the date the transferee is licensed by the agency. 29 30 31

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1 (b) Any and all penalties imposed against the 2 transferor for violations occurring before the date of change 3 of ownership. 4 (4) Any restriction on licensure, including a conditional license existing at the time of a change of 5 6 ownership, shall remain in effect until removed by the agency. 7 (5) The transferee shall maintain records of the 8 transferor as required in this part, authorizing statutes, and applicable rules including: 9 (a) All client records. 10 (b) Insp<u>ection\_reports.</u> 11 12 (c) All records required to be maintained pursuant to 13 409.913, if applicable. 408.808 License categories .--14 (1) STANDARD LICENSE. -- A standard license may be 15 issued at the time of initial licensure, license renewal, or 16 17 change of ownership. A standard license shall be issued when 18 the applicant is in compliance with all statutory requirements and agency rules. Unless sooner revoked, a standard license 19 expires 2 years following the date of issue. 2.0 21 (2) PROVISIONAL LICENSE. -- A provisional license may be 2.2 issued: 23 (a) Pursuant to s. 408.809(3). (b) When a denial or revocation proceeding is pending, 2.4 a provisional license for this purpose is effective until 25 final agency disposition of the proceeding. 26 (3) INACTIVE LICENSE. -- An inactive license may be 27 2.8 issued to a health care provider subject to the certificate-of-need provisions in ss. 408.031-408.045 when the 29 provider is currently licensed, does not have a provisional 30 license, and will be temporarily unable to provide services 31

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1	but is reasonably expected to resume services within 12
2	months. Such designation may be made for a period not to
3	exceed 12 months but may be renewed by the agency for up to 6
4	additional months upon demonstration by the licensee of the
5	provider's progress toward reopening. Any request by a
6	licensee for an inactive license or to extend the previously
7	approved inactive period must be submitted to the agency,
8	accompanied by written justification for the inactive license
9	with the beginning and ending dates of inactivity, including a
10	plan for the transfer of any clients to other providers, and
11	the appropriate licensure fees. The agency may not accept a
12	request that is submitted after initiating closure, after any
13	suspension of service, or after notifying clients of closure
14	or suspension of service. Upon agency approval, the provider
15	shall notify clients of any necessary discharge or transfer as
16	required by authorizing statutes. The beginning of the
17	inactive license shall be the date the provider ceases
18	operations. The end of the inactive period shall become the
19	license expiration date and all licensure fees must be
20	current, paid in full, and may be prorated. Reactivation of an
21	inactive license requires the approval of a renewal
22	application, including payment of licensure fees and agency
23	inspections indicating compliance with all requirements of
24	this part, authorizing statutes, and applicable rules.
25	(4) OTHER LICENSESOther licensure types may be
26	issued pursuant to authorizing statutes.
27	408.809 Background screening; prohibited offenses
28	(1) Level 2 background screening pursuant to chapter
29	435 must be conducted through the agency on each of the
30	following persons, who shall be considered an employee for the
31	purposes of conducting screening under chapter 435:
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1	(a) The licensee if an individual;
2	(b) The administrator or a similarly titled person who
3	is responsible for the day-to-day operation of the provider;
4	(c) The financial officer or similarly titled
5	individual who is responsible for the financial operation of
6	the licensee or provider; and
7	(d) Any person who is a controlling interest if the
8	agency has reason to believe that such person has been
9	convicted of any offense prohibited by s. 435.04. For each
10	controlling interest who has been convicted of any such
11	offense, the licensee shall submit to the agency a description
12	and explanation of the conviction at the time of license
13	application.
14	(2) Proof of compliance with level 2 screening
15	standards submitted within the previous 5 years to meet any
16	provider or professional licensure requirements of the agency,
17	the Department of Health, or the Department of Children and
18	Family Services satisfies the requirements of this section,
19	provided that such proof is accompanied, under penalty of
20	perjury, by an affidavit of compliance with the provisions of
21	chapter 435. Proof of compliance with the background screening
22	requirements of the Office of Insurance Requlation for an
23	applicant for a certificate of authority to operate a
24	continuing care retirement community under chapter 651,
25	submitted within the previous 5 years, satisfies the
26	Department of Law Enforcement and Federal Bureau of
27	Investigation portions of a level 2 background check.
28	(3) A provisional license may be granted to an
29	applicant when each individual required by this section to
30	undergo background screening has met the standards for the
31	Department of Law Enforcement background check, but the agency
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1 has not yet received background screening results from the 2 Federal Bureau of Investigation. A standard license may be granted to the licensee upon the agency's receipt of a report 3 4 of the results of the Federal Bureau of Investigation background screening for each individual required by this 5 6 section to undergo background screening which confirms that 7 all standards have been met, or upon the granting of a 8 disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 9 10 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal 11 Bureau of Investigation. However, the person may not continue 12 13 to serve if the report indicates any violation of background screening standards and a disgualification exemption has not 14 15 been requested of or granted by the agency as set forth in 16 chapter 435. 17 (4) When a change in the administrator of a provider 18 occurs, the licensee must notify the agency of the change within the time period specified in the authorizing statute or 19 rules unless otherwise reported to the administrator's 2.0 21 professional licensing board, or Department of Health if there 2.2 is no board, and must provide evidence of compliance with 23 background screening requirements of this section; except that an administrator who has met the standards for the Department 2.4 of Law Enforcement background check, but for whom background 25 screening results from the Federal Bureau of Investigation 26 27 have not yet been received, may be employed pending a receipt 2.8 of the Federal Bureau of Investigation background screening report. An individual may not continue to serve as 29 administrator if the Federal Bureau of Investigation 30

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1 background screening report indicates any violation of 2 background screening standards. (5) Background screening is not required to obtain a 3 4 certificate of exemption issued under s. 483.106. 5 408.810 Minimum licensure requirements.--In addition б to the licensure requirements specified in this part, chapter 7 112, chapter 383, chapter 390, chapter 394, chapter 395, 8 chapter 400, chapter 440, or chapter 483, each applicant for licensure by the Agency for Health Care Administration must 9 10 comply with the requirements of this section in order to obtain and maintain a license. 11 12 (1) An applicant for licensure must comply with 13 background screening requirements of s. 408.809. (2) An applicant for licensure must provide a 14 description and explanation of any exclusions, suspensions, or 15 terminations of the applicant from the Medicare, Medicaid, or 16 17 federal Clinical Laboratory Improvement Amendments (CLIA) programs. 18 (3) Unless otherwise specified in this part, 19 authorizing statutes, or applicable rules, any information 2.0 21 required to be reported to the agency must be submitted within 2.2 10 calendar days after the report period or effective date of 23 the information. (4) Whenever a licensee discontinues operation of a 2.4 25 <u>provider:</u> (a) The licensee must inform the agency not less than 26 27 30 days prior to the discontinuance of operation and inform 2.8 clients of discharge as required by authorizing statutes. Immediately upon discontinuance of operation of a provider, 29 the licensee shall surrender the license to the agency and the 30 license shall be canceled. 31

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1 (b) Upon closure of a provider, the licensee shall 2 remain responsible for retaining and appropriately distributing all records within the timeframes prescribed in 3 4 authorizing statutes and applicable rules. In addition, the licensee or, in the event of death or dissolution of a 5 6 licensee, the estate or agent of the licensee shall: 7 1. Make arrangements to forward records for each 8 client to one of the following, based upon the client's choice: the client or the client's legal representative, the 9 10 client's attending physician, or the health care provider where the client currently receives services; or 11 12 Cause a notice to be published in the newspaper of 2. 13 greatest general circulation in the county where the provider was located which advises clients of the discontinuance of the 14 provider operation. The notice must inform clients that they 15 may obtain copies of their records and specify the name, 16 17 address, and telephone number of the person from whom the 18 copies of records may be obtained. The notice must appear at least once a week for 4 consecutive weeks. 19 20 21 Failure to comply with this paragraph is a misdemeanor of the 2.2 second degree, punishable as provided in s. 775.083. 23 (5)(a) On or before the first day services are provided to a client, a licensee must inform the client and 2.4 his or her immediate family or representative, if appropriate, 25 of the right to report: 26 27 1. Complaints. The statewide toll-free telephone 2.8 number for reporting complaints to the agency must be provided to clients in a manner that is clearly legible and must 29 include the words: "To report a complaint regarding the 30 services you receive, please call toll free (phone number)". 31

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1	2. Abusive, neglectful, or exploitative practices. The
2	statewide toll-free telephone number for the central abuse
3	hotline must be provided to clients in a manner that is
4	clearly legible and must include the words: "To report abuse,
5	neglect, or exploitation, please call toll-free (phone
б	number)."
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8	The agency shall publish a minimum of a 90-day advance notice
9	of a change in the toll-free telephone numbers.
10	(b) Each licensee shall establish appropriate policies
11	and procedures for providing such notice to clients.
12	(6) An applicant must provide the agency with proof of
13	the applicant's legal right to occupy the property before a
14	license may be issued. Proof may include, but need not be
15	limited to, copies of warranty deeds, lease or rental
16	agreements, contracts for deeds, quitclaim deeds, or other
17	such documentation.
18	(7) An applicant shall provide proof of liability
19	insurance as defined in chapter 624, unless defined otherwise
20	in authorizing statute.
21	(8) Upon application for initial licensure or
22	change-of-ownership licensure, the applicant shall furnish
23	satisfactory proof of the applicant's financial ability to
24	operate in accordance with the requirements of this part,
25	authorizing statutes, and applicable rules. The agency shall
26	establish standards for this purpose, including information
27	concerning the applicant's controlling interests. The agency
28	also shall establish documentation requirements, to be
29	completed by each applicant, that show anticipated provider
30	revenues and expenditures, the basis for financing the
31	anticipated cash-flow requirements of the provider, and an
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1	applicant's access to contingency financing. A current
2	<u>certificate of authority, pursuant to chapter 651, may be</u>
3	provided as proof of financial ability to operate. The agency
4	may require a licensee to provide proof of financial ability
5	to operate at any time if there is evidence of financial
6	instability, including, but not limited to, unpaid expenses
7	necessary for the basic operations of the provider.
8	(9) A licensee or controlling interest may not
9	withhold from the agency any evidence of financial
10	instability, including, but not limited to, checks returned
11	due to insufficient funds, delinguent accounts, nonpayment of
12	withholding taxes, unpaid utility expenses, nonpayment for
13	essential services, or adverse court action concerning the
14	financial viability of the provider or any other provider
15	licensed under this part which is under the control of the
16	licensee. Any person found quilty of violating this subsection
17	commits a misdemeanor of the second degree, punishable as
18	provided in s. 775.083. Each day of continuing violation is a
19	separate offense.
20	(10) The agency may not issue a license to a health
21	care provider subject to the certificate of need provisions in
22	ss. 408.031-408.045 if the licensee has not been issued a
23	certificate of need or an exemption. Upon initial licensure of
24	any such provider, the authorization contained in the
25	certificate of need shall be considered fully implemented and
26	merged into the license, and shall have no force and effect
27	upon termination of the license for any reason.
28	408.811 Right of inspection; copies; inspection
29	reports
30	(1) An authorized officer or employee of the agency
31	may make or cause to be made any inspections and
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1 investigations as the agency deems necessary to determine the 2 state of compliance with this part, authorizing statutes, and applicable rules. The right of inspection extends to any 3 4 business that the agency has reason to believe is being operated as a provider without a license, but inspection of 5 6 any business suspected of being operated without the 7 appropriate license may not be made without the permission of 8 the owner or person in charge unless a warrant is first obtained from a circuit court. Any application for a license 9 10 issued under this part, authorizing statutes, or applicable rules constitutes permission for an appropriate inspection to 11 12 verify the information submitted on or in connection with the 13 application. (a) All inspections shall be unannounced, except as 14 15 specified in s. 408.806. (b) Inspections for relicensure shall be conducted 16 17 biennially unless otherwise specified by authorizing statutes 18 or applicable rules. 19 (2) Inspections conducted in conjunction with certification may be accepted in lieu of a complete licensure 2.0 21 inspection. However, a licensure inspection may also be 2.2 conducted to review any licensure requirements that are not 23 also requirements of certification. (3) The agency shall have access to and the licensee 2.4 shall provide copies of all provider records required during 25 an inspection at no cost to the agency. 26 (4)(a) Each licensee shall maintain as public 27 2.8 information, available upon request, records of all inspection reports pertaining to that provider which have been filed 29 with, or issued by, any governmental agency unless those 30 reports are exempt from, or contain information that is exempt 31

1 from, s. 119.07(1), or is otherwise made confidential by law. 2 Effective July 1, 2004, copies of such reports shall be retained in the records of the provider for at least 5 years 3 4 following the date the reports are filed and issued, regardless of a change of ownership. 5 б (b) A licensee shall, upon the request of any person 7 who has completed a written application with intent to be 8 admitted by such provider or any person who is a patient of such provider, or any relative, spouse, or quardian of any 9 such person, furnish to the requester a copy of the last 10 inspection report pertaining to the licensed provider which 11 12 was issued by the agency or by an accrediting organization if 13 such report is used in lieu of a licensure inspection. 408.812 Unlicensed activity .--14 (1) A person may not offer or advertise to the public 15 services as defined by this part, authorizing statutes, or 16 17 application rules without obtaining a valid license from the 18 Agency for Health Care Administration. The holder of a license may not advertise or hold out to the public that he or she 19 holds a license for other than that for which he or she 20 21 actually holds a license. 22 (2) The operation or maintenance of an unlicensed 23 provider or the performance of any services that necessitate licensure without such licensure is a violation of this part 2.4 and authorizing statutes. Unlicensed activity constitutes harm 25

26 that materially affects the health, safety, and welfare of

- 27 <u>clients. The agency, or any state attorney, may, in addition</u>
- 28 to other remedies provided in this part, bring an action for
- 29 <u>an injunction to restrain such violation, or to enjoin the</u>
- 30 <u>future operation or maintenance of any such provider or the</u>
- 31 provision of services that necessitate licensure in violation

1 of this part and authorizing statutes, until compliance with 2 this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. 3 4 (3) Any person who owns, operates, or maintains an unlicensed provider and who, after receiving notification from 5 6 the agency, fails to cease operation and apply for a license 7 under this part and authorizing statutes commits a felony of 8 the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a 9 10 separate offense. (4) Any person found quilty of violating subsection 11 12 3) a second or subsequent time commits a felony of the second 13 degree, punishable as provided under s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate 14 offense. 15 (5) Any provider that fails to cease operation after 16 17 agency notification may be fined \$1,000 for each day of 18 noncompliance. 19 (6) When a licensee has an interest in more than one provider and fails to license any provider rendering services 2.0 21 that necessitate licensure, the agency may revoke all 2.2 licenses, impose actions under s. 408.814, or impose a fine of 23 \$1,000 unless otherwise specified by authorizing statutes against the licensee until such time as the licensee becomes 2.4 appropriately licensed. 25 (7) In addition to injunctive relief pursuant to 26 27 subsection (2), if the agency determines that an owner is 2.8 operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a 29 threat to the health, safety, or welfare of a client of the 30 provider, the owner is subject to the same actions and fines 31

1 imposed against a licensed provider as specified in this part, the authorizing statute, and agency rules. 2 (8) Any person aware of the operation of an unlicensed 3 provider must report that provider and operation to the 4 5 agency. б 408.813 Administrative fines.--As a penalty for any 7 violation of this part, authorizing statutes, or applicable 8 rules, the agency may impose an administrative fine. Unless the amount of the fine is prescribed by authorizing statutes 9 10 or applicable rules, the agency may establish criteria for the amount of administrative fines applicable to this part, 11 12 authorizing statutes, and applicable rules. Each day of 13 violation constitutes a separate violation and is subject to a separate fine. For fines that are upheld following 14 administrative or judicial review, the violator shall pay the 15 16 fine, plus interest at the rate as specified in s. 55.03 for 17 each day beyond the date set by the agency for payment of the 18 fine. 19 408.814 Moratoriums; emergency suspensions.--20 (1) The agency may impose an immediate moratorium or 21 emergency suspension as defined in s. 120.60 on any provider 2.2 if the agency determines that any condition related to the 23 provider presents a threat to the health, safety, or welfare 2.4 of the clients.

(2) A provider, the license of which is denied or

26 <u>revoked, may be subject to immediate imposition of a</u>

27 moratorium or emergency suspension to run concurrently with

28 licensure denial, revocation, or injunction.

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29 (3) A moratorium or emergency suspension remains in

30 effect after a change of ownership, unless the agency has

31 determined that the conditions that created the moratorium,

1 emergency suspension, or denial of licensure have been 2 corrected. (4) When a moratorium or emergency suspension is 3 4 placed on a provider, notice of the action shall be posted and 5 visible to the public at the location of the provider until 6 the action is lifted. 7 (5) Moratoria and emergency suspensions are specific to the facts of each case, not of general applicability, 8 therefore not subject to rulemaking under chapter 120. 9 10 408.815 License denial; revocation. --(1) In addition to grounds in authorizing statutes, 11 12 grounds for denying or revoking a license or application include any of the following actions by a controlling 13 14 <u>interest:</u> (a) False representation of a material fact in the 15 license application or omission of any material fact from the 16 17 application. 18 (b) An intentional or negligent act materially affecting the health or safety of clients of the provider. 19 20 (c) A violation of this part, authorizing statutes, or 21 applicable rules. 22 (d) A demonstrated pattern of deficient performance. 23 (e) The applicant, licensee, or controlling interest has been or is currently excluded, suspended, terminated from, 2.4 or has involuntarily withdrawn from participation in the state 25 Medicaid program, the Medicaid program of any other state, or 26 27 the Medicare program or any other governmental or private 2.8 health care or health insurance program. (2) If a licensee lawfully continues to operate while 29 a denial or revocation is pending in litigation, the licensee 30 must continue to meet all other requirements of this part, 31

1 authorizing statutes, and applicable rules, and must file 2 subsequent renewal applications for licensure, including licensure fees. Notwithstanding chapter 120, the agency may 3 4 withhold a final decision on any application or request filed during this period until final agency action in pending 5 6 litigation. 7 (3) An action under s. 408.814, or denial of the 8 license of the transferor, may be grounds for denial of a change-of-ownership application of the transferee. 9 10 408.816 Injunctions.--(1) In addition to the other powers provided by this 11 12 part and authorizing statutes, the agency may: 13 (a) Institute injunction proceedings in a court of competent jurisdiction to restrain or prevent the 14 establishment or operation of a provider that does not have a 15 license or is in violation of any provision of this part, 16 17 authorizing statutes, or applicable rules. The agency may also 18 institute injunction proceedings in a court of competent jurisdiction when a violation of this part, authorizing 19 statutes, or applicable rules constitutes an emergency 2.0 21 affecting the immediate health and safety of a client. 22 (b) Enforce the provisions of this part, authorizing 23 statutes, or any minimum standard, rule, or order issued or entered into pursuant thereto when the attempt by the agency 2.4 to correct a violation through administrative sanctions has 25 failed or when the violation materially affects the health, 26 27 safety, or welfare of clients or involves any operation of an 2.8 unlicensed provider. (c) Terminate the operation of a provider when a 29 30 violation of any provision of this part, authorizing statutes, 31

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1 or any standard or rule adopted pursuant thereto exist that 2 materially affect the health, safety, or welfare of clients. (2) Such injunctive relief may be temporary or 3 4 permanent. 5 (3) If action is necessary to protect clients of 6 providers from immediate, life-threatening situations, the 7 court may allow a temporary injunction without bond upon proper proof being made. If it appears by competent evidence 8 or a sworn, substantiated affidavit that a temporary 9 injunction should be issued, the court, pending the 10 determination on final hearing, shall enjoin the operation of 11 12 the provider. 13 408.817 Administrative proceedings.--Administrative proceedings challenging agency licensure enforcement action 14 shall be reviewed on the basis of the facts and conditions 15 16 that resulted in the agency action. 17 408.818 Health Care Trust Fund.--Unless otherwise 18 prescribed by authorizing statutes, all fees and fines collected pursuant to this part, authorizing statutes, and 19 applicable rules shall be deposited into the Health Care Trust 2.0 21 Fund, created in s. 408.16, and used to pay the costs of the 2.2 agency in administering the provider program paying the fees 23 or fines. 2.4 408.819 Rules. -- The agency may adopt rules necessary to administer this part. Any licensed provider that is in 25 operation at the time of adoption of any applicable rule under 26 27 this part or authorizing statutes shall be given a reasonable 2.8 time under the particular circumstances, not to exceed 6 months after the date of such adoption, within which to comply 29 with such rule, unless otherwise specified by rule. 30 31

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1 Section 6. Subsection (12), paragraph (a) of 2 subsection (13), and subsection (17) of section 112.0455, Florida Statutes, are amended to read: 3 4 112.0455 Drug-Free Workplace Act.--5 (12) DRUG-TESTING STANDARDS; LABORATORIES.-б (a) The requirements of ss. 408.801-408.819 apply to 7 the provision of services that necessitate licensure pursuant 8 to this section and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for 9 10 Health Care Administration pursuant to this section. (b)(a) A laboratory may analyze initial or 11 12 confirmation drug specimens only if: 13 1. The laboratory is licensed and approved by the Agency for Health Care Administration using criteria 14 established by the United States Department of Health and 15 Human Services as general guidelines for modeling the state 16 17 drug testing program and in accordance with part II of chapter 408. Each applicant for licensure must comply with all 18 requirements of part II of chapter 408, with the exception of 19 s. 408.810(5)-(10). the following requirements: 2.0 21 a. Upon receipt of a completed, signed, and dated 2.2 application, the agency shall require background screening, in 23 accordance with the level 2 standards for screening set forth 2.4 in chapter 435, of the managing employee, or other similarly 25 titled individual responsible for the daily operation of the laboratory, and of the financial officer, or other similarly 26 27 titled individual who is responsible for the financial 2.8 operation of the laboratory, including billings for services. 29 The applicant must comply with the procedures for level 2 30 background screening as set forth in chapter 435, as well as the requirements of s. 435.03(3). 31

1 b. The agency may require background screening of any 2 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 3 4 an offense prohibited under the level 2 standards for screening set forth in chapter 435. 5 б c. Proof of compliance with the level 2 background 7 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 8 health care licensure requirements of this state is acceptable 9 10 in fulfillment of screening requirements. d. A provisional license may be granted to an 11 12 applicant when each individual required by this section to 13 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 14 has not yet received background screening results from the 15 Federal Bureau of Investigation, or a request for a 16 17 disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been 18 issued. A license may be granted to the applicant upon the 19 agency's receipt of a report of the results of the Federal 2.0 21 Bureau of Investigation background screening for each 2.2 individual required by this section to undergo background 23 screening which confirms that all standards have been met, or upon the granting of a disgualification exemption by the 2.4 agency as set forth in chapter 435. Any other person who is 25 required to undergo level 2 background screening may serve in 26 27 his or her capacity pending the agency's receipt of the report 2.8 from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any 29 30 violation of background screening standards and a 31

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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 4 application, a description and explanation of any exclusions, 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 interests under the Medicaid or Medicare programs shall be 8 accepted in lieu of this submission. 9 10 f. Each applicant must submit to the agency a description and explanation of any conviction of an offense 11 12 prohibited under the level 2 standards of chapter 435 by a 13 member of the board of directors of the applicant, its 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 operational decisions of the corporation or organization, 19 receives no remuneration for his or her services on the 2.0 21 corporation or organization's board of directors, and has no 2.2 financial interest and has no family members with a financial 23 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 2.4 25 include in the application a statement affirming that the director's relationship to the corporation satisfies the 26 27 requirements of this sub subparagraph. 2.8 g. A license may not be granted to any applicant if the applicant or managing employee has been found guilty of, 29 30 regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 31

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 (I) Has falsely represented a material fact in the 7 application required by sub subparagraph e. or 8 sub subparagraph f., or has omitted any material fact from the 9 application required by sub subparagraph e. or 10 sub subparagraph f.; or (II) Has had prior action taken against the applicant 11 12 under the Medicaid or Medicare program as set forth in 13 sub subparagraph e. i. An application for license renewal must contain the 14 information required under sub subparagraphs e. and f. 15 2. The laboratory has written procedures to ensure 16 17 chain of custody. 3. The laboratory follows proper quality control 18 procedures, including, but not limited to: 19 a. The use of internal quality controls including the 20 21 use of samples of known concentrations which are used to check 22 the performance and calibration of testing equipment, and 23 periodic use of blind samples for overall accuracy. b. An internal review and certification process for 2.4 drug test results, conducted by a person qualified to perform 25 26 that function in the testing laboratory. 27 c. Security measures implemented by the testing 2.8 laboratory to preclude adulteration of specimens and drug test 29 results. 30 d. Other necessary and proper actions taken to ensure reliable and accurate drug test results. 31 41

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1 (c) (b) A laboratory shall disclose to the employer a 2 written test result report within 7 working days after receipt of the sample. All laboratory reports of a drug test result 3 shall, at a minimum, state: 4 1. The name and address of the laboratory which 5 6 performed the test and the positive identification of the 7 person tested. 8 2. Positive results on confirmation tests only, or 9 negative results, as applicable. 3. A list of the drugs for which the drug analyses 10 11 were conducted. 12 4. The type of tests conducted for both initial and 13 confirmation tests and the minimum cutoff levels of the tests. 5. Any correlation between medication reported by the 14 employee or job applicant pursuant to subparagraph (8)(b)2. 15 and a positive confirmed drug test result. 16 17 18 No report shall disclose the presence or absence of any drug other than a specific drug and its metabolites listed pursuant 19 to this section. 2.0 21 (d)(c) The laboratory shall submit to the Agency for 22 Health Care Administration a monthly report with statistical 23 information regarding the testing of employees and job applicants. The reports shall include information on the 2.4 methods of analyses conducted, the drugs tested for, the 25 26 number of positive and negative results for both initial and 27 confirmation tests, and any other information deemed 2.8 appropriate by the Agency for Health Care Administration. No monthly report shall identify specific employees or job 29 30 applicants. 31

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(e)(d) Laboratories shall provide technical assistance 1 2 to the employer, employee, or job applicant for the purpose of interpreting any positive confirmed test results which could 3 have been caused by prescription or nonprescription medication 4 taken by the employee or job applicant. 5 б (13) RULES.--7 (a) The Agency for Health Care Administration may 8 adopt additional rules to support this law and part II of 9 chapter 408, using criteria established by the United States 10 Department of Health and Human Services as general guidelines for modeling <u>drug-free workplace laboratories</u> the state 11 12 drug testing program, concerning, but not limited to: 13 1. Standards for drug-testing laboratory licensing and denial, suspension, and revocation of a license. 14 2. Urine, hair, blood, and other body specimens and 15 16 minimum specimen amounts which are appropriate for drug 17 testing, not inconsistent with other provisions established by 18 law. 3. Methods of analysis and procedures to ensure 19 reliable drug-testing results, including standards for initial 20 21 tests and confirmation tests, not inconsistent with other 22 provisions established by law. 23 4. Minimum cutoff detection levels for drugs or their metabolites for the purposes of determining a positive test 2.4 result, not inconsistent with other provisions established by 25 26 law. 27 5. Chain-of-custody procedures to ensure proper 2.8 identification, labeling, and handling of specimens being 29 tested, not inconsistent with other provisions established by 30 law. 31

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1 6. Retention, storage, and transportation procedures 2 to ensure reliable results on confirmation tests and retests. 3 7. A list of the most common medications by brand name or common name, as applicable, as well as by chemical name, 4 5 which may alter or affect a drug test. б (17) LICENSE FEE.--Fees from licensure of drug-testing 7 laboratories shall be sufficient to carry out the 8 responsibilities of the Agency for Health Care Administration 9 for the regulation of drug-testing laboratories. In accordance with s. 408.805, an applicant or licensee shall pay a fee for 10 each license application submitted under this part and part II 11 12 of chapter 408. The fee may not be less than \$16,000 or more 13 than \$20,000 per biennium and shall be established by rule. The Agency for Health Care Administration shall collect fees 14 for all licenses issued under this part. Each nonrefundable 15 16 fee shall be due at the time of application and shall be 17 payable to the Agency for Health Care Administration to be 18 deposited in a trust fund administered by the Agency for Health Care Administration and used only for the purposes of 19 this section. The fee schedule is as follows: For licensure 2.0 21 as a drug testing laboratory, an annual fee of not less than 22 \$8,000 or more than \$10,000 per fiscal year; for late filing 23 of an application for renewal, an additional fee of \$500 per day shall be charged. 2.4 Section 7. Section 383.301, Florida Statutes, is 25 amended to read: 26 27 383.301 Licensure and regulation of birth centers; 2.8 legislative intent.--It is the intent of the Legislature to provide for the protection of public health and safety in the 29 establishment, maintenance, and operation of birth centers by 30 providing for licensure of birth centers and for the 31

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1 development, establishment, and enforcement of minimum 2 standards with respect to birth centers. The requirements of part II of chapter 408 apply to the provision of services that 3 4 necessitate licensure pursuant to ss. 383.30-383.335 and part II of chapter 408 and to entities licensed by or applying for 5 6 such licensure from the Agency for Health Care Administration pursuant to ss. 383.30-383.335. 7 Section 8. Section 383.304, Florida Statutes, is 8 9 repealed. 10 Section 9. Section 383.305, Florida Statutes, is amended to read: 11 12 383.305 Licensure; issuance, renewal, denial, 13 suspension, revocation; fees; background screening. --(1) In accordance with s. 408.805, an applicant or 14 licensee shall pay a fee for each license application 15 submitted under this part and part II of chapter 408. The 16 17 amount of the fee shall be established by rule. 18 (1)(a) Upon receipt of an application for a license and the license fee, the agency shall issue a license if the 19 applicant and facility have received all approvals required by 2.0 21 law and meet the requirements established under ss. 2.2 383.30 383.335 and by rules promulgated hereunder. 23 (b) A provisional license may be issued to any birth center that is in substantial compliance with ss. 2.4 383.30 383.335 and with the rules of the agency. A 25 26 provisional license may be granted for a period of no more 27 than 1 year from the effective date of rules adopted by the 2.8 agency, shall expire automatically at the end of its term, and 29 may not be renewed. 30 (c)- A license, unless sooner suspended or revoked, automatically expires 1 year from its date of issuance and is 31

1 renewable upon application for renewal and payment of the fee 2 prescribed, provided the applicant and the birth center meet the requirements established under ss. 383.30 383.335 and by 3 rules promulgated hereunder. A complete application for 4 renewal of a license shall be made 90 days prior to expiration 5 6 of the license on forms provided by the agency. 7 (2) An application for a license, or renewal thereof, 8 shall be made to the agency upon forms provided by it and 9 shall contain such information as the agency reasonably 10 requires, which may include affirmative evidence of ability to comply with applicable laws and rules. 11 12 (3)(a) Each application for a birth center license, or 13 renewal thereof, shall be accompanied by a license fee. Fees shall be established by rule of the agency. Such fees are 14 payable to the agency and shall be deposited in a trust fund 15 administered by the agency, to be used for the sole purpose of 16 17 carrying out the provisions of ss. 383.30 383.335. 18 (b) The fees established pursuant to ss. 383.30 383.335 shall be based on actual costs incurred by the 19 20 agency in the administration of its duties under such 21 sections. 22 (4) Each license is valid only for the person or 23 governmental unit to whom or which it is issued; is not 2.4 subject to sale, assignment, or other transfer, voluntary or involuntary; and is not valid for any premises other than 25 those for which it was originally issued. 26 27 (5) Each license shall be posted in a conspicuous 2.8 place on the licensed premises. (6) Whenever the agency finds that there has been a 29 30 substantial failure to comply with the requirements established under ss. 383.30 383.335 or in rules adopted under 31 46

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1 those sections, it is authorized to deny, suspend, or revoke a 2 license. (2)(7) Each applicant for licensure must comply with 3 4 the following requirements of part II of chapter 408, with the 5 exception of s. 408.810(7)-(10).+ б (a) Upon receipt of a completed, signed, and dated 7 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 8 9 in chapter 435, of the managing employee, or other similarly 10 titled individual who is responsible for the daily operation of the center, and of the financial officer, or other 11 12 similarly titled individual who is responsible for the 13 financial operation of the center, including billings for patient care and services. The applicant must comply with the 14 procedures for level 2 background screening as set forth in 15 16 chapter 435 as well as the requirements of s. 435.03(3). 17 (b) The agency may require background screening of any 18 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 19 a crime or has committed any other offense prohibited under 2.0 21 the level 2 standards for screening set forth in chapter 435. 22 (c) Proof of compliance with the level 2 background 23 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 2.4 25 health care licensure requirements of this state is acceptable 26 in fulfillment of the requirements of paragraph (a). 27 (d) A provisional license may be granted to an 2.8 applicant when each individual required by this section to 29 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 30 has not yet received background screening results from the 31

1 Federal Bureau of Investigation, or a request for a 2 disqualification exemption has been submitted to the agency as set forth in chapter 435 but a response has not yet been 3 4 issued. A standard license may be granted to the applicant 5 upon the agency's receipt of a report of the results of the 6 Federal Bureau of Investigation background screening for each 7 individual required by this section to undergo background screening which confirms that all standards have been met, or 8 upon the granting of a disgualification exemption by the 9 10 agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in 11 12 his or her capacity pending the agency's receipt of the report 13 from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any 14 violation of background screening standards and a 15 disgualification exemption has not been requested of and 16 17 granted by the agency as set forth 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 2.2 the requirements for disclosure of ownership and control 23 interests under the Medicaid or Medicare programs shall be accepted in lieu of this submission. 2.4 25 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 26 27 prohibited under the level 2 standards of chapter 435 by a 2.8 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 29 applicant. This requirement does not apply to a director of a 30 not for profit corporation or organization if the director 31

1 serves solely in a voluntary capacity for the corporation or 2 organization, does not regularly take part in the day to day operational decisions of the corporation or organization, 3 4 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 5 6 financial interest and has no family members with a financial 7 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 8 9 include in the application a statement affirming that the 10 director's relationship to the corporation satisfies the requirements of this paragraph. 11 12 (q) A license may not be granted to an applicant if 13 the applicant or managing employee has been found quilty of, regardless of adjudication, or has entered a plea of nolo 14 contendere or guilty to, any offense prohibited under the 15 level 2 standards for screening set forth in chapter 435, 16 17 unless an exemption from disqualification has been granted by 18 the agency as set forth in chapter 435. 19 (h) The agency may deny or revoke licensure if the 20 applicant: 21 1. Has falsely represented a material fact in the 2.2 application required by paragraph (e) or paragraph (f), or has 23 omitted any material fact from the application required by 2.4 paragraph (e) or paragraph (f); or 25 Has had prior action taken against the applicant 2 26 under the Medicaid or Medicare program as set forth in 27 paragraph (e). 28 (i) An application for license renewal must contain 29 the information required under paragraphs (e) and (f). 30 Section 10. Section 383.309, Florida Statutes, is 31 amended to read:

1 383.309 Minimum standards for birth centers; rules and 2 enforcement. --3 (1) The agency shall adopt and enforce rules to administer ss. 383.30-383.335 and part II of chapter 408, 4 which rules shall include, but are not limited to, reasonable 5 6 and fair minimum standards for ensuring that: 7 (a) Sufficient numbers and qualified types of 8 personnel and occupational disciplines are available at all 9 times to provide necessary and adequate patient care and 10 safety. (b) Infection control, housekeeping, sanitary 11 12 conditions, disaster plan, and medical record procedures that 13 will adequately protect patient care and provide safety are established and implemented. 14 (c) Licensed facilities are established, organized, 15 16 and operated consistent with established programmatic 17 standards. 18 (2) Any licensed facility that is in operation at the time of adoption of any applicable rule under ss. 19 383.30 383.335 shall be given a reasonable time under the 2.0 21 particular circumstances, not to exceed 1 year after the date 22 of such adoption, within which to comply with such rule. 23 (2) (2) (3) The agency may not establish any rule governing the design, construction, erection, alteration, modification, 2.4 repair, or demolition of birth centers. It is the intent of 25 the Legislature to preempt that function to the Florida 26 27 Building Commission and the State Fire Marshal through 2.8 adoption and maintenance of the Florida Building Code and the Florida Fire Prevention Code. However, the agency shall 29 provide technical assistance to the commission and the State 30 Fire Marshal in updating the construction standards of the 31

1 Florida Building Code and the Florida Fire Prevention Code 2 which govern birth centers. In addition, the agency may enforce the special-occupancy provisions of the Florida 3 Building Code and the Florida Fire Prevention Code which apply 4 to birth centers in conducting any inspection authorized under 5 6 this chapter. 7 Section 11. Subsection (1) of section 383.315, Florida 8 Statutes, is amended to read: 9 383.315 Agreements with consultants for advice or 10 services; maintenance.--(1) A birth center shall maintain in writing a 11 12 consultation agreement, signed within the current license 13 period year, with each consultant who has agreed to provide advice and services to the birth center as requested. 14 Section 12. Section 383.324, Florida Statutes, is 15 amended to read: 16 17 383.324 Inspections and investigations; Inspection 18 fees.--19 (1) The agency shall make or cause to be made such inspections and investigations as it deems necessary. 20 21 (2) Each facility licensed under s. 383.305 shall pay 22 to the agency, at the time of inspection, an inspection fee 23 established by rule of the agency. (3) The agency shall coordinate all periodic 2.4 inspections for licensure made by the agency to ensure that 25 the cost to the facility of such inspections and the 26 27 disruption of services by such inspections is minimized. 2.8 Section 13. Section 383.325, Florida Statutes, is 29 <u>repealed.</u> Section 14. Section 383.33, Florida Statutes, is 30 amended to read: 31

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1 383.33 Administrative fines penalties; emergency 2 orders; moratorium on admissions .--3 (1) (a) In addition to the requirements of part II of 4 chapter 408, the agency may deny, revoke, or suspend a license, or impose an administrative fine, not to exceed \$500 5 6 per violation per day, for the violation of any provision of 7 ss. 383.30-383.335, part II of chapter 408, or applicable rules or any rule adopted under ss. 383.30 383.335. Each day 8 of violation constitutes a separate violation and is subject 9 10 to a separate fine. (2) (b) In determining the amount of the fine to be 11 12 levied for a violation, as provided in paragraph (a), the 13 following factors shall be considered: (a)1. The severity of the violation, including the 14 probability that death or serious harm to the health or safety 15 of any person will result or has resulted; the severity of the 16 17 actual or potential harm; and the extent to which the provisions of ss. 383.30-383.335, part II of chapter 408, or 18 applicable rules were violated. 19 (b)2. Actions taken by the licensee to correct the 20 21 violations or to remedy complaints. 22 (c)3. Any previous violations by the licensee. 23 (c) All amounts collected pursuant to this section 2.4 shall be deposited into a trust fund administered by the 25 agency to be used for the sole purpose of carrying out the 26 provisions of ss. 383.30 383.335. 27 (2) The agency may issue an emergency order 2.8 immediately suspending or revoking a license when it determines that any condition in the licensed facility 29 30 presents a clear and present danger to the public health and 31 <del>safety.</del>

1 (3) The agency may impose an immediate moratorium on 2 elective admissions to any licensed facility, building or 3 portion thereof, or service when the agency determines that any condition in the facility presents a threat to the public 4 5 health or safety. б Section 15. Sections 383.331 and 383.332, Florida 7 Statutes, are repealed. Section 16. Subsection (1) of section 383.335, Florida 8 9 Statutes, is amended to read: 10 383.335 Partial exemptions.--(1) Any facility that which was providing obstetrical 11 12 and gynecological surgical services and was owned and operated 13 by a board-certified obstetrician on June 15, 1984, and that which is otherwise subject to licensure under ss. 14 383.30-383.335 as a birth center, is exempt from the 15 provisions of ss. 383.30-383.335 and part II of chapter 408 16 17 which restrict the provision of surgical services and outlet forceps delivery and the administration of anesthesia at birth 18 centers. The agency shall adopt rules specifically related to 19 the performance of such services and the administration of 2.0 21 anesthesia at such facilities. 22 Section 17. Subsection (5) of section 390.011, Florida 23 Statutes, is amended to read: 390.011 Definitions.--As used in this chapter, the 2.4 25 term: "Hospital" means a facility defined in s. 395.002 26 (5) 27 and licensed under chapter 395. 2.8 Section 18. Subsection (1) of section 390.012, Florida Statutes, is amended to read: 29 30 390.012 Powers of agency; rules; disposal of fetal 31 remains.--

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1 (1) The agency may shall have the authority to develop 2 and enforce rules under ss. 390.001-390.021 and part II of 3 chapter 408 for the health, care, and treatment of persons in 4 abortion clinics and for the safe operation of such clinics. These rules shall be comparable to rules which apply to all 5 б surgical procedures requiring approximately the same degree of 7 skill and care as the performance of first trimester 8 abortions. The rules shall be reasonably related to the preservation of maternal health of the clients. The rules 9 shall not impose a legally significant burden on a woman's 10 freedom to decide whether to terminate her pregnancy. The 11 12 rules shall provide for: 13 (a) The performance of pregnancy termination procedures only by a licensed physician. 14 (b) The making, protection, and preservation of 15 patient records, which shall be treated as medical records 16 17 under chapter 458. 18 Section 19. Section 390.013, Florida Statutes, is repealed. 19 Section 20. Section 390.014, Florida Statutes, is 20 21 amended to read: 22 390.014 Licenses; fees, display, etc.--23 (1)The requirements of part II of chapter 408 apply to the provision of services that necessitate licensure 2.4 pursuant to ss. 390.011-390.021 and part II of chapter 408 and 25 26 to entities licensed by or applying for such licensure from 27 the Agency for Health Care Administration pursuant to ss. 2.8 390.011-390.021. However, an applicant for licensure is exempt from s. 408.810(7)-(10). No abortion clinic shall operate in 29 30 this state without a currently effective license issued by the 31 agency.

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1 (2) A separate license shall be required for each 2 clinic maintained on separate premises, even though it is operated by the same management as another clinic; but a 3 separate license shall not be required for separate buildings 4 on the same premises. 5 б (3) 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 fee shall be established by rule and The annual license fee 9 10 required for a clinic shall be nonrefundable and shall be reasonably calculated to cover the cost of regulation under 11 12 this chapter, but may not be less than \$70 or \$35 nor more 13 than \$500 per biennium \$250. (4) Counties and municipalities applying for licenses 14 under this act shall be exempt from the payment of the license 15 16 fees. 17 (5) The license shall be displayed in a conspicuous 18 place inside the clinic. (6) A license shall be valid only for the clinic to 19 which it is issued, and it shall not be subject to sale, 20 21 assignment, or other transfer, voluntary or involuntary. No 2.2 license shall be valid for any premises other than those for 23 which it was originally issued. Section 21. <u>Sections 390.015, 390.016, and 390.017,</u> 2.4 Florida Statutes, are repealed. 25 26 Section 22. Section 390.018, Florida Statutes, is 27 amended to read: 2.8 390.018 Administrative fine penalty in lieu of revocation or suspension .-- In addition to the requirements of 29 part II of chapter 408 If the agency finds that one or more 30 31 grounds exist for the revocation or suspension of a license

1 issued to an abortion clinic, the agency may, in lieu of such 2 suspension or revocation, impose a fine upon the clinic in an amount not to exceed \$1,000 for each violation of any 3 provision of this part, part II of chapter 408, or applicable 4 rules. The fine shall be paid to the agency within 60 days 5 6 from the date of entry of the administrative order. If the 7 licensee fails to pay the fine in its entirety to the agency within the period allowed, the license of the licensee shall 8 9 stand suspended, revoked, or renewal or continuation may be refused, as the case may be, upon expiration of such period 10 and without any further administrative or judicial 11 12 proceedings. 13 Section 23. Sections 390.019 and 390.021, Florida Statutes, are repealed. 14 Section 24. Subsection (13) of section 394.455, 15 Florida Statutes, is amended to read: 16 17 394.455 Definitions.--As used in this part, unless the 18 context clearly requires otherwise, the term: 19 (13) "Hospital" means a facility defined in s. 395.002 and licensed under chapter 395. 2.0 21 Section 25. Section 394.67, Florida Statutes, is 2.2 amended to read: 23 394.67 Definitions.--As used in this part, the term: (1) "Agency" means the Agency for Health Care 2.4 Administration. 25 26 (2) "Applicant" means an individual applicant, or any 27 officer, director, agent, managing employee, or affiliated 2.8 person, or any partner or shareholder having an ownership 29 interest equal to a 5 percent or greater interest in the 30 corporation, partnership, or other business entity. 31

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

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1 (7)<del>(8)</del> "District administrator" means the person 2 appointed by the Secretary of Children and Family Services for 3 the purpose of administering a department service district as set forth in s. 20.19. 4 (8)(9) "District plan" or "plan" means the combined 5 6 district substance abuse and mental health plan approved by 7 the district administrator and governing bodies in accordance 8 with this part. (9)(10) "Federal funds" means funds from federal 9 sources for substance abuse or mental health facilities and 10 programs, exclusive of federal funds that are deemed eligible 11 12 by the Federal Government, and are eligible through state 13 regulation, for matching purposes. (10)(11) "Governing body" means the chief legislative 14 body of a county, a board of county commissioners, or boards 15 16 of county commissioners in counties acting jointly, or their 17 counterparts in a charter government. 18 (11)(12) "Health and human services board" or "board" means the board within a district or subdistrict of the 19 department which is established in accordance with s. 20.19 20 21 and designated in this part for the purpose of assessing the 22 substance abuse and mental health needs of the community and 23 developing a plan to address those needs. (12)(13) "Licensed facility" means a facility licensed 2.4 25 in accordance with this chapter. (13)(14) "Local matching funds" means funds received 26 27 from governing bodies of local government, including city 2.8 commissions, county commissions, district school boards, special tax districts, private hospital funds, private gifts, 29 both individual and corporate, and bequests and funds received 30 from community drives or any other sources. 31

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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
6	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
12	also includes those preventive interventions and activities
13	that reduce the risk for or delay the onset of mental
14	disorders. The term includes the following types of services:
15	(a) Treatment services, such as psychiatric
16	medications and supportive psychotherapies, which are intended
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
22	of personal goals and strengths, readiness preparation,
23	specific skill training, and assistance in designing
24	environments that enable individuals to maximize their
25	functioning and community participation.
26	(c) Support services, which include services that
27	assist individuals in living successfully in environments of
28	their choice. Such services may include income supports,
29	social supports, housing supports, vocational supports, or
30	accommodations related to the symptoms or disabilities
31	associated with mental illness.
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1 (d) Case management services, which are intended to 2 assist individuals in obtaining the formal and informal resources that they need to successfully cope with the 3 consequences of their illness. Resources may include treatment 4 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 client to needed services; monitoring service delivery; 9 evaluating the effect of services and supports; and advocating 10 on behalf of the client. 11 12 13 Mental health services may be delivered in a variety of settings, such as inpatient, residential, partial hospital, 14 day treatment, outpatient, club house, or a drop-in or 15 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 clinical status and goals, community resources, and 19 preferences. Services such as assertive community treatment 20 involve all four types of services which are delivered by a 21 22 multidisciplinary treatment team that is responsible for 23 identified individuals who have a serious mental illness. (16)(17) "Patient fees" means compensation received by 2.4 25 a community substance abuse or mental health facility for services rendered to a specific client from any source of 26 27 funds, including city, county, state, federal, and private 2.8 sources. 29 (17)(18) "Person who is experiencing an acute mental or emotional crisis" means a child, adolescent, or adult who 30 is experiencing a psychotic episode or a high level of mental 31

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1 or emotional distress which may be precipitated by a traumatic 2 event or a perceived life problem for which the individual's typical coping strategies are inadequate. The term includes an 3 individual who meets the criteria for involuntary examination 4 specified in s. 394.463(1). 5 б (18)<del>(19)</del> "Person who is experiencing an acute 7 substance abuse crisis" means a child, adolescent, or adult 8 who is experiencing a medical or emotional crisis because of 9 the use of alcoholic beverages or any psychoactive or mood-altering substance. The term includes an individual who 10 meets the criteria for involuntary admission specified in s. 11 12 397.675. 13 (19)<del>(20)</del> "Premises" means those buildings, beds, and facilities located at the main address of the licensee and all 14 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 18 the public to be under the dominion and control of the licensee. 19 (20)(21) "Program office" means the Mental Health 20 21 Program Office of the Department of Children and Family 2.2 Services. 23 (21)<del>(22)</del> "Residential treatment center for children and adolescents" means a 24-hour residential program, 2.4 including a therapeutic group home, which provides mental 25 26 health services to emotionally disturbed children or 27 adolescents as defined in s. 394.492(5) or (6) and which is a 2.8 private for-profit or not-for-profit corporation under 29 contract with the department which offers a variety of 30 treatment modalities in a more restrictive setting. 31

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1 (22)<del>(23)</del> "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 are temporarily in need of a 24-hour-a-day structured 10 therapeutic setting in a less restrictive, but longer-stay 11 12 alternative to hospitalization. 13 (24) "Sliding fee scale" means a schedule of fees for 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 18 community for comparable services. (25) "Substance abuse services" means services 19 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 23 includes the following service categories: (a) Prevention services, which include information 2.4 dissemination; education regarding the consequences of 25 26 substance abuse; alternative drug-free activities; problem 27 identification; referral of persons to appropriate prevention 2.8 programs; community-based programs that involve members of local communities in prevention activities; and environmental 29 strategies to review, change, and enforce laws that control 30 the availability of controlled and illegal substances. 31

1 (b) Assessment services, which include the evaluation 2 of individuals and families in order to identify their strengths and determine their required level of care, 3 motivation, and need for treatment and ancillary services. 4 5 (c) Intervention services, which include early б identification, short-term counseling and referral, and 7 outreach. (d) Rehabilitation services, which include 8 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 structured, therapeutic environment; supported housing; 14 supported employment; vocational services; and educational 15 16 services. 17 Section 26. Section 394.875, Florida Statutes, is 18 amended to read: 394.875 Crisis stabilization units, short-term 19 residential treatment facilities, residential treatment 20 21 facilities, and residential treatment centers for children and 2.2 adolescents; authorized services; license required; 23 penalties.--(1)(a) The purpose of a crisis stabilization unit is 2.4 to stabilize and redirect a client to the most appropriate and 25 least restrictive community setting available, consistent with 26 the client's needs. Crisis stabilization units may screen, 27 2.8 assess, and admit for stabilization persons who present 29 themselves to the unit and persons who are brought to the unit under s. 394.463. Clients may be provided 24-hour 30 observation, medication prescribed by a physician or 31

1 psychiatrist, and other appropriate services. Crisis 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. (c) (b) The purpose of a residential treatment facility 9 is to be a part of a comprehensive treatment program for 10 mentally ill individuals in a community-based residential 11 12 setting. 13 (d)(c) The purpose of a residential treatment center 14 for children and adolescents is to provide mental health assessment and treatment services pursuant to ss. 394.491, 15 16 394.495, and 394.496 to children and adolescents who meet the 17 target population criteria specified in s. 394.493(1)(a), (b), 18 or (c). (2) The requirements of part II of chapter 408 apply 19 to the provision of services that necessitate licensure 20 21 pursuant to ss. 394.455-394.904 and part II of chapter 408 and 22 to entities licensed by or applying for such licensure from 23 the Agency for Health Care Administration pursuant to ss. 394.455-394.904. However, an applicant for licensure is exempt 2.4 from the provisions of s. 408.810(8), (9), and (10). It is 25 26 unlawful for any entity to hold itself out as a crisis 27 stabilization unit, a residential treatment facility, or a 2.8 residential treatment center for children and adolescents, or 29 act as a crisis stabilization unit, a residential treatment 30 facility, or a residential treatment center for children and 31

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 first gives the violator 14 days' notice of its intention to 10 maintain such action and if the violator fails to apply for 11 12 licensure within such 14 day period. (3)(5) The following entities are exempt from 13 licensure as required in ss. 394.455-394.904 Subsection (2) 14 15 does not apply to: (a) Hospitals licensed under chapter 395 or programs 16 17 operated within such hospitals. Homes for special services licensed under chapter 400; or 18 (b) Nursing homes licensed under chapter 400. 19 (c) Comprehensive transitional education programs 20 21 licensed under s. 393.067. 22 (4) (6) The department, in consultation with the 23 agency, may establish multiple license classifications for residential treatment facilities. 2.4 (5)(7) The agency may not issue a license to a crisis 25 stabilization unit unless the unit receives state mental 26 27 health funds and is affiliated with a designated public 2.8 receiving facility. (6)(8) The agency may issue a license for a crisis 29 stabilization unit or short-term residential treatment 30 facility, certifying the number of authorized beds for such 31 65

1 facility as indicated by existing need and available appropriations. The agency may disapprove an application for 2 such a license if it determines that a facility should not be 3 licensed pursuant to the provisions of this chapter. Any 4 5 facility operating beds in excess of those authorized by the 6 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 excess beds. 9 10 (7)(9) A children's crisis stabilization unit which does not exceed 20 licensed beds and which provides separate 11 12 facilities or a distinct part of a facility, separate 13 staffing, and treatment exclusively for minors may be located on the same premises as a crisis stabilization unit serving 14 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. (8) (10) The department, in consultation with the 19 agency, must adopt rules governing a residential treatment 20 21 center for children and adolescents which specify licensure 22 standards for: admission; length of stay; program and 23 staffing; discharge and discharge planning; treatment planning; seclusion, restraints, and time-out; rights of 2.4 patients under s. 394.459; use of psychotropic medications; 25 26 and standards for the operation of such centers. 27 (9)(11) Notwithstanding the provisions of subsection  $28 \left( \frac{(6)}{(8)} \right)$ , crisis stabilization units may not exceed their 29 licensed capacity by more than 10 percent, nor may they exceed their licensed capacity for more than 3 consecutive working 30

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 treatment facility. 3 4 (f) The licensee agrees that the facility will meet all licensure requirements for a residential treatment 5 б 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 provisions specified in this subsection. 9 10 (g) The licensee agrees that the conditions stated in this subsection must be agreed to in writing by any person 11 12 acquiring the facility by any means. 13 Any facility licensed under this subsection is not required to 14 provide any services to any persons except those included in 15 the specified conditions of licensure, and is exempt from any 16 17 requirements related to the 60-day or greater average length 18 of stay imposed on community-based residential treatment facilities otherwise licensed under this chapter. 19 20 (13) Each applicant for licensure must comply with the 21 following requirements: 22 <del>(a)</del> Upon receipt of a completed, signed, and dated 23 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 2.4 in chapter 435, of the managing employee and financial 25 officer, or other similarly titled individual who is 26 27 responsible for the financial operation of the facility, 2.8 including billings for client care and services. The applicant 29 must comply with the procedures for level 2 background screening as set forth in chapter 435, as well as the 30 requirements of s. 435.03(3). 31

1 (b) The agency may require background screening of any 2 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 3 4 a crime or has committed any other offense prohibited under 5 the level 2 standards for screening set forth in chapter 435. б (c) Proof of compliance with the level 2 background 7 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 8 9 health care licensure requirements of this state is acceptable 10 in fulfillment of the requirements of paragraph (a). (d) A provisional license may be granted to an 11 12 applicant when each individual required by this section to 13 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 14 has not yet received background screening results from the 15 Federal Bureau of Investigation, or a request for a 16 17 disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been 18 issued. A standard license may be granted to the applicant 19 upon the agency's receipt of a report of the results of the 2.0 21 Federal Bureau of Investigation background screening for each 2.2 individual required by this section to undergo background 23 screening which confirms that all standards have been met, or upon the granting of a disgualification exemption by the 2.4 agency as set forth in chapter 435. Any other person who is 25 required to undergo level 2 background screening may serve in 26 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 4 application, a description and explanation of any exclusions, 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 interests under the Medicaid or Medicare programs shall be 8 accepted in lieu of this submission. 9 10 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 11 12 prohibited under the level 2 standards of chapter 435 by a 13 member of the board of directors of the applicant, its 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 operational decisions of the corporation or organization, 19 receives no remuneration for his or her services on the 2.0 21 corporation or organization's board of directors, and has no 2.2 financial interest and has no family members with a financial 23 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 2.4 25 include in the application a statement affirming that the director's relationship to the corporation satisfies the 26 requirements of this paragraph. 27 2.8 (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, 29 30 regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 31

1 level 2 standards for screening set forth in chapter 435, 2 unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. 3 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 under the Medicaid or Medicare program as set forth in 11 12 paragraph (e). 13 (i) An application for license renewal must contain the information required under paragraphs (e) and (f). 14 15 Section 27. Section 394.876, Florida Statutes, is 16 repealed. 17 Section 28. Section 394.877, Florida Statutes, is 18 amended to read: 394.877 Fees.--19 (1) In accordance with s. 408.805, an applicant or 20 21 licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 22 23 amount of the fee shall be established by rule. Each application for licensure or renewal must be accompanied by a 2.4 fee set by the department, in consultation with the agency, by 25 rule. Such fees shall be reasonably calculated to cover only 26 27 the cost of regulation under this chapter. 28 (2) All fees collected under this section shall be deposited in the Health Care Trust Fund. 29 30 Section 29. Section 394.878, Florida Statutes, is 31 amended to read:

1 394.878 Issuance and renewal of licenses.--2 (1) Upon review of the application for licensure and receipt of appropriate fees, the agency shall issue an 3 4 original or renewal license to any applicant that meets the 5 requirements of this chapter. б (2)A license is valid for a period of 1 year. 7 applicant for renewal of a license shall apply to the agency 8 no later than 90 days before expiration of the current 9 license. 10 (3) A license may not be transferred from one entity to another and is valid only for the premises for which it was 11 12 originally issued. For the purposes of this subsection, 13 "transfer" includes, but is not limited to, transfer of a 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 residential capacity of the licensed premises. 19 20 (1) (5) The agency may issue a probationary license to 21 an applicant that has completed the application requirements 22 of this chapter but has not, at the time of the application, 23 developed an operational crisis stabilization unit or residential treatment facility. The probationary license 2.4 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 applicant that has substantially completed all application 29 requirements and has initiated action to fully meet such 30 requirements. The interim license shall expire 90 days after 31 72

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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 4 for license renewal during the 90 day relicensure period shall 5 be considered unlicensed and subject to penalties pursuant to 6 <del>s. 394.875.</del> 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, may adopt rules to administer part II of chapter 408. The 11 12 department, in consultation with the agency, shall adopt rules 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 (b) Adequate space is provided each client of a 19 licensed facility. 20 21 (c) Licensed facilities are limited to an appropriate 2.2 number of beds. (d) Each licensee establishes and implements adequate 23 infection control, housekeeping, sanitation, disaster 2.4 planning, and medical recordkeeping. 25 (e) Licensed facilities are established, organized, 26 27 and operated in accordance with programmatic standards of the 2.8 department. 29 (f) The operation and purposes of these facilities 30 assure individuals' health, safety, and welfare. 31

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1 (3) The department, in consultation with the agency, 2 shall allow any licensed facility in operation at the time of adoption of any rule a reasonable period, not to exceed 1 3 year, to bring itself into compliance with department rules 4 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 adopted pursuant to this section and may suspend or revoke the 9 10 license or deny the renewal application of such licensee. Τn imposing such penalty, the agency shall consider the severity 11 12 of the violation, actions taken by the licensee to correct the 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 <u>applicable</u> the rules of the department. 23 Section 32. Section 394.902, Florida Statutes, is amended to read: 2.4 25 394.902 Denial, suspension, and revocation; other remedies.--26 27 (1) The agency may issue an emergency order suspending 2.8 or revoking a license if the agency determines that the 29 continued operation of the licensed facility presents a clear and present danger to the public health or safety. 30 31

1 (2) The agency may impose a moratorium on elective 2 admissions to a licensee or any program or portion of a licensed facility if the agency determines that any condition 3 4 in the facility presents a threat to the public health or 5 safetv. 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. If a license is revoked, the licensee is barred from 11 12 submitting any application for licensure to the agency for a 13 period of 6 months following revocation. 14 (4) The agency may maintain an action in circuit court to enjoin the operation of any licensed or unlicensed facility 15 16 in violation of this chapter or the rules adopted under this 17 chapter. 18 (5)License denial, suspension, or revocation procedures shall be in accordance with chapter 120. 19 Section 33. Subsection (4) of section 395.002, Florida 20 21 Statutes, is repealed. 22 Section 34. Section 395.003, Florida Statutes, is 23 amended to read: 395.003 Licensure; issuance, renewal, denial, 2.4 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 2.8 pursuant to ss. 395.001-395.1065 and part II of chapter 408 and to entities licensed by or applying for such licensure 29 30 from the Agency for Health Care Administration pursuant to ss. 31

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1 395.001-395.1065. However, an applicant for licensure is 2 exempt from certain requirements of s. 408.810, as follows: (a) An applicant for an ambulatory surgery center or a 3 4 mobile surgical facility license is exempt from s. 5 408.810(7) - (10); and б (b) An applicant for a hospital license is exempt from 7 <u>s. 408.810(7)-(9).</u> 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 license under this part. 10 (2)(a)(b)1. A It is unlawful for any person may not to 11 12 use or advertise to the public, in any way or by any medium 13 whatsoever, any facility as a "hospital," "ambulatory surgical center," or "mobile surgical facility" unless such facility 14 has first secured a license under the provisions of this part. 15 16 (b)2. Nothing in This part does not apply applies to 17 veterinary hospitals or to commercial business establishments using the word "hospital," "ambulatory surgical center," or 18 "mobile surgical facility" as a part of a trade name if no 19 treatment of human beings is not performed on the premises of 20 21 such establishments. 22 (2)(a) Upon the receipt of an application for a 23 license and the license fee, the agency shall issue a license if the applicant and facility have received all approvals 2.4 25 required by law and meet the requirements established under 26 this part and in rules. Such license shall include all beds 27 and services located on the premises of the facility. 2.8 (b) A provisional license may be issued to a new facility or a facility that is in substantial compliance with 29 this part and with the rules of the agency. A provisional 30 license shall be granted for a period of no more than 1 year 31

1 and shall expire automatically at the end of its term. 2 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 5 and shall be renewable biennially upon application for renewal 6 and payment of the fee prescribed by s. 395.004(2), provided 7 the applicant and licensed facility meet the requirements 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.

(3)(d) The agency shall, at the request of a licensee, 11 12 issue a single license to a licensee for facilities located on 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, 18 payment of fees, service of process, and all other activities necessary for the agency to carry out the provisions of this 19 part. 20

21 (4)(e) The agency shall, at the request of a licensee 22 that is a teaching hospital as defined in s. 408.07(44), issue 23 a single license to a licensee for facilities that have been previously licensed as separate premises, provided such 2.4 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, 2.8 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 beds, services, or programs operated by the licensee. 31

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1 (5)(f) Intensive residential treatment programs for 2 children and adolescents which have received accreditation from the Joint Commission on Accreditation of Healthcare 3 Organizations and which meet the minimum standards developed 4 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 otherwise transferred, voluntarily or involuntarily. A 9 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 interest of a licensed facility is transferred or assigned and 14 15 when a lessee agrees to undertake or provide services to the extent that legal liability for operation of the facility 16 17 rests with the lessee. The application for a new license showing such change shall be made at least 60 days prior to 18 the date of the sale, transfer, assignment, or lease. 19 (6)2. After a change of ownership has occurred, the 20 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 participation or Public Medical Assistance Trust Fund 2.4 Assessments, and related administrative fines. The 25 26 transferee, simultaneously with the transfer of ownership, 27 shall pay or make arrangements to pay to the agency or the 2.8 department any amount owed to the agency or the department; 29 payment assurances may be in the form of an irrevocable credit instrument or payment bond acceptable to the agency or the 30 department provided by or on behalf of the transferor. The 31

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issuance of a license to the transferee shall be delayed pending payment or until arrangement for payment acceptable to 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 6 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 facility shall not operate a number of hospital beds greater 10 than the number indicated by the agency on the face of the 11 12 license without approval from the agency under conditions 13 established by rule. (8)(5)(a) Adherence to patient rights, standards of 14 care, and examination and placement procedures provided under 15 part I of chapter 394 shall be a condition of licensure for 16 17 hospitals providing voluntary or involuntary medical or 18 psychiatric observation, evaluation, diagnosis, or treatment.

19 (b) Any hospital that provides psychiatric treatment to persons under 18 years of age who have emotional 20 21 disturbances shall comply with the procedures pertaining to 22 the rights of patients prescribed in part I of chapter 394. 23 (9)<del>(6)</del> A No specialty hospital may not shall provide any service or regularly serve any population group beyond 2.4 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 <u>(10)(8)</u> In addition to the requirements of ss.
29 <u>408.801-408.819</u>, whenever the agency finds that there has been
30 a substantial failure to comply with the requirements
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1 established under this part or in rules, the agency is 2 authorized to deny, modify, suspend, or revoke: 3 (a) A license; 4 (b) That part of a license which is limited to a separate premises, as designated on the license; or 5 б (c) Licensure approval limited to a facility, 7 building, or portion thereof, or a service, within a given 8 premises. 9 Section 35. Section 395.004, Florida Statutes, is 10 amended to read: 395.004 Application for license, Fees; expenses.--11 12 (1) In accordance with s. 408.805, an applicant or 13 licensee shall pay a fee for each license application 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 include affirmative evidence of ability to comply with 19 applicable laws and rules. 20 21 (2) Each application for a general hospital license, 22 specialty hospital license, ambulatory surgical center 23 license, or mobile surgical facility license, or renewal thereof, shall be accompanied by a license fee, in accordance 2.4 with the following schedule: 25 (a) The biennial license, provisional license, and 26 27 license renewal fee required of a facility licensed under this 2.8 part shall be reasonably calculated to cover the cost of regulation under this part and shall be established by rule at 29 the rate of not less than \$9.50 per hospital bed, nor more 30 than \$30 per hospital bed, except that the minimum license fee 31

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1 shall be \$1,500 and the total fees collected from all licensed 2 facilities may not exceed the cost of properly carrying out the provisions of this part. 3 (b) Such fees shall be paid to the agency and shall be 4 deposited in the Planning and Regulation Trust Fund of the 5 6 agency, which is hereby created, for the sole purpose of 7 carrying out the provisions of this part. Section 36. Section 395.0055, Florida Statutes, is 8 9 repealed. 10 Section 37. Section 395.0161, Florida Statutes, is amended to read: 11 12 395.0161 Licensure inspection.--13 (1) In accordance with s. 408.811, the agency shall make or cause to be made such inspections and investigations 14 15 as it deems necessary, including: 16 (a) Inspections directed by the Health Care Financing 17 Administration. (b) Validation inspections. 18 19 (c) Lifesafety inspections. 20 (d) Licensure complaint investigations, including full 21 licensure investigations with a review of all licensure 2.2 standards as outlined in the administrative rules. Complaints 23 received by the agency from individuals, organizations, or 2.4 other sources are subject to review and investigation by the 25 agency. 26 <del>(e)</del> - Emergency access complaint investigations. 27 (f) inspections of mobile surgical facilities at each 2.8 time a facility establishes a new location, prior to the admission of patients. However, such inspections shall not be 29 required when a mobile surgical facility is moved temporarily 30 to a location where medical treatment will not be provided. 31

1 (2) The agency shall accept, in lieu of its own 2 periodic inspections for licensure, the survey or inspection of an accrediting organization, provided the accreditation of 3 the licensed facility is not provisional and provided the 4 licensed facility authorizes release of, and the agency 5 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 licensee shall pay a fee for each license application 11 12 submitted under this part and part II of chapter 408. With the 13 exception of state-operated licensed facilities, each facility licensed under this part shall pay to the agency, at the time 14 of inspection, the following fees: 15 (a) Inspection for licensure.--A fee shall be paid 16 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 per facility. 19 (b) Inspection for lifesafety only.--A fee shall be 20 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. (4) The agency shall coordinate all periodic 2.4 inspections for licensure made by the agency to ensure that 25 the cost to the facility of such inspections and the 26 27 disruption of services by such inspections is minimized. 2.8 Section 38. Section 395.0162, Florida Statutes, is 29 <u>repealed.</u> 30 Section 39. Subsections (2) and (3) of section 395.0163, Florida Statutes, are amended to read: 31

1 395.0163 Construction inspections; plan submission and 2 approval; fees.--3 (2)(a) The agency is authorized to charge an initial 4 fee of \$2,000 for review of plans and construction on all projects, no part of which is refundable. The agency may also 5 6 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 review through the initial revised construction document 9 review. The agency is further authorized to collect its 10 actual costs on all subsequent portions of the review and 11 12 construction inspections. The initial fee payment shall 13 accompany the initial submission of plans and specifications. Any subsequent payment that is due is payable upon receipt of 14 15 the invoice from the agency. 16 (b) Notwithstanding any other provisions of law to the 17 contrary, all moneys received by the agency pursuant to the 18 provisions of this section shall be deposited in the Planning and Regulation Trust Fund, as created by s. 395.004, to be 19 20 held and applied solely for the operations required under this 21 section. 22 (3) In accordance with s. 408.811, the agency shall 23 inspect a mobile surgical facility at initial licensure and at each time the facility establishes a new location, prior to 2.4 admission of patients. However, such inspections shall not be 25 26 required when a mobile surgical facility is moved temporarily 27 to a location where medical treatment will not be provided. 2.8 Section 40. Subsection (2) of section 395.0197, Florida Statutes, is amended to read: 29 30 395.0197 Internal risk management program.--31

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1 (2) The internal risk management program is the 2 responsibility of the governing board of the health care facility. Each licensed facility shall use the services of 3 hire a risk manager, licensed under s. 395.10974, who is 4 responsible for implementation and oversight of such 5 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 are under one corporate ownership or the risk management 10 programs are in rural hospitals. 11 12 Section 41. Section 395.0199, Florida Statutes, is 13 amended to read: 395.0199 Private utilization review.--14 (1) The purpose of this section is to: 15 16 (a) Promote the delivery of quality health care in a 17 cost-effective manner. (b) Foster greater coordination between providers and 18 health insurers performing utilization review. 19 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. (d) This section does not regulate the activities of 2.4 private review agents, health insurers, health maintenance 25 organizations, or hospitals, except as expressly provided 26 27 herein, or authorize regulation or intervention as to the 2.8 correctness of utilization review decisions of insurers or 29 private review agents. 30 (2) <u>The requirements of part II of chapter 408 apply</u> to the provision of services that necessitate registration or 31

1 licensure pursuant to this section and part II of chapter 408 2 and to persons registered by or applying for such registration from the Agency for Health Care Administration pursuant to 3 4 this section. However, an applicant for registration is exempt from the provisions of ss. 408.810(5), (6), (7), (8), (9), and 5 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. 10 (3) In accordance with s. 408.805, an applicant or registrant shall pay a fee for each registration issued under 11 12 this part and part II of chapter 408. The amount of the fee 13 shall be established by rule, Registration shall be made 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, reflecting actual costs, to persons requesting copies of 19 registration. 2.0 21 (4) Each applicant for registration must comply with 2.2 the following requirements: 23 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in 2.4 accordance with the level 2 standards for screening set forth 25 26 in chapter 435, of the managing employee or other similarly 27 titled individual who is responsible for the operation of the 2.8 entity. The applicant must comply with the procedures for 29 level 2 background screening as set forth in chapter 435, as 30 well as the requirements of s. 435.03(3). 31

1 (b) The agency may require background screening of any 2 other individual who is an applicant, if the agency has probable cause to believe that he or she has been convicted of 3

4 a crime or has committed any other offense prohibited under 5 the level 2 standards for screening set forth in chapter 435. б (c) Proof of compliance with the level 2 background 7 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 8 health care licensure requirements of this state is acceptable 9 10 in fulfillment of the requirements of paragraph (a). (d) A provisional registration may be granted to an 11 12 applicant when each individual required by this section to 13 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 14 has not yet received background screening results from the 15 Federal Bureau of Investigation, or a request for a 16 17 disqualification exemption has been submitted to the agency as set forth in chapter 435 but a response has not yet been 18 issued. A standard registration may be granted to the 19 applicant upon the agency's receipt of a report of the results 2.0 21 of the Federal Bureau of Investigation background screening 2.2 for each individual required by this section to undergo 23 background screening which confirms that all standards have been met, or upon the granting of a disqualification exemption 2.4 by the agency as set forth in chapter 435. Any other person 25 who is required to undergo level 2 background screening may 26 27 serve in his or her capacity pending the agency's receipt of 2.8 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 4 application, a description and explanation of any exclusions, 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 interests under the Medicaid or Medicare programs shall be 8 accepted in lieu of this submission. 9 10 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 11 12 prohibited under the level 2 standards of chapter 435 by a 13 member of the board of directors of the applicant, its 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 operational decisions of the corporation or organization, 19 receives no remuneration for his or her services on the 2.0 21 corporation or organization's board of directors, and has no 2.2 financial interest and has no family members with a financial 23 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 2.4 25 include in the application a statement affirming that the director's relationship to the corporation satisfies the 26 requirements of this paragraph. 27 2.8 (g) A registration may not be granted to an applicant if the applicant or managing employee has been found guilty 29 30 of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 31

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 contain the information required under paragraphs (e) and (f). 14 (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. (b) The name, address, and telephone number of the 19 utilization review agent performing utilization review, who 20 21 shall be at least: 22 1. A licensed practical nurse or licensed registered 23 nurse, or other similarly qualified medical records or health care professionals, for performing initial review when 2.4 information is necessary from the physician or hospital to 25 26 determine the medical necessity or appropriateness of hospital 27 services; or 28 2. A licensed physician, or a licensed physician practicing in the field of psychiatry for review of mental 29 health services, for an initial denial determination prior to 30 a final denial determination by the health insurer and which 31 88

1 shall include the written evaluation and findings of the 2 reviewing physician. 3 (c) A description of an appeal procedure for patients 4 or health care providers whose services are under review, who may appeal an initial denial determination prior to a final 5 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 physician practicing in the field of psychiatry for review of 9 mental health services, and shall include the written 10 evaluation and findings of the reviewing physician. 11 12 (d) A designation of the times when the staff of the 13 utilization review agent will be available by toll-free telephone, which shall include at least 40 hours per week 14 during the normal business hours of the agent. 15 (e) An acknowledgment and agreement that any private 16 17 review agent which, as a general business practice, fails to adhere to the policies, procedures, and representations made 18 in its application for registration shall have its 19 registration revoked. 20 21 (f) Disclosure of any incentive payment provision or 22 quota provision which is contained in the agent's contract 23 with a health insurer and is based on reduction or denial of services, reduction of length of stay, or selection of 2.4 25 treatment setting. (g) Updates of any material changes to review policies 26 27 or procedures. 2.8 (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 update registration as required by this section shall be 31 89

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)(7) An No insurer may not shall knowingly contract 5

6 with or utilize a private review agent that which has failed 7 to register as required by this section or which has had a 8 registration revoked by the agency.

9 (6)(8) A private review agent that which operates under contract with the federal or state government for 10 utilization review of patients eligible for hospital or other 11 12 services under Title XVIII or Title XIX of the Social Security 13 Act is exempt from the provisions of this section for services 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 18 section shall not apply to persons who perform utilization review services for medically necessary hospital services 19 provided to injured workers pursuant to chapter 440 and shall 20 21 not apply to self-insurance funds or service companies 22 authorized pursuant to chapter 440 or part VII of chapter 626. 23 (7) (9) Facilities licensed under this chapter shall promptly comply with the requests of utilization review agents 2.4 or insurers which are reasonably necessary to facilitate 25 26 prompt accomplishment of utilization review activities. 27  $(8)\frac{10}{10}$  The agency shall adopt rules to implement the 2.8 provisions of this section. Section 42. Subsection (1) of section 395.1046, 29 30 Florida Statutes, is amended to read:

395.1046 Complaint investigation procedures.--31

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In accordance with s. 408.811, the agency shall 1 (1)2 investigate any complaint against a hospital for any violation of s. 395.1041 that the agency reasonably believes to be 3 legally sufficient. A complaint is legally sufficient if it 4 contains ultimate facts which show that a violation of this 5 6 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 complaint, even though the original complainant withdraws his 9 or her complaint or otherwise indicates his or her desire not 10 to cause it to be investigated to completion. When an 11 12 investigation of any person or facility is undertaken, the 13 agency shall notify such person in writing of the 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 her. The agency may conduct an investigation without 18 notification to any person if the act under investigation is a criminal offense. The agency shall have access to all records 19 necessary for the investigation of the complaint. 20 21 Section 43. Subsections (1), (7), and (8) of section 22 395.1055, Florida Statutes, are amended to read: 23 395.1055 Rules and enforcement.--(1) The agency shall adopt rules pursuant to ss. 2.4 120.536(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 personnel and occupational disciplines are on duty and 29 available at all times to provide necessary and adequate 30 patient care and safety. 31

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(b) Infection control, housekeeping, sanitary
 conditions, and medical record procedures that will adequately
 protect patient care and safety are established and
 implemented.

5 (c) A comprehensive emergency management plan is 6 prepared and updated annually. Such standards must be 7 included in the rules adopted by the agency after consulting 8 with the Department of Community Affairs. At a minimum, the rules must provide for plan components that address emergency 9 10 evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and 11 12 water; postdisaster transportation; supplies; staffing; 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 the opportunity to review the plan: the Department of Elderly 19 Affairs, the Department of Health, the Agency for Health Care 20 21 Administration, and the Department of Community Affairs. Also, 22 appropriate volunteer organizations must be given the 23 opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and 2.4 25 either approve the plan or advise the facility of necessary revisions. 26 27 (d) Licensed facilities are established, organized, 2.8 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.

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1 (f) All hospitals submit such data as necessary to 2 conduct certificate-of-need reviews required under ss. 408.031-408.045. Such data shall include, but shall not be 3 limited to, patient origin data, hospital utilization data, 4 type of service reporting, and facility staffing data. 5 The 6 agency shall not collect data that identifies or could 7 disclose the identity of individual patients. The agency shall 8 utilize existing uniform statewide data sources when available 9 and shall minimize reporting costs to hospitals. 10 (g) Each hospital has a quality improvement program designed according to standards established by their current 11 12 accrediting organization. This program will enhance quality of 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 16 quality of care outcomes. The agency shall use existing data, 17 when available, and shall not duplicate the efforts of other 18 state agencies in order to obtain such data. 19 (7) Any licensed facility which is in operation at the time of promulgation of any applicable rules under this part 20 21 shall be given a reasonable time, under the particular 2.2 circumstances, but not to exceed 1 year from the date of such 23 promulgation, within which to comply with such rules. 2.4 (7) (8) The agency may not adopt any rule governing the design, construction, erection, alteration, modification, 25 26 repair, or demolition of any public or private hospital, 27 intermediate residential treatment facility, or ambulatory 2.8 surgical center. It is the intent of the Legislature to preempt that function to the Florida Building Commission and 29 the State Fire Marshal through adoption and maintenance of the 30 Florida Building Code and the Florida Fire Prevention Code. 31

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1 However, the agency shall provide technical assistance to the 2 commission and the State Fire Marshal in updating the construction standards of the Florida Building Code and the 3 Florida Fire Prevention Code which govern hospitals, 4 intermediate residential treatment facilities, and ambulatory 5 6 surgical centers. 7 Section 44. Section 395.1065, Florida Statutes, is 8 amended to read: 9 395.1065 Criminal and administrative penalties; 10 injunctions; emergency orders; moratorium.--11 (1) Any person establishing, conducting, managing, or 12 operating any facility without a license under this part is 13 guilty of a misdemeanor and, upon conviction, shall be fined not more than \$500 for the first offense and not more than 14 \$1,000 for each subsequent offense, and each day of continuing 15 16 violation after conviction shall be considered a separate 17 offense. 18 (1)(2)(a) The agency may deny, revoke, or suspend a license or impose an administrative fine, not to exceed \$1,000 19 per violation, per day, for the violation of any provision of 20 21 this part, part II of chapter 408, or applicable rules adopted 2.2 under this part. Each day of violation constitutes a separate 23 violation and is subject to a separate fine. (b) In determining the amount of fine to be levied for 2.4 a violation, as provided in paragraph (a), the following 25 factors shall be considered: 26 27 1. The severity of the violation, including the 2.8 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 provisions of this part were violated. 31

1 2. Actions taken by the licensee to correct the 2 violations or to remedy complaints. 3. Any previous violations of the licensee. 3 4 (c) All amounts collected pursuant to this section shall be deposited into the Planning and Regulation Trust 5 6 Fund, as created by s. 395.004. 7 (c)(d) The agency may impose an administrative fine for the violation of s. 641.3154 or, if sufficient claims due 8 to a provider from a health maintenance organization do not 9 exist to enable the take-back of an overpayment, as provided 10 under s. 641.3155(5), for the violation of s. 641.3155(5). The 11 12 administrative fine for a violation cited in this paragraph 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 18 provisions of this part, part II of chapter 408, and applicable rules promulgated hereunder. 19 20 (4) The agency may issue an emergency order 21 immediately suspending or revoking a license when it 22 determines that any condition in the licensed facility 23 presents a clear and present danger to public health and 2.4 safety. 25 (5) The agency may impose an immediate moratorium on 26 elective admissions to any licensed facility, building, or 27 portion thereof, or service, when the agency determines that 2.8 any condition in the facility presents a threat to public 29 health or safety. 30 (3)(6) In seeking to impose penalties against a facility as defined in s. 394.455 for a violation of part I of 31

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1 chapter 394, the agency is authorized to rely on the 2 investigation and findings by the Department of Health in lieu of conducting its own investigation. 3 Section 45. Subsection (1) of section 395.10973, 4 Florida Statutes, is amended to read: 5 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 120.54 8 to implement the provisions of this part and part II of 9 10 chapter 408 conferring duties upon it. Section 46. Section 395.10974, Florida Statutes, is 11 12 amended to read: 13 395.10974 Health care risk managers; qualifications, licensure, fees.--14 (1) The requirements of part II of chapter 408 apply 15 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 from the Agency for Health Care Administration pursuant to ss. 19 <u>395.10971-395.10976.</u> Any person desiring to be licensed as a 2.0 21 health care risk manager shall submit an application on a form 22 provided by the agency. In order to qualify for licensure, the 23 applicant shall submit evidence satisfactory to the agency which demonstrates the applicant's competence, by education or 2.4 experience, in the following areas: 25 (a) Applicable standards of health care risk 26 27 management. 28 (b) Applicable federal, state, and local health and safety laws and rules. 29 30 (c) General risk management administration. (d) Patient care. 31

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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	(j) Medical terminology.
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
12	reasonably required to verify the information contained in the
13	application.
14	(2) The agency shall not grant or issue a license as a
15	health care risk manager to any individual unless from the
16	application it affirmatively appears that the applicant:
17	(a) Is 18 years of age or over;
18	(b) Is a high school graduate or equivalent; and
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
23	which would prepare the applicant for health care risk
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

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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 a fingerprinting fee of not more than \$75, and a license fee 3 of not more than \$100. The agency shall by rule establish fees 4 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 8 fees. The agency shall by rule establish a procedure for biennial renewal of licenses. 9 10 Section 47. Paragraph (1) of subsection (3) of section 395.1041, Florida Statutes, is amended to read: 11 12 395.1041 Access to emergency services and care.--13 (3) EMERGENCY SERVICES; DISCRIMINATION; LIABILITY OF FACILITY OR HEALTH CARE PERSONNEL. --14 (1) Hospital personnel <u>must</u> may withhold or withdraw 15 cardiopulmonary resuscitation if presented with an order not 16 17 to resuscitate executed pursuant to s. 401.45. Facility staff and facilities shall not be subject to criminal prosecution or 18 civil liability, nor be considered to have engaged in 19 negligent or unprofessional conduct, for withholding or 20 21 withdrawing cardiopulmonary resuscitation pursuant to such an 2.2 order. The absence of an order not to resuscitate executed 23 pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as 2.4 otherwise permitted by law. 25 Section 48. Section 395.10411, Florida Statutes, is 26 27 created to read: 2.8 395.10411 Duty of a facility to carry out the advance 29 directive of a patient .--(1) When a person who has a terminal condition or an 30 end-stage condition or is in a persistent vegetative state and 31

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1	who has an advance directive is a patient in a facility
2	licensed under this chapter which is providing health care
3	services to the person, the facility must carry out the
4	advance directive or must transfer the patient pursuant to s.
5	765.1105 to a facility that will carry out the advance
6	directive. The cost of transferring a patient for the purpose
7	of carrying out an advance directive shall be paid by the
8	facility from which the patient is transferred, and neither
9	the patient nor the receiving facility is responsible for any
10	part of such cost. A facility that fails to carry out a
11	patient's advance directive will not receive payment of any
12	state funds for life-prolonging treatment provided to the
13	patient.
14	(2) When a person who has a terminal condition or an
15	end-stage condition or is in a persistent vegetative state and
16	who has an order not to resuscitate is a patient in a facility
17	licensed under this chapter which is providing health care
18	services to the person, the facility must carry out the order
19	not to resuscitate. A facility that fails to carry out a
20	patient's order not to resuscitate will not receive payment of
21	any state funds for life-prolonging treatment provided to the
22	patient.
23	(3) When a person who has a terminal condition or an
24	end-stage condition or is in a persistent vegetative state and
25	<u>who has an advance directive is a designated organ donor, a</u>
26	health care facility may keep the organs of the person viable
27	for a period not to exceed 36 hours once the decision has been
28	made to remove life support. This subsection does not
29	supersede an advance directive, and life-prolonging procedures
30	may not be used beyond a period of 36 hours.
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1 Section 49. Section 765.1105, Florida Statutes, is 2 amended to read: 3 765.1105 Transfer of a patient.--(1) A health care provider or facility that refuses to 4 comply with a patient's advance directive, or the treatment 5 6 decision of his or her surrogate, <u>must</u> shall make reasonable 7 efforts to transfer the patient to another health care 8 provider or facility that will comply with the directive or treatment decision. This chapter does not require a health 9 care provider or facility to commit any act which is contrary 10 to the provider's or facility's moral or ethical beliefs, if 11 12 the patient: 13 (a) Is not in an emergency condition; and (b) Has received written information upon admission 14 informing the patient of the policies of the health care 15 provider or facility regarding such moral or ethical beliefs. 16 17 (2) A health care provider or facility that is 18 unwilling to carry out the wishes of the patient or the treatment decision of his or her surrogate because of moral or 19 ethical beliefs must, within <u>48 hours after a determination by</u> 20 21 the attending physician that the patient's condition is such 22 that the advance directive applies, 7 days either: 23 (a) Transfer the patient to another health care provider or facility. The health care provider or facility 2.4 shall pay the costs for transporting the patient to another 25 health care provider or facility; or 26 27 (b) If the patient has not been transferred, carry out 2.8 the wishes of the patient or the patient's surrogate, unless the provisions of s. 765.105 apply. 29 Section 50. Section 765.1021, Florida Statutes, is 30 created to read: 31

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1	765.1021 Advance directive as part of a patient's
2	medical recordTo encourage individuals to complete an
3	advance directive and to inform individuals about options for
4	care available to them at the end of life, the Legislature
5	encourages primary physicians and patients to discuss advance
6	directives and end-of-life care in a physician's office
7	setting on a nonemergency basis. If a patient completes an
8	advance directive and gives a copy of it to a physician, the
9	patient's advance directive must become part of the patient's
10	medical record.
11	Section 51. Subsection (1) of section 765.304, Florida
12	Statutes, is amended to read:
13	765.304 Procedure for living will
14	(1) If a person has made a living will expressing his
15	or her desires concerning life-prolonging procedures, but has
16	not designated a surrogate to execute his or her wishes
17	concerning life-prolonging procedures or designated a
18	surrogate under part II, the attending physician ${ m must}$ may
19	proceed as directed by the principal in the living will $\underline{\mathrm{or}}$
20	must transfer him or her to a physician who will comply with
21	the living will. In the event of a dispute or disagreement
22	concerning the attending physician's decision to withhold or
23	withdraw life-prolonging procedures, the attending physician
24	shall not withhold or withdraw life-prolonging procedures
25	pending review under s. 765.105. If a review of a disputed
26	decision is not sought within 7 days following the attending
27	physician's decision to withhold or withdraw life-prolonging
28	procedures, the attending physician <u>must</u> may proceed in
29	accordance with the principal's instructions.
30	Section 52. Subsection (2) of section 395.10975,
31	Florida Statutes, is amended to read:
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1 395.10975 Grounds for denial, suspension, or 2 revocation of a health care risk manager's license; administrative fine.--3 4 (2) If the agency finds that one or more of the grounds set forth in subsection (1) exist, it may, in lieu of 5 6 or in addition to denial suspension or revocation, enter an 7 order imposing one or more of the following penalties: 8 (a) Imposition of an administrative fine not to exceed 9 \$2,500 for each count or separate offense. 10 (b) Issuance of a reprimand. (c) Placement of the licensee on probation for a 11 12 period of time and subject to such conditions as the agency 13 may specify, including requiring the licensee to attend continuing education courses or to work under the supervision 14 of another licensee. 15 Section 53. Subsection (17) of section 400.021, 16 17 Florida Statutes, is amended to read: 400.021 Definitions.--When used in this part, unless 18 the context otherwise requires, the term: 19 20 (17) "Resident care plan" means a written plan 21 developed, maintained, and reviewed not less than quarterly by 22 a registered nurse, with participation from other facility 23 staff and the resident or his or her designee or legal representative, which includes a comprehensive assessment of 2.4 the needs of an individual resident; the type and frequency of 25 26 services required to provide the necessary care for the 27 resident to attain or maintain the highest practicable 2.8 physical, mental, and psychosocial well-being; a listing of 29 services provided within or outside the facility to meet those needs; and an explanation of service goals. The resident care 30 plan must be signed by the director of nursing or another 31

1 registered nurse employed by the facility to whom 2 institutional responsibilities have been delegated and by the 3 resident, the resident's designee, or the resident's legal representative. The facility may not use an agency or 4 temporary registered nurse to satisfy the foregoing 5 6 requirement and must document the institutional 7 responsibilities that have been delegated to the registered 8 nurse. Section 54. Subsections (5) and (20) of section 9 400.021, Florida Statutes, are repealed. 10 Section 55. Subsection (3) of section 400.022, Florida 11 12 Statutes, is amended to read: 13 400.022 Residents' rights .--(3) Any violation of the resident's rights set forth 14 in this section shall constitute grounds for action by the 15 agency under the provisions of s. 400.102, s. 400.121, or part 16 17 II of chapter 408. In order to determine whether the licensee 18 is adequately protecting residents' rights, the licensure annual inspection of the facility shall include private 19 informal conversations with a sample of residents to discuss 20 21 residents' experiences within the facility with respect to 22 rights specified in this section and general compliance with 23 standards, and consultation with the ombudsman council in the local planning and service area of the Department of Elderly 2.4 Affairs in which the nursing home is located. 25 Section 56. Paragraph (b) of subsection (1) of section 26 27 400.051, Florida Statutes, is amended to read: 2.8 400.051 Homes or institutions exempt from the 29 provisions of this part .--30 (1) The following shall be exempt from the provisions of this part: 31

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1 (b) Any hospital, as defined in s. 395.002 s. 2 395.002(11), that is licensed under chapter 395. 3 Section 57. Section 400.062, Florida Statutes, is amended to read: 4 5 400.062 License required; fee; disposition; display; б transfer.--7 (1) The requirements of part II of chapter 408 apply to the provision of services that necessitate licensure 8 pursuant to this part and part II of chapter 408 and to 9 10 entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. 11 12 It is unlawful to operate or maintain a facility without first 13 obtaining from the agency a license authorizing such operation. 14 (2) Separate licenses shall be required for facilities 15 maintained in separate premises, even though operated under 16 17 the same management. However, a separate license shall not be 18 required for separate buildings on the same grounds. (3) In accordance with s. 408.805, an applicant or 19 licensee shall pay a fee for each license application 20 21 submitted under this part and part II of chapter 408. The 2.2 annual license fee required for each license issued under this 23 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 2.4 basic license fee shall be established biennially annually and 25 26 shall be<u>\$100</u>\$50 per bed <u>unless modified by rule</u>. The agency 27 may adjust the per bed licensure fees by the Consumer Price 2.8 Index based on the 12 months immediately preceding the 29 increase to cover the cost of regulation under this part. Part II of the license fee shall be the resident protection fee, 30 which shall be at the rate of not less than 50 25 cents per 31

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1 bed. The rate per bed shall be the minimum rate per bed, and 2 such rate shall remain in effect until the effective date of a rate per bed adopted by rule by the agency pursuant to this 3 part. At such time as the amount on deposit in the Resident 4 Protection Trust Fund is less than \$1 million, the agency may 5 6 adopt rules to establish a rate which may not exceed \$20\$10 7 per bed. The rate per bed shall revert back to the minimum 8 rate per bed when the amount on deposit in the Resident Protection Trust Fund reaches \$1 million, except that any rate 9 established by rule shall remain in effect until such time as 10 the rate has been equally required for each license issued 11 12 under this part. Any amount in the fund in excess of \$2 13 million shall revert to the Health Care Trust Fund and may not be expended without prior approval of the Legislature. The 14 agency may prorate the biennial annual license fee for those 15 licenses which it issues under this part for less than 2 years 16 17 1 year. Funds generated by license fees collected in 18 accordance with this section shall be deposited in the following manner: 19 (a) The basic license fee collected shall be deposited 20 21 in the Health Care Trust Fund, established for the sole 22 purpose of carrying out this part. When the balance of the 23 account established in the Health Care Trust Fund for the 2.4 deposit of fees collected as authorized under this section 25 exceeds one third of the annual cost of regulation under this 26 part, the excess shall be used to reduce the licensure fees in 27 the next year. 2.8 (b) The resident protection fee collected shall be deposited in the Resident Protection Trust Fund for the sole 29 purpose of paying, in accordance with the provisions of s. 30 400.063, for the appropriate alternate placement, care, and 31

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1 treatment of a resident removed from a nursing home facility 2 on a temporary, emergency basis or for the maintenance and care of residents in a nursing home facility pending removal 3 4 and alternate placement. (4) Counties or municipalities applying for licenses 5 б under this part are exempt from license fees authorized under 7 this section. 8 (5) The license shall be displayed in a conspicuous place inside the facility. 9 10 (6) A license shall be valid only in the hands of the 11 individual, firm, partnership, association, or corporation to 12 whom it is issued and shall not be subject to sale, 13 assignment, or other transfer, voluntary or involuntary, nor shall a license be valid for any premises other than those for 14 15 which originally issued. Section 58. Subsection (1) of section 400.063, Florida 16 17 Statutes, is amended to read: 400.063 Resident Protection Trust Fund.--18 (1) A Resident Protection Trust Fund shall be 19 established for the purpose of collecting and disbursing funds 20 21 generated from the license fees and administrative fines as 22 provided for in ss. 393.0673(2), <u>400.062(3)</u> <del>400.062(3)(b),</del> 23 400.111(1), 400.121(2), and 400.23(8). Such funds shall be for the sole purpose of paying for the appropriate alternate 2.4 placement, care, and treatment of residents who are removed 25 26 from a facility licensed under this part or a facility 27 specified in s. 393.0678(1) in which the agency determines 2.8 that existing conditions or practices constitute an immediate danger to the health, safety, or security of the residents. 29 If the agency determines that it is in the best interest of 30 the health, safety, or security of the residents to provide 31

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1 for an orderly removal of the residents from the facility, the 2 agency may utilize such funds to maintain and care for the residents in the facility pending removal and alternative 3 placement. The maintenance and care of the residents shall be 4 under the direction and control of a receiver appointed 5 6 pursuant to s. 393.0678(1) or s. 400.126(1). However, funds 7 may be expended in an emergency upon a filing of a petition for a receiver, upon the declaration of a state of local 8 emergency pursuant to s. 252.38(3)(a)5., or upon a duly 9 10 authorized local order of evacuation of a facility by emergency personnel to protect the health and safety of the 11 12 residents. 13 Section 59. Section 400.071, Florida Statutes, is amended to read: 14 400.071 Application for license.--15 (1) An application for a license as required by s. 16 17 400.062 shall be made to the agency on forms furnished by it 18 and shall be accompanied by the appropriate license fee. 19 (1) (1) (2) The application shall be under oath and shall contain the following: 20 21 (a) The name, address, and social security number of 2.2 the applicant if an individual; if the applicant is a firm, 23 partnership, or association, its name, address, and employer identification number (EIN), and the name and address of any 2.4 25 controlling interest; and the name by which the facility is to 26 be known. 27 (b) The name of any person whose name is required on 2.8 the application under the provisions of paragraph (a) and who 29 owns at least a 10 percent interest in any professional service, firm, association, partnership, or corporation 30 providing goods, leases, or services to the facility for which 31

1 the application is made, and the name and address of the 2 professional service, firm, association, partnership, or corporation in which such interest is held. 3 4 The location of the facility for which a license (c)5 sought and an indication, as in the original application, б that such location conforms to the local zoning ordinances. 7 (d) The name of the person or persons under whose management or supervision the facility will be conducted and 8 the name of the administrator. 9 (a)(e) A signed affidavit disclosing any financial or 10 ownership interest that a controlling interest, as defined in 11 12 s. 408.803, person or entity described in paragraph (a) or 13 paragraph (d) has held in the last 5 years in any entity licensed by this state or any other state to provide health or 14 residential care which has closed voluntarily or 15 involuntarily; has filed for bankruptcy; has had a receiver 16 17 appointed; has had a license denied, suspended, or revoked; or has had an injunction issued against it which was initiated by 18 a regulatory agency. The affidavit must disclose the reason 19 any such entity was closed, whether voluntarily or 20 21 involuntarily. 22 (b) (f) The total number of beds and the total number 23 of Medicare and Medicaid certified beds. (c)<del>(q)</del> Information relating to the number, experience, 2.4 and training of the employees of the facility and of the moral 25 character of the applicant and employees which the agency 26 27 requires by rule, including the name and address of any 2.8 nursing home with which the applicant or employees have been affiliated through ownership or employment within 5 years of 29 the date of the application for a license and the record of 30 any criminal convictions involving the applicant and any 31 108

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1 criminal convictions involving an employee if known by the 2 applicant after inquiring of the employee. The applicant must demonstrate that sufficient numbers of qualified staff, by 3 training or experience, will be employed to properly care for 4 the type and number of residents who will reside in the 5 б facility. 7 (d)(h) Copies of any civil verdict or judgment 8 involving the applicant rendered within the 10 years preceding the application, relating to medical negligence, violation of 9 residents' rights, or wrongful death. As a condition of 10 licensure, the licensee agrees to provide to the agency copies 11 12 of any new verdict or judgment involving the applicant, 13 relating to such matters, within 30 days after filing with the clerk of the court. The information required in this 14 paragraph shall be maintained in the facility's licensure file 15 16 and in an agency database which is available as a public 17 record. 18 (3) The applicant shall submit evidence which establishes the good moral character of the applicant, 19 20 manager, supervisor, and administrator. No applicant, if the 21 applicant is an individual; no member of a board of directors 22 or officer of an applicant, if the applicant is a firm, 23 partnership, association, or corporation; and no licensed 2.4 nursing home administrator shall have been convicted, or found 25 guilty, regardless of adjudication, of a crime in any 26 jurisdiction which affects or may potentially affect residents 27 in the facility. 2.8 (4) Each applicant for licensure must comply with the 29 following requirements: 30 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of 31

the applicant, in accordance with the level 2 standards for 1 2 screening set forth in chapter 435. As used in this subsection, the term "applicant" means the facility 3 4 administrator, or similarly titled individual who is responsible for the day to day operation of the licensed 5 6 facility, and the facility financial officer, or similarly 7 titled individual who is responsible for the financial operation of the licensed facility. 8 9 (b) The agency may require background screening for a 10 member of the board of directors of the licensee or an officer an individual owning 5 percent or more of the licensee if 11 or 12 the agency has probable cause to believe that such individual 13 has been convicted of an offense prohibited under the level 2 standards for screening set forth in chapter 435. 14 15 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 16 17 within the previous 5 years in compliance with any other health care or assisted living licensure requirements of this 18 state is acceptable in fulfillment of paragraph (a). Proof of 19 compliance with background screening which has been submitted 2.0 21 within the previous 5 years to fulfill the requirements of the 2.2 Financial Services Commission and the Office of Insurance 23 Regulation pursuant to chapter 651 as part of an application for a certificate of authority to operate a continuing care 2.4 retirement community is acceptable in fulfillment of the 25 Department of Law Enforcement and Federal Bureau of 26 27 Investigation background check. 28 (d) A provisional license may be granted to an applicant when each individual required by this section to 29 30 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 31

1 has not yet received background screening results from the 2 Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as 3 set forth in chapter 435, but a response has not yet been 4 issued. A license may be granted to the applicant upon the 5 6 agency's receipt of a report of the results of the Federal 7 Bureau of Investigation background screening for each individual required by this section to undergo background 8 screening which confirms that all standards have been met, or 9 10 upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is 11 12 required to undergo level 2 background screening may serve in 13 his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation; however, the person 14 may not continue to serve if the report indicates any 15 violation of background screening standards and a 16 17 disqualification exemption has not been requested of and 18 granted by the agency as set forth in chapter 435. 19 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 2.0 21 permanent suspensions, or terminations of the applicant from 2.2 the Medicare or Medicaid programs. Proof of compliance with 23 disclosure of ownership and control interest requirements of the Medicaid or Medicare programs shall be accepted in lieu of 2.4 25 this submission. 26 (f) Each applicant must submit to the agency a 27 description and explanation of any conviction of an offense 2.8 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 29 30 officers, or any individual owning 5 percent or more of the applicant. This requirement shall not apply to a director of a 31

1 not for profit corporation or organization if the director 2 serves solely in a voluntary capacity for the corporation or 3 organization, does not regularly take part in the day to day 4 operational decisions of the corporation or organization, 5 receives no remuneration for his or her services on the 6 corporation or organization's board of directors, and has no 7 financial interest and has no family members with a financial 8 interest in the corporation or organization, provided that the 9 director and the not for profit corporation or organization 10 include in the application a statement affirming that the director's relationship to the corporation satisfies the 11 12 requirements of this paragraph. (g) An application for license renewal must contain 13 14 the information required under paragraphs (e) and (f). (5) The applicant shall furnish satisfactory proof of 15 16 financial ability to operate and conduct the nursing home in 17 accordance with the requirements of this part and all rules 18 adopted under this part, and the agency shall establish standards for this purpose, including information reported 19 under paragraph (2)(e). The agency also shall establish 2.0 21 documentation requirements, to be completed by each applicant, 2.2 that show anticipated facility revenues and expenditures, the 23 basis for financing the anticipated cash flow requirements of 2.4 the facility, and an applicant's access to contingency 25 financing. (2)(6) If the applicant offers continuing care 26 27 agreements as defined in chapter 651, proof shall be furnished 2.8 that such applicant has obtained a certificate of authority as 29 required for operation under that chapter. (3)(7) As a condition of licensure, each licensee, 30 except one offering continuing care agreements as defined in 31

1 chapter 651, must agree to accept recipients of Title XIX of 2 the Social Security Act on a temporary, emergency basis. The persons whom the agency may require such licensees to accept 3 are those recipients of Title XIX of the Social Security Act 4 who are residing in a facility in which existing conditions 5 6 constitute an immediate danger to the health, safety, or 7 security of the residents of the facility. 8 (4) (8) The agency may not issue a license to a nursing 9 home that fails to receive a certificate of need under the 10 provisions of ss. 408.031 408.045. It is the intent of the Legislature that, in reviewing a certificate-of-need 11 12 application to add beds to an existing nursing home facility, 13 preference be given to the application of a licensee who has been awarded a Gold Seal as provided for in s. 400.235, if the 14 applicant otherwise meets the review criteria specified in s. 15 408.035. 16 17 (5) (9) The agency may develop an abbreviated survey 18 for licensure renewal applicable to a licensee that has continuously operated as a nursing facility since 1991 or 19 earlier, has operated under the same management for at least 20 21 the preceding 30 months, and has had during the preceding 30 2.2 months no class I or class II deficiencies. 23 (10) The agency may issue an inactive license to a nursing home that will be temporarily unable to provide 2.4 25 services but that is reasonably expected to resume services. 26 Such designation may be made for a period not to exceed 12 27 months but may be renewed by the agency for up to 6 additional 2.8 months. Any request by a licensee that a nursing home become 29 inactive must be submitted to the agency and approved by the agency prior to initiating any suspension of service or 30 31 notifying residents. Upon agency approval, the nursing home

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1 shall notify residents of any necessary discharge or transfer 2 as provided in s. 400.0255. 3 (6)(11) As a condition of licensure, each facility must establish and submit with its application a plan for 4 quality assurance and for conducting risk management. 5 б (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 warranty deeds, lease or rental agreements, contracts for 9 deeds, or quitclaim deeds. 10 Section 60. Section 400.0712, Florida Statutes, is 11 12 created to read: 13 400.0712 Application for inactive license.--(1) As specified in this section, the agency may issue 14 an inactive license to a nursing home facility for all or a 15 portion of its beds. Any request by a licensee that a nursing 16 17 home or portion of a nursing home become inactive must be 18 submitted to the agency in the approved format. The facility may not initiate any suspension of services, notify residents, 19 or initiate facility closure before receiving approval from 2.0 21 the agency; and a facility that violates this provision may not be issued an inactive license. Upon agency approval of an 2.2 23 inactive license, the nursing home shall notify residents of any necessary discharge or transfer as provided in s. 2.4 400.0255. 25 (2) The agency may issue an inactive license to a 26 27 nursing home that chooses to use an unoccupied contiguous 2.8 portion of the facility for an alternative use to meet the needs of elderly persons through the use of less restrictive, 29 30 less institutional services. 31

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1 (a) An inactive license issued under this subsection 2 may be granted for a period not to exceed 12 months but may be renewed annually by the agency for 12 months. 3 4 (b) A request to extend the inactive license must be submitted to the agency in the approved format and approved by 5 6 the agency in writing. 7 (c) Nursing homes that receive an inactive license to 8 provide alternative services shall not receive preference for participation in the Assisted Living for the Elderly Medicaid 9 10 <u>waiver.</u> (3) The agency may issue an inactive license to a 11 12 nursing home that will be temporarily unable to provide services but is reasonably expected to resume services. 13 (a) An inactive license issued under this subsection 14 may be issued for a period not to exceed 12 months and may be 15 renewed by the agency for an additional 6 months upon 16 17 demonstration of progress toward reopening. 18 (b) All licensure fees must be current and paid in full, and may be prorated as provided by agency rule, before 19 the inactive license is issued. 2.0 21 (c) Reactivation of an inactive license requires that 2.2 the applicant pay all licensure fees and be inspected by the 23 agency to confirm that all of the requirements of this part and applicable rules are met. 2.4 (4) The agency shall adopt rules necessary to 25 administer this section. 26 27 Section 61. Section 400.102, Florida Statutes, is 2.8 amended to read: 29 400.102 Action by agency against licensee; grounds.--30 31

1 (1) In addition to the grounds listed in part II of 2 chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee: 3 (a) An intentional or negligent act materially 4 5 affecting the health or safety of residents of the facility; б (1) (b) Misappropriation or conversion of the property 7 of a resident of the facility; (2) (c) Failure to follow the criteria and procedures 8 provided under part I of chapter 394 relating to the 9 10 transportation, voluntary admission, and involuntary examination of a nursing home resident or; 11 12 (d) Violation of provisions of this part or rules 13 adopted under this part; (3)(e) Fraudulent altering, defacing, or falsifying 14 any medical or nursing home records, or causing or procuring 15 any of these offenses to be committed. ; or 16 17 (f) Any act constituting a ground upon which 18 application for a license may be denied. 19 (2) If the agency has reasonable belief that any of such conditions exist, it shall take the following action: 2.0 21 (a) In the case of an applicant for original 2.2 licensure, denial action as provided in s. 400.121. 23 (b) In the case of an applicant for relicensure or a current licensee, administrative action as provided in s. 2.4 25 400.121 or injunctive action as authorized by s. 400.125. (c) In the case of a facility operating without a 26 27 license, injunctive action as authorized in s. 400.125. 28 Section 62. Section 400.111, Florida Statutes, is amended to read: 29 30 400.111 <u>Renewal</u> Expiration of license; renewal.--31

1 (1) A license issued for the operation of a facility, 2 unless sooner suspended or revoked, shall expire on the date set forth by the agency on the face of the license or 1 year 3 4 from the date of issuance, whichever occurs first. Ninety days prior to the expiration date, an application for renewal 5 6 shall be submitted to the agency. A license shall be renewed 7 upon the filing of an application on forms furnished by the 8 agency if the applicant has first met the requirements established under this part and all rules adopted under this 9 10 part. The failure to file an application within the period established in this subsection shall result in a late fee 11 12 charged to the licensee by the agency in an amount equal to 50 13 percent of the fee in effect on the last preceding regular renewal date. A late fee shall be levied for each and every 14 day the filing of the license application is delayed, but in 15 no event shall such fine aggregate more than \$5,000. If an 16 17 application is received after the required filing date and 18 exhibits a hand canceled postmark obtained from a United States Post Office dated on or before the required filing 19 date, no fine will be levied. 20 21 (2) A licensee against whom a revocation or suspension

2.2 proceeding, or any judicial proceeding instituted by the 23 agency under this part, is pending at the time of license renewal may be issued a temporary license effective until 2.4 25 final disposition by the agency of such proceeding. If judicial relief is sought from the aforesaid administrative 26 27 order, the court having jurisdiction may issue such orders 2.8 regarding the issuance of a temporary permit during the pendency of the judicial proceeding. 29 30 (3) The agency may not renew a license if the applicant has failed to pay any fines assessed by final order 31

1 of the agency or final order of the Health Care Financing 2 Administration under requirements for federal certification. The agency may renew the license of an applicant following the 3 assessment of a fine by final order if such fine has been paid 4 5 into an escrow account pending an appeal of a final order. б (4) In addition to the requirements of part II of 7 chapter 408, the licensee shall submit a signed affidavit 8 disclosing any financial or ownership interest that a controlling interest licensee has held within the last 5 years 9 in any entity licensed by the state or any other state to 10 provide health or residential care which entity has closed 11 12 voluntarily or involuntarily; has filed for bankruptcy; has 13 had a receiver appointed; has had a license denied, suspended, or revoked; or has had an injunction issued against it which 14 was initiated by a regulatory agency. The affidavit must 15 disclose the reason such entity was closed, whether 16 17 voluntarily or involuntarily. Section 63. Subsections (2) and (5) of section 18 400.1183, Florida Statutes, are amended to read: 19 400.1183 Resident grievance procedures .--20 21 (2) Each facility shall maintain records of all 22 grievances and shall report annually to the agency at the time 23 of relicensure the total number of grievances handled, a categorization of the cases underlying the grievances, and the 2.4 final disposition of the grievances. 25 26 (5) The agency may impose an administrative fine, in 27 accordance with s. 400.121, against a nursing home facility 2.8 for noncompliance with this section. Section 64. Section 400.121, Florida Statutes, is 29 30 amended to read: 31

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1 400.121 Denial or, suspension, revocation of license; 2 moratorium on admissions; administrative fines; procedure; order to increase staffing. --3 4 (1) The agency may deny an application, revoke or suspend a license, or impose an administrative fine, not to 5 б exceed \$500 per violation per day, against any applicant or 7 licensee for the following violations by the applicant, 8 licensee, or other controlling interest: (a) A violation of any provision of s. 400.102(1); 9 10 (b) <u>A violation of any provision of this part, part II</u> of chapter 408, or applicable rule; or A demonstrated pattern 11 12 of deficient practice; 13 (c) Failure to pay any outstanding fines assessed by 14 final order of the agency or final order of the Health Care 15 Financing Administration pursuant to requirements for federal 16 certification. The agency may renew or approve the license of 17 an applicant following the assessment of a fine by final order 18 such fine has been paid into an escrow account pending an appeal of a final order; 19 20 (d) Exclusion from the Medicare or Medicaid program; 21 or 22 (b) (e) An adverse action by a regulatory agency 23 against any other licensed facility that has a common controlling interest with the licensee or applicant against 2.4 whom the action under this section is being brought. If the 25 adverse action involves solely the management company, the 26 27 applicant or licensee shall be given 30 days to remedy before 2.8 final action is taken. If the adverse action is based solely 29 upon actions by a controlling interest, the applicant or 30 licensee may present factors in mitigation of any proposed 31

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1 penalty based upon a showing that such penalty is 2 inappropriate under the circumstances. 3 4 All hearings shall be held within the county in which the 5 licensee or applicant operates or applies for a license to 6 operate a facility as defined herein. 7 (2) Except as provided in s. 400.23(8), a \$500 fine shall be imposed for each violation. Each day a violation of 8 9 this part occurs constitutes a separate violation and is subject to a separate fine, but in no event may any fine 10 aggregate more than \$5,000. A fine may be levied pursuant to 11 12 this section in lieu of and notwithstanding the provisions of 13 s. 400.23. Fines paid shall be deposited in the Resident Protection Trust Fund and expended as provided in s. 400.063. 14 (3) The agency shall revoke or deny a nursing home 15 license if the licensee or controlling interest operates a 16 17 facility in this state that: (a) Has had two moratoria imposed by final order for 18 substandard quality of care, as defined by 42 C.F.R. part 483, 19 within any 30-month period; 20 21 (b) Is conditionally licensed for 180 or more 22 continuous days; 23 (c) Is cited for two class I deficiencies arising from unrelated circumstances during the same survey or 2.4 25 investigation; or (d) Is cited for two class I deficiencies arising from 26 27 separate surveys or investigations within a 30-month period. 28 29 The licensee may present factors in mitigation of revocation, 30 and the agency may make a determination not to revoke a 31

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1 license based upon a showing that revocation is inappropriate 2 under the circumstances. 3 (4) The agency may issue an order immediately 4 suspending or revoking a license when it determines that any 5 condition in the facility presents a danger to the health, 6 safety, or welfare of the residents in the facility. 7 (5)(a) The agency may impose an immediate moratorium 8 on admissions to any facility when the agency determines that 9 any condition in the facility presents a threat to the health, safety, or welfare of the residents in the facility. 10 (4)(b) Where the agency has placed a moratorium on 11 12 admissions on any facility two times within a 7-year period, 13 the agency may revoke suspend the license of the nursing home 14 and the facility's management company, if any. During the suspension, the agency shall take the facility into 15 16 receivership and shall operate the facility. 17 (5) (6) An action taken by the agency to deny, suspend, or revoke a facility's license under this part shall be heard 18 by the Division of Administrative Hearings of the Department 19 of Management Services within 60 days after the assignment of 20 21 an administrative law judge, unless the time limitation is 22 waived by both parties. The administrative law judge must 23 render a decision within 30 days after receipt of a proposed recommended order. 2.4 (6)(7) The agency is authorized to require a facility 25 26 to increase staffing beyond the minimum required by law, if 27 the agency has taken administrative action against the 2.8 facility for care-related deficiencies directly attributable to insufficient staff. Under such circumstances, the facility 29 may request an expedited interim rate increase. The agency 30 shall process the request within 10 days after receipt of all 31

1 required documentation from the facility. A facility that 2 fails to maintain the required increased staffing is subject to a fine of \$500 per day for each day the staffing is below 3 the level required by the agency. 4 5 (8) An administrative proceeding challenging an action б taken by the agency pursuant to this section shall be reviewed 7 on the basis of the facts and conditions that resulted in such 8 agency action. 9 (7) (9) Notwithstanding any other provision of law to the contrary, agency action in an administrative proceeding 10 under this section may be overcome by the licensee upon a 11 12 showing by a preponderance of the evidence to the contrary. 13 (8) (10) In addition to any other sanction imposed under this part, in any final order that imposes sanctions, 14 the agency may assess costs related to the investigation and 15 16 prosecution of the case. Payment of agency costs shall be 17 deposited into the Health Care Trust Fund. 18 Section 65. Section 400.125, Florida Statutes, is repealed. 19 20 Section 66. Subsections (14), (15), (16), and (20) of 21 section 400.141, Florida Statutes, are amended to read: 22 400.141 Administration and management of nursing home 23 facilities.--Every licensed facility shall comply with all applicable standards and rules of the agency and shall: 2.4 (14) Submit to the agency the information specified in 25 <u>s. 400.071(1)(a)</u> <del>s. 400.071(2)(e)</del> for a management company 26 27 within 30 days after the effective date of the management 2.8 agreement. (15)(a) At the end of each calendar guarter, submit 29 semiannually to the agency, or more frequently if requested by 30 the agency, information regarding facility staff-to-resident 31 122

1 ratios, staff turnover, and staff stability, including information regarding certified nursing assistants, licensed 2 nurses, the director of nursing, and the facility 3 administrator. For purposes of this reporting: 4 1.(a) Staff-to-resident ratios must be reported in the 5 6 categories specified in s. 400.23(3)(a) and applicable rules. 7 The ratio must be reported as an average for the most recent 8 calendar quarter. 9 2.(b) Staff turnover must be reported for the most recent 12-month period ending on the last workday of the most 10 recent calendar quarter prior to the date the information is 11 12 submitted. The turnover rate must be computed quarterly, with 13 the annual rate being the cumulative sum of the quarterly rates. The turnover rate is the total number of terminations 14 or separations experienced during the quarter, excluding any 15 employee terminated during a probationary period of 3 months 16 17 or less, divided by the total number of staff employed at the end of the period for which the rate is computed, and 18 expressed as a percentage. 19 20 3.(c) The formula for determining staff stability is 21 the total number of employees that have been employed for more 22 than 12 months, divided by the total number of employees 23 employed at the end of the most recent calendar quarter, and 2.4 expressed as a percentage. (b)(d) A nursing facility that has failed to comply 25 26 with state minimum-staffing requirements for 2 consecutive 27 days is prohibited from accepting new admissions until the 2.8 facility has achieved the minimum-staffing requirements for a period of 6 consecutive days. For the purposes of this 29 paragraph, any person who was a resident of the facility and 30 was absent from the facility for the purpose of receiving 31

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

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1 medical care at a separate location or was on a leave of 2 absence is not considered a new admission. Failure to impose such an admissions moratorium constitutes a class II 3 4 deficiency. (c)(e) A nursing facility that which does not have a 5 б conditional license may be cited for failure to comply with 7 the standards in s. 400.23(3)(a) only if it has failed to meet 8 those standards on 2 consecutive days or if it has failed to meet at least 97 percent of those standards on any one day. 9 (d)(f) A facility that which has a conditional license 10 must be in compliance with the standards in s. 400.23(3)(a) at 11 12 all times from the effective date of the conditional license 13 until the effective date of a subsequent standard license. 14 Nothing in this section shall limit the agency's ability to 15 impose a deficiency or take other actions if a facility does 16 17 not have enough staff to meet the residents' needs. 18 (16) Report monthly the number of vacant beds in the facility which are available for resident occupancy on the 19 last day of the month information is reported. 20 21 (20) Maintain general and professional liability 22 insurance coverage in accordance with part II of chapter 408 23 which that is in force at all times. In lieu of general and professional liability insurance coverage, a state-designated 2.4 teaching nursing home and its affiliated assisted living 25 26 facilities created under s. 430.80 may demonstrate proof of 27 financial responsibility as provided in s. 430.80(3)(h); the 2.8 exception provided in this paragraph shall expire July 1, 2005. 29 30 31

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1 Facilities that have been awarded a Gold Seal under the 2 program established in s. 400.235 may develop a plan to provide certified nursing assistant training as prescribed by 3 federal regulations and state rules and may apply to the 4 5 agency for approval of their program. б Section 67. Subsections (4) and (5) of section 400.17, 7 Florida Statutes, are amended to read: 8 400.17 Bribes, kickbacks, certain solicitations 9 prohibited. --10 (4) Solicitation of contributions of any kind in a threatening, coercive, or unduly forceful manner by or on 11 12 behalf of a nursing home by any agent, employee, owner, or 13 representative of a nursing home shall be grounds for denial, suspension, or revocation of the license for any nursing home 14 on behalf of which such contributions were solicited. 15 (5) The admission, maintenance, or treatment of a 16 17 nursing home resident whose care is supported in whole or in 18 part by state funds may not be made conditional upon the receipt of any manner of contribution or donation from any 19 person. However, this may not be construed to prohibit the 20 21 offer or receipt of contributions or donations to a nursing 22 home which are not related to the care of a specific resident. 23 Contributions solicited or received in violation of this subsection shall be grounds for denial, suspension, or 2.4 revocation of a license for any nursing home on behalf of 25 26 which such contributions were solicited. 27 Section 68. Section 400.179, Florida Statutes, is 2.8 amended to read: 29 400.179 Sale or transfer of ownership of a nursing 30 facility; Liability for Medicaid underpayments and 31 overpayments.--

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1 (1) It is the intent of the Legislature to protect the 2 rights of nursing home residents and the security of public funds when a nursing facility is sold or the ownership is 3 4 transferred. 5 (2) Whenever a nursing facility is sold or the 6 ownership is transferred, including leasing, the transferree 7 shall make application to the agency for a new license at 8 least 90 days prior to the date of transfer of ownership. 9 (3) The transferor shall notify the agency in writing 10 at least 90 days prior to the date of transfer of ownership. transferor shall be responsible and liable for the lawful 11 The 12 operation of the nursing facility and the welfare of the 13 residents domiciled in the facility until the date the transferee is licensed by the agency. The transferor shall be 14 liable for any and all penalties imposed against the facility 15 16 for violations occurring prior to the date of transfer of 17 ownership. 18 (4)The transferor shall, prior to transfer of ownership, repay or make arrangements to repay to the agency 19 or the Department of Children and Family Services any amounts 2.0 21 owed to the agency or the department. Should the transferor 22 fail to repay or make arrangements to repay the amounts owed 23 to the agency or the department prior to the transfer of 2.4 ownership, the issuance of a license to the transferee shall 25 be delayed until repayment or until arrangements for repayment are made. 26 27 (2) (2) (5) Because any transfer of a nursing facility may 2.8 expose the fact that Medicaid may have underpaid or overpaid the transferor, and because in most instances, any such 29 30 underpayment or overpayment can only be determined following a 31

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1 formal field audit, the liabilities for any such underpayments 2 or overpayments shall be as follows: 3 (a) The Medicaid program shall be liable to the 4 transferor for any underpayments owed during the transferor's period of operation of the facility. 5 б (b) Without regard to whether the transferor had 7 leased or owned the nursing facility, the transferor shall remain liable to the Medicaid program for all Medicaid 8 overpayments received during the transferor's period of 9 operation of the facility, regardless of when determined. 10 (c) Where the facility transfer takes any form of a 11 12 sale of assets, in addition to the transferor's continuing 13 liability for any such overpayments, if the transferor fails to meet these obligations, the transferee shall be liable for 14 all liabilities that can be readily identifiable 90 days in 15 advance of the transfer. Such liability shall continue in 16 17 succession until the debt is ultimately paid or otherwise resolved. It shall be the burden of the transferee to 18 determine the amount of all such readily identifiable 19 overpayments from the Agency for Health Care Administration, 20 21 and the agency shall cooperate in every way with the 22 identification of such amounts. Readily identifiable 23 overpayments shall include overpayments that will result from, but not be limited to: 2.4 1. Medicaid rate changes or adjustments; 25 2. Any depreciation recapture; 26 27 3. Any recapture of fair rental value system indexing; 2.8 or 29 4. Audits completed by the agency. 30 31

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1 The transferor shall remain liable for any such Medicaid 2 overpayments that were not readily identifiable 90 days in advance of the nursing facility transfer. 3 (d) Where the transfer involves a facility that has 4 been leased by the transferor: 5 б 1. The transferee shall, as a condition to being 7 issued a license by the agency, acquire, maintain, and provide 8 proof to the agency of a bond with a term of 30 months, 9 renewable annually, in an amount not less than the total of 3 months Medicaid payments to the facility computed on the basis 10 of the preceding 12-month average Medicaid payments to the 11 12 facility. 13 2. A leasehold licensee may meet the requirements of subparagraph 1. by payment of a nonrefundable fee, paid at 14 initial licensure, paid at the time of any subsequent change 15 of ownership, and paid at the time of any subsequent change of 16 17 ownership, and paid <u>annually thereafter</u> at the time of any 18 subsequent annual license renewal, in the amount of 2 percent of the total of 3 months' Medicaid payments to the facility 19 computed on the basis of the preceding 12-month average 20 21 Medicaid payments to the facility. If a preceding 12-month 22 average is not available, projected Medicaid payments may be 23 used. The fee shall be deposited into the Health Care Trust Fund and shall be accounted for separately as a Medicaid 2.4 nursing home overpayment account. These fees shall be used at 25 26 the sole discretion of the agency to repay nursing home 27 Medicaid overpayments. Payment of this fee shall not release 2.8 the licensee from any liability for any Medicaid overpayments, 29 nor shall payment bar the agency from seeking to recoup overpayments from the licensee and any other liable party. As 30 a condition of exercising this lease bond alternative, 31

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1 licensees paying this fee must maintain an existing lease bond 2 through the end of the 30-month term period of that bond. The agency is herein granted specific authority to promulgate all 3 rules pertaining to the administration and management of this 4 account, including withdrawals from the account, subject to 5 6 federal review and approval. This provision shall take effect 7 upon becoming law and shall apply to any leasehold license 8 application.

9 a. The financial viability of the Medicaid nursing 10 home overpayment account shall be determined by the agency 11 through annual review of the account balance and the amount of 12 total outstanding, unpaid Medicaid overpayments owing from 13 leasehold licensees to the agency as determined by final 14 agency audits.

b. The agency, in consultation with the Florida Health 15 Care Association and the Florida Association of Homes for the 16 17 Aging, shall study and make recommendations on the minimum 18 amount to be held in reserve to protect against Medicaid overpayments to leasehold licensees and on the issue of 19 successor liability for Medicaid overpayments upon sale or 20 21 transfer of ownership of a nursing facility. The agency shall 22 submit the findings and recommendations of the study to the 23 Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2003. 2.4

3. The leasehold licensee may meet the bond
 requirement through other arrangements acceptable to the
 agency. The agency is herein granted specific authority to
 promulgate rules pertaining to lease bond arrangements.
 4. All existing nursing facility licensees, operating

30 the facility as a leasehold, shall acquire, maintain, and 31 provide proof to the agency of the 30-month bond required in

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1 subparagraph 1., above, on and after July 1, 1993, for each 2 license renewal. 3 5. It shall be the responsibility of all nursing facility operators, operating the facility as a leasehold, to 4 renew the 30-month bond and to provide proof of such renewal 5 6 to the agency annually at the time of application for license 7 renewal. 8 6. Any failure of the nursing facility licensee 9 operator to acquire, maintain, renew annually, or provide proof to the agency shall be grounds for the agency to deny 10 or, cancel, revoke, or suspend the facility license to operate 11 12 such facility and to take any further action, including, but 13 not limited to, enjoining the facility, asserting a moratorium pursuant to part II of chapter 408, or applying for a 14 receiver, deemed necessary to ensure compliance with this 15 section and to safequard and protect the health, safety, and 16 17 welfare of the facility's residents. A lease agreement required as a condition of bond financing or refinancing under 18 s. 154.213 by a health facilities authority or required under 19 s. 159.30 by a county or municipality is not a leasehold for 20 21 purposes of this paragraph and is not subject to the bond 22 requirement of this paragraph. 23 Section 69. Subsections (1) and (4) of section 400.18, Florida Statutes, are amended to read: 2.4 400.18 Closing of nursing facility .--25 (1) Whenever a licensee voluntarily discontinues 26 27 operation, and during the period when it is preparing for such 2.8 discontinuance, it shall inform the agency not less than 90 days prior to the discontinuance of operation. The licensee 29 also shall inform the resident or the next of kin, legal 30 representative, or agency acting on behalf of the resident of 31 130

1 the fact, and the proposed time, of such discontinuance of 2 operation and give at least 90 days' notice so that suitable arrangements may be made for the transfer and care of the 3 resident. In the event any resident has no such person to 4 represent him or her, the licensee shall be responsible for 5 6 securing a suitable transfer of the resident before the 7 discontinuance of operation. The agency shall be responsible 8 for arranging for the transfer of those residents requiring 9 transfer who are receiving assistance under the Medicaid 10 program. (4) Immediately upon discontinuance of operation of a 11 12 facility, the licensee shall surrender the license therefor to 13 the agency, and the license shall be canceled. Section 70. Subsections (1), (2), and (3) of section 14 400.19, Florida Statutes, are amended to read: 15 400.19 Right of entry and inspection .--16 17 (1) In accordance with part II of chapter 408, the 18 agency and any duly designated officer or employee thereof or a member of the State Long-Term Care Ombudsman Council or the 19 local long-term care ombudsman council shall have the right to 20 21 enter upon and into the premises of any facility licensed 22 pursuant to this part, or any distinct nursing home unit of a 23 hospital licensed under chapter 395 or any freestanding facility licensed under chapter 395 that provides extended 2.4 care or other long-term care services, at any reasonable time 25 in order to determine the state of compliance with the 26 27 provisions of this part and rules in force pursuant thereto. 2.8 The right of entry and inspection shall also extend to any 29 premises which the agency has reason to believe is being <del>operated or maintained as a facility without a license, but no</del> 30 31 such entry or inspection of any premises shall be made without

1 the permission of the owner or person in charge thereof, 2 unless a warrant is first obtained from the circuit court authorizing same. Any application for a facility license or 3 4 renewal thereof, made pursuant to this part, shall constitute 5 permission for and complete acquiescence in any entry or inspection of the premises for which the license is sought, in 6 7 order to facilitate verification of the information submitted 8 or in connection with the application; to discover, 9 investigate, and determine the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. The 10 agency shall, within 60 days after receipt of a complaint made 11 12 by a resident or resident's representative, complete its 13 investigation and provide to the complainant its findings and resolution. 14 (2) The agency shall coordinate nursing home facility 15 licensing activities and responsibilities of any duly 16 17 designated officer or employee involved in nursing home 18 facility inspection to assure necessary, equitable, and consistent supervision of inspection personnel without 19 unnecessary duplication of inspections, consultation services, 20 21 or complaint investigations. To facilitate such coordination, 22 all rules promulgated by the agency pursuant to this part 23 shall be distributed to nursing homes licensed under s. 400.062 30 days prior to implementation. This requirement 2.4 25 does not apply to emergency rules. (3) The agency shall every 15 months conduct at least 26 27 one unannounced inspection to determine compliance by the 2.8 licensee with statutes, and with rules promulgated under the provisions of those statutes, governing minimum standards of 29 construction, quality and adequacy of care, and rights of 30

31 residents. The survey shall be conducted every 6 months for

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1 the next 2-year period if the facility has been cited for a 2 class I deficiency, has been cited for two or more class II deficiencies arising from separate surveys or investigations 3 within a 60-day period, or has had three or more substantiated 4 5 complaints within a 6-month period, each resulting in at least 6 one class I or class II deficiency. In addition to any other 7 fees or fines in this part, the agency shall assess a fine for 8 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 9 paid at the completion of each survey. The agency may adjust 10 this fine by the change in the Consumer Price Index, based on 11 12 the 12 months immediately preceding the increase, to cover the 13 cost of the additional surveys. The agency shall verify through subsequent inspection that any deficiency identified 14 during the annual inspection is corrected. However, the 15 agency may verify the correction of a <del>class III or</del> class IV 16 17 deficiency unrelated to resident rights or resident care 18 without reinspecting the facility if adequate written documentation has been received from the facility, which 19 provides assurance that the deficiency has been corrected. The 20 giving or causing to be given of advance notice of such 21 22 unannounced inspections by an employee of the agency to any 23 unauthorized person shall constitute cause for suspension of not fewer than 5 working days according to the provisions of 2.4 25 chapter 110. Section 71. Section 400.191, Florida Statutes, is 26 27 amended to read: 2.8 400.191 Availability, distribution, and posting of 29 reports and records.--30 (1) The agency shall provide information to the public about all of the licensed nursing home facilities operating in 31

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1 the state. The agency shall, within 60 days after an annual inspection visit or within 30 days after any interim visit to 2 a facility, send copies of the inspection reports to the local 3 long-term care ombudsman council, the agency's local office, 4 and a public library or the county seat for the county in 5 6 which the facility is located. The agency may provide 7 electronic access to inspection reports as a substitute for 8 sending copies. 9 (2) The agency shall publish the Guide to Nursing 10 Homes in Florida provide additional information in consumer-friendly printed and electronic formats to assist 11 12 consumers and their families in comparing and evaluating 13 nursing home facilities. (a) The agency shall provide an Internet site which 14 shall include at least the following information either 15 directly or indirectly through a link to another established 16 17 site or sites of the agency's choosing: 1. A list by name and address of all nursing home 18 facilities in this state, including any prior name a facility 19 was known by during the previous 12-month period. 20 21 2. Whether such nursing home facilities are 22 proprietary or nonproprietary. 23 3. The current owner of the facility's license and the year that that entity became the owner of the license. 2.4 The name of the owner or owners of each facility 25 4. and whether the facility is affiliated with a company or other 26 27 organization owning or managing more than one nursing facility 2.8 in this state. 29 5. The total number of beds in each facility and the 30 most recently available occupancy levels. 31

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1 6. The number of private and semiprivate rooms in each facility. 2 The religious affiliation, if any, of each 3 7. 4 facility. 5 8. The languages spoken by the administrator and staff 6 of each facility. 7 9. Whether or not each facility accepts Medicare or 8 Medicaid recipients or insurance, health maintenance 9 organization, Veterans Administration, CHAMPUS program, or workers' compensation coverage. 10 10. Recreational and other programs available at each 11 12 facility. 13 11. Special care units or programs offered at each 14 facility. 12. Whether the facility is a part of a retirement 15 community that offers other services pursuant to part III, 16 17 part IV, or part V. Survey and deficiency information contained on the 18 13. Online Survey Certification and Reporting (OSCAR) system of 19 the federal <u>Centers for Medicare and Medicaid Services</u> Health 20 21 Care Financing Administration, including recertification 22 annual survey, revisit, and complaint survey information, for 23 each facility for the past 30 45 months. For noncertified nursing homes, state survey and deficiency information, 2.4 including licensure annual survey, revisit, and complaint 25 survey information for the past 30 45 months shall be 26 27 provided. 2.8 14. A summary of the Online Survey Certification and Reporting (OSCAR) data for each facility over the past 30 45 29 months. Such summary may include a score, rating, or 30 comparison ranking with respect to other facilities based on 31 135

the number of citations received by the facility of 1 2 recertification annual, revisit, and complaint surveys; the severity and scope of the citations; and the number of annual 3 recertification surveys the facility has had during the past 4 30 45 months. The score, rating, or comparison ranking may be 5 6 presented in either numeric or symbolic form for the intended 7 consumer audience. 8 (b) The agency shall provide the following information in printed form: 9 10 1. A list by name and address of all nursing home facilities in this state. 11 12 2. Whether such nursing home facilities are 13 proprietary or nonproprietary. 3. The current owner or owners of the facility's 14 license and the year that entity became the owner of the 15 16 license. 17 4. The total number of beds, and of private and 18 semiprivate rooms, in each facility. 5. The religious affiliation, if any, of each 19 facility. 20 21 6. The name of the owner of each facility and whether 22 the facility is affiliated with a company or other 23 organization owning or managing more than one nursing facility in this state. 2.4 7. The languages spoken by the administrator and staff 25 of each facility. 26 27 8. Whether or not each facility accepts Medicare or 2.8 Medicaid recipients or insurance, health maintenance 29 organization, Veterans Administration, CHAMPUS program, or 30 workers' compensation coverage. 31

1 9. Recreational programs, special care units, and 2 other programs available at each facility. 3 10. The Internet address for the site where more 4 detailed information can be seen. 5 11. A statement advising consumers that each facility 6 will have its own policies and procedures related to 7 protecting resident property. 8 12. A summary of the Online Survey Certification and Reporting (OSCAR) data for each facility over the past 30 45 9 months. Such summary may include a score, rating, or 10 comparison ranking with respect to other facilities based on 11 12 the number of citations received by the facility on 13 recertification annual, revisit, and complaint surveys; the severity and scope of the citations; the number of citations; 14 and the number of annual recertification surveys the facility 15 has had during the past 30 45 months. The score, rating, or 16 17 comparison ranking may be presented in either numeric or symbolic form for the intended consumer audience. 18 (c) For purposes of this subsection, references to the 19 Online Survey Certification and Reporting (OSCAR) system shall 20 21 refer to any future system that the Centers for Medicare and 22 Medicaid Services Health Care Financing Administration 23 develops to replace the current OSCAR system. (d) The agency may provide the following additional 2.4 25 information on an Internet site or in printed form as the information becomes available: 26 27 1. The licensure status history of each facility. 2.8 2. The rating history of each facility. The regulatory history of each facility, which may 29 3. 30 include federal sanctions, state sanctions, federal fines, state fines, and other actions. 31 137

1 4. Whether the facility currently possesses the Gold 2 Seal designation awarded pursuant to s. 400.235. 5. Internet links to the Internet sites of the 3 4 facilities or their affiliates. 5 (3) Each nursing home facility licensee shall maintain 6 as public information, available upon request, records of all 7 cost and inspection reports pertaining to that facility that 8 have been filed with, or issued by, any governmental agency. 9 Copies of such reports shall be retained in such records for not less than 5 years from the date the reports are filed or 10 11 issued. 12 (a) The agency shall quarterly publish in the Guide to 13 Nursing Homes in Florida a "Nursing Home Guide Watch List" to assist consumers in evaluating the quality of nursing home 14 care in Florida. The watch list must identify each facility 15 that met the criteria for a conditional licensure status on 16 17 any day within the quarter covered by the list and each 18 facility that was operating under bankruptcy protection on any day within the quarter. The watch list must include, but is 19 not limited to, the facility's name, address, and ownership; 20 21 the county in which the facility operates; the license 22 expiration date; the number of licensed beds; a description of 23 the deficiency causing the facility to be placed on the list; any corrective action taken; and the cumulative number and 2.4 25 percentage of days times the facility had a conditional license and was has been on a watch list in the past 30 26 27 months. The watch list must include a brief description 2.8 regarding how to choose a nursing home, the categories of 29 licensure, the agency's inspection process, an explanation of 30 terms used in the watch list, and the addresses and phone 31

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1 numbers of the agency's managed care and health quality 2 assurance field area offices. 3 (b) Upon publication of each quarterly Guide to 4 Nursing Homes in Florida watch list, the agency must transmit a copy of <u>all pages listing the facility</u> the watch list to 5 6 each nursing home facility by mail and must make the watch 7 list available on the agency's Internet website. 8 (4) Any records of a nursing home facility determined by the agency to be necessary and essential to establish 9 lawful compliance with any rules or standards shall be made 10 available to the agency on the premises of the facility and 11 12 submitted to the agency. Each facility must submit this 13 information electronically when electronic transmission to the agency is available. 14 (5) Every nursing home facility licensee shall: 15 (a) Post, in a sufficient number of prominent 16 17 positions in the nursing home so as to be accessible to all 18 residents and to the general public: 1. A concise summary of the last inspection report 19 pertaining to the nursing home and issued by the agency, with 20 21 references to the page numbers of the full reports, noting any 22 deficiencies found by the agency and the actions taken by the 23 licensee to rectify such deficiencies and indicating in such summaries where the full reports may be inspected in the 2.4 25 nursing home. 2. A copy of the most recent version of <u>all pages</u> 26 27 listing the facility in the Guide to Nursing Homes in Florida 2.8 the Florida Nursing Home Guide Watch List. (b) Upon request, provide to any person who has 29 completed a written application with an intent to be admitted 30 to, or to any resident of, such nursing home, or to any 31

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1 relative, spouse, or quardian of such person, a copy of the last inspection report pertaining to the nursing home and 2 issued by the agency, provided the person requesting the 3 4 report agrees to pay a reasonable charge to cover copying 5 costs. б (6) The agency may adopt rules as necessary to 7 administer this section. 8 Section 72. Section 400.20, Florida Statutes, is amended to read: 9 10 400.20 Licensed nursing home administrator required. -- A No nursing home may not shall operate except 11 12 under the supervision of a licensed nursing home 13 administrator, and <u>a</u> no person <u>may not</u> shall be a nursing home administrator unless he or she holds is the holder of a 14 current license as provided in chapter 468. 15 Section 73. Subsection (4) of section 400.211, Florida 16 17 Statutes, is amended to read: 18 400.211 Persons employed as nursing assistants; certification requirement. --19 (4) When employed by a nursing home facility for a 20 21 12-month period or longer, a nursing assistant, to maintain 22 certification, shall submit to a performance review every 12 23 months and must receive regular inservice education based on the outcome of such reviews. The inservice training must: 2.4 (a) Be sufficient to ensure the continuing competence 25 26 of nursing assistants and be in accordance with s.  $464.203(7)_{\tau}$ 27 must be at least 18 hours per year, and may include hours 2.8 accrued under s. 464.203(8); (b) Include, at a minimum: 29 30 1. Techniques for assisting with eating and proper 31 feeding;

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1 2. Principles of adequate nutrition and hydration; 2 3. Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult 3 4 behaviors; 5 4. Techniques for caring for the resident at the б end-of-life; and 7 5. Recognizing changes that place a resident at risk 8 for pressure ulcers and falls; and (c) Address areas of weakness as determined in nursing 9 assistant performance reviews and may address the special 10 needs of residents as determined by the nursing home facility 11 12 staff. 13 Costs associated with this training may not be reimbursed from 14 additional Medicaid funding through interim rate adjustments. 15 Section 74. Subsections (2), (7), and (8) of section 16 17 400.23, Florida Statutes, are amended, and subsection (10) is 18 added to that section, to read: 400.23 Rules; evaluation and deficiencies; licensure 19 status.--20 21 (2) Pursuant to the intention of the Legislature, the 22 agency, in consultation with the Department of Health and the 23 Department of Elderly Affairs, shall adopt and enforce rules to implement this part and part II of chapter 408, which shall 2.4 include reasonable and fair criteria in relation to: 25 (a) The location of the facility and housing 26 27 conditions that will ensure the health, safety, and comfort of 2.8 residents, including an adequate call system. In making such 29 rules, the agency shall be guided by criteria recommended by nationally recognized reputable professional groups and 30 associations with knowledge of such subject matters. The 31

1 agency shall update or revise such criteria as the need 2 arises. The agency may require alterations to a building if it determines that an existing condition constitutes a distinct 3 hazard to life, health, or safety. In performing any 4 inspections of facilities authorized by this part, the agency 5 6 may enforce the special-occupancy provisions of the Florida 7 Building Code and the Florida Fire Prevention Code which apply 8 to nursing homes. The agency is directed to provide assistance to the Florida Building Commission in updating the 9 construction standards of the code relative to nursing homes. 10 (b) The number and qualifications of all personnel, 11 12 including management, medical, nursing, and other professional 13 personnel, and nursing assistants, orderlies, and support personnel, having responsibility for any part of the care 14 given residents. 15 (c) All sanitary conditions within the facility and 16 17 its surroundings, including water supply, sewage disposal, 18 food handling, and general hygiene which will ensure the health and comfort of residents. 19 (d) The equipment essential to the health and welfare 20 21 of the residents. 22 (e) A uniform accounting system. 23 (f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof, based on 2.4 rules developed under this chapter and the Omnibus Budget 25 26 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 27 1987), Title IV (Medicare, Medicaid, and Other Health-Related 2.8 Programs), Subtitle C (Nursing Home Reform), as amended. 29 (g) The preparation and annual update of a 30 comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after 31 142

1 consultation with the Department of Community Affairs. At a 2 minimum, the rules must provide for plan components that 3 address emergency evacuation transportation; adequate 4 sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; 5 6 supplies; staffing; emergency equipment; individual 7 identification of residents and transfer of records; and 8 responding to family inquiries. The comprehensive emergency 9 management plan is subject to review and approval by the local 10 emergency management agency. During its review, the local emergency management agency shall ensure that the following 11 12 agencies, at a minimum, are given the opportunity to review 13 the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the 14 Department of Community Affairs. Also, appropriate volunteer 15 organizations must be given the opportunity to review the 16 17 plan. The local emergency management agency shall complete 18 its review within 60 days and either approve the plan or advise the facility of necessary revisions. 19 (h) The availability, distribution, and posting of 20 21 reports and records pursuant to s. 400.191 and the Gold Seal 22 Program pursuant to s. 400.235. 23 (7) The agency shall, at least every 15 months, evaluate all nursing home facilities and make a determination 2.4 as to the degree of compliance by each licensee with the 25 established rules adopted under this part as a basis for 26 27 assigning a licensure status to that facility. The agency 2.8 shall base its evaluation on the most recent inspection 29 report, taking into consideration findings from other official 30 reports, surveys, interviews, investigations, and inspections. 31

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1 The agency shall assign a licensure status of standard or conditional to each nursing home. 2 (a) A standard licensure status means that a facility 3 has no class I or class II deficiencies and has corrected all 4 class III deficiencies within the time established by the 5 6 agency. 7 (b) A conditional licensure status means that a 8 facility, due to the presence of one or more class I or class II deficiencies, or class III deficiencies not corrected 9 within the time established by the agency, is not in 10 substantial compliance at the time of the survey with criteria 11 12 established under this part or with rules adopted by the 13 agency. If the facility has no class I, class II, or class III deficiencies at the time of the followup survey, a 14 standard licensure status may be assigned. 15 (c) In evaluating the overall quality of care and 16 17 services and determining whether the facility will receive a conditional or standard license, the agency shall consider the 18 needs and limitations of residents in the facility and the 19 results of interviews and surveys of a representative sampling 20 21 of residents, families of residents, ombudsman council members 22 in the planning and service area in which the facility is 23 located, guardians of residents, and staff of the nursing home facility. 2.4 (d) The current licensure status of each facility must 25 be indicated in bold print on the face of the license. A list 26 27 of the deficiencies of the facility shall be posted in a 2.8 prominent place that is in clear and unobstructed public view 29 at or near the place where residents are being admitted to that facility. Licensees receiving a conditional licensure 30 status for a facility shall prepare, within 10 working days 31

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1 after receiving notice of deficiencies, a plan for correction 2 of all deficiencies and shall submit the plan to the agency 3 for approval. 4 (e) Each licensee shall post its license in a 5 prominent place that is in clear and unobstructed public view 6 at or near the place where residents are being admitted to the 7 facility. 8 (e)(f) The agency shall adopt rules that: 1. Establish uniform procedures for the evaluation of 9 10 facilities. 2. Provide criteria in the areas referenced in 11 12 paragraph (c). 13 3. Address other areas necessary for carrying out the intent of this section. 14 (8) The agency shall adopt rules <u>pursuant to this part</u> 15 and part II of chapter 408 to provide that, when the criteria 16 17 established under subsection (2) are not met, such deficiencies shall be classified according to the nature and 18 the scope of the deficiency. The scope shall be cited as 19 isolated, patterned, or widespread. An isolated deficiency is 20 21 a deficiency affecting one or a very limited number of 22 residents, or involving one or a very limited number of staff, 23 or a situation that occurred only occasionally or in a very limited number of locations. A patterned deficiency is a 2.4 deficiency where more than a very limited number of residents 25 26 are affected, or more than a very limited number of staff are 27 involved, or the situation has occurred in several locations, 2.8 or the same resident or residents have been affected by 29 repeated occurrences of the same deficient practice but the effect of the deficient practice is not found to be pervasive 30 throughout the facility. A widespread deficiency is a 31

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deficiency in which the problems causing the deficiency are pervasive in the facility or represent systemic failure that has affected or has the potential to affect a large portion of the facility's residents. The agency shall indicate the classification on the face of the notice of deficiencies as follows:

7 (a) A class I deficiency is a deficiency that the 8 agency determines presents a situation in which immediate 9 corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious 10 injury, harm, impairment, or death to a resident receiving 11 12 care in a facility. The condition or practice constituting a 13 class I violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the agency, is 14 required for correction. A class I deficiency is subject to a 15 civil penalty of \$10,000 for an isolated deficiency, \$12,500 16 17 for a patterned deficiency, and \$15,000 for a widespread 18 deficiency. The fine amount shall be doubled for each deficiency if the facility was previously cited for one or 19 more class I or class II deficiencies during the last 20 21 licensure annual inspection or any inspection or complaint 22 investigation since the last <u>licensure</u> annual inspection. A 23 fine must be levied notwithstanding the correction of the 2.4 deficiency.

(b) A class II deficiency is a deficiency that the agency determines has compromised the resident's ability to maintain or reach his or her highest practicable physical, mental, and psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. A class II deficiency is subject to a civil penalty of \$2,500 for an isolated deficiency, \$5,000 for

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1 a patterned deficiency, and \$7,500 for a widespread 2 deficiency. The fine amount shall be doubled for each deficiency if the facility was previously cited for one or 3 more class I or class II deficiencies during the last 4 5 licensure annual inspection or any inspection or complaint 6 investigation since the last <u>licensure</u> annual inspection. A 7 fine shall be levied notwithstanding the correction of the 8 deficiency.

(c) A class III deficiency is a deficiency that the 9 agency determines will result in no more than minimal 10 physical, mental, or psychosocial discomfort to the resident 11 12 or has the potential to compromise the resident's ability to 13 maintain or reach his or her highest practical physical, mental, or psychosocial well-being, as defined by an accurate 14 and comprehensive resident assessment, plan of care, and 15 provision of services. A class III deficiency is subject to a 16 17 civil penalty of \$1,000 for an isolated deficiency, \$2,000 for a patterned deficiency, and \$3,000 for a widespread 18 deficiency. The fine amount shall be doubled for each 19 deficiency if the facility was previously cited for one or 20 21 more class I or class II deficiencies during the last 22 licensure annual inspection or any inspection or complaint 23 investigation since the last licensure annual inspection. A citation for a class III deficiency must specify the time 2.4 within which the deficiency is required to be corrected. If a 25 26 class III deficiency is corrected within the time specified, 27 no civil penalty shall be imposed. 2.8 (d) A class IV deficiency is a deficiency that the

29 agency determines has the potential for causing no more than a 30 minor negative impact on the resident. If the class IV 31 deficiency is isolated, no plan of correction is required.

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1 (10) Agency records, reports, ranking systems, 2 Internet information, and publications must be promptly updated to reflect the most current agency actions. 3 4 Section 75. Subsections (1) and (2) of section 400.241, Florida Statutes, are repealed. 5 б Section 76. Subsection (5) of section 400.402, Florida 7 Statutes, is repealed and present subsections (12), (14), and 8 (17) of that section are redesignated as subsections (11), 9 (13), and (16), respectively, and amended to read: 400.402 Definitions.--When used in this part, the 10 11 term: 12 (5) "Applicant" means an individual owner, 13 corporation, partnership, firm, association, or governmental entity that applies for a license. 14 (11)(12) "Extended congregate care" means acts beyond 15 those authorized in subsection(16)(17) that may be performed 16 17 pursuant to part I of chapter 464 by persons licensed 18 thereunder while carrying out their professional duties, and other supportive services which may be specified by rule. The 19 purpose of such services is to enable residents to age in 20 21 place in a residential environment despite mental or physical 22 limitations that might otherwise disqualify them from 23 residency in a facility licensed under this part. (13)(14) "Limited nursing services" means acts that 2.4 may be performed pursuant to part I of chapter 464 by persons 25 26 licensed thereunder while carrying out their professional 27 duties but limited to those acts which the agency department 2.8 specifies by rule. Acts which may be specified by rule as 29 allowable limited nursing services shall be for persons who meet the admission criteria established by the agency 30 department for assisted living facilities and shall not be 31 148

1 complex enough to require 24-hour nursing supervision and may 2 include such services as the application and care of routine dressings, and care of casts, braces, and splints. 3 (16)(17) "Personal services" means direct physical 4 assistance with or supervision of the activities of daily 5 6 living and the self-administration of medication and other 7 similar services which the <u>agency</u> department may define by rule. "Personal services" shall not be construed to mean the 8 provision of medical, nursing, dental, or mental health 9 10 services. Section 77. Section 400.407, Florida Statutes, is 11 12 amended to read: 13 400.407 License required; fee, display .--(1) The requirements of part II of chapter 408 apply 14 to the provision of services that necessitate licensure 15 pursuant to this part and part II of chapter 408 and to 16 entities licensed by or applying for such licensure from the 17 18 Agency for Health Care Administration pursuant to this part. However, an applicant for licensure is exempt from s. 19 408.810(10). A license issued by the agency is required for an 2.0 21 assisted living facility operating in this state. 22 (2) Separate licenses shall be required for facilities 23 maintained in separate premises, even though operated under the same management. A separate license shall not be required 2.4 for separate buildings on the same grounds. 25 (3) In addition to the requirements of s. 408.806, 26 27 each any license granted by the agency must state the maximum 2.8 resident capacity of the facility, the type of care for which 29 the license is granted, the date the license is issued, the expiration date of the license, and any other information 30 deemed necessary by the agency. Licenses shall be issued for 31

one or more of the following categories of care: standard,
 extended congregate care, limited nursing services, or limited
 mental health.

4 (a) A standard license shall be issued to facilities
5 providing one or more of the personal services identified in
6 s. 400.402. Such facilities may also employ or contract with a
7 person licensed under part I of chapter 464 to administer
8 medications and perform other tasks as specified in s.
9 400.4255.

10 (b) An extended congregate care license shall be 11 issued to facilities providing, directly or through contract, 12 services beyond those authorized in paragraph (a), including 13 acts performed pursuant to part I of chapter 464 by persons 14 licensed thereunder, and supportive services defined by rule 15 to persons who otherwise would be disqualified from continued 16 residence in a facility licensed under this part.

17 1. In order for extended congregate care services to 18 be provided in a facility licensed under this part, the agency must first determine that all requirements established in law 19 and rule are met and must specifically designate, on the 20 21 facility's license, that such services may be provided and 22 whether the designation applies to all or part of a facility. 23 Such designation may be made at the time of initial licensure 2.4 or relicensure, or upon request in writing by a licensee under this part pursuant to s. 408.806. Notification of approval or 25 26 denial of such request shall be made in accordance with part 27 II of chapter 408 within 90 days after receipt of such request 2.8 and all necessary documentation. Existing facilities 29 qualifying to provide extended congregate care services must have maintained a standard license and may not have been 30 subject to administrative sanctions during the previous 2 31

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1 years, or since initial licensure if the facility has been 2 licensed for less than 2 years, for any of the following reasons: 3 4 a. A class I or class II violation; 5 b. Three or more repeat or recurring class III 6 violations of identical or similar resident care standards as 7 specified in rule from which a pattern of noncompliance is 8 found by the agency; c. Three or more class III violations that were not 9 10 corrected in accordance with the corrective action plan 11 approved by the agency; 12 d. Violation of resident care standards resulting in a 13 requirement to employ the services of a consultant pharmacist or consultant dietitian; 14 e. Denial, suspension, or revocation of a license for 15 another facility under this part in which the applicant for an 16 17 extended congregate care license has at least 25 percent 18 ownership interest; or f. Imposition of a moratorium on admissions or 19 initiation of injunctive proceedings. 20 21 2. Facilities that are licensed to provide extended 22 congregate care services shall maintain a written progress 23 report on each person who receives such services, which report describes the type, amount, duration, scope, and outcome of 2.4 services that are rendered and the general status of the 25 resident's health. A registered nurse, or appropriate 26 27 designee, representing the agency shall visit such facilities 2.8 at least quarterly to monitor residents who are receiving 29 extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 30 408, and with rules that relate to extended congregate care. 31

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1 One of these visits may be in conjunction with the regular 2 survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. 3 A registered nurse shall serve as part of the team that 4 inspects such facility. The agency may waive one of the 5 6 required yearly monitoring visits for a facility that has been 7 licensed for at least 24 months to provide extended congregate 8 care services, if, during the inspection, the registered nurse determines that extended congregate care services are being 9 provided appropriately, and if the facility has no class I or 10 class II violations and no uncorrected class III violations. 11 12 Before such decision is made, the agency shall consult with 13 the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been 14 made and substantiated about the quality of services or care. 15 The agency may not waive one of the required yearly monitoring 16 17 visits if complaints have been made and substantiated. 18 3. Facilities that are licensed to provide extended congregate care services shall: 19 20 a. Demonstrate the capability to meet unanticipated 21 resident service needs. 22 b. Offer a physical environment that promotes a 23 homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space 2.4 25 as defined by rule. c. Have sufficient staff available, taking into 26 27 account the physical plant and firesafety features of the 2.8 building, to assist with the evacuation of residents in an emergency, as necessary. 29 d. Adopt and follow policies and procedures that 30 maximize resident independence, dignity, choice, and 31

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1 decisionmaking to permit residents to age in place to the 2 extent possible, so that moves due to changes in functional status are minimized or avoided. 3 4 e. Allow residents or, if applicable, a resident's 5 representative, designee, surrogate, guardian, or attorney in 6 fact to make a variety of personal choices, participate in 7 developing service plans, and share responsibility in 8 decisionmaking. f. Implement the concept of managed risk. 9 g. Provide, either directly or through contract, the 10 services of a person licensed pursuant to part I of chapter 11 12 464. 13 h. In addition to the training mandated in s. 400.452, provide specialized training as defined by rule for facility 14 15 staff. 4. Facilities licensed to provide extended congregate 16 17 care services are exempt from the criteria for continued residency as set forth in rules adopted under s. 400.441. 18 Facilities so licensed shall adopt their own requirements 19 within guidelines for continued residency set forth by the 20 21 department in rule. However, such facilities may not serve 22 residents who require 24-hour nursing supervision. Facilities 23 licensed to provide extended congregate care services shall provide each resident with a written copy of facility policies 2.4 governing admission and retention. 25 5. The primary purpose of extended congregate care 26 27 services is to allow residents, as they become more impaired, 2.8 the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A 29 facility licensed to provide extended congregate care services 30 may also admit an individual who exceeds the admission 31

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1 criteria for a facility with a standard license, if the 2 individual is determined appropriate for admission to the extended congregate care facility. 3 6. Before admission of an individual to a facility 4 licensed to provide extended congregate care services, the 5 6 individual must undergo a medical examination as provided in 7 s. 400.426(4) and the facility must develop a preliminary 8 service plan for the individual. 9 7. When a facility can no longer provide or arrange 10 for services in accordance with the resident's service plan and needs and the facility's policy, the facility shall make 11 12 arrangements for relocating the person in accordance with s. 13 400.428(1)(k). 8. Failure to provide extended congregate care 14 services may result in denial of extended congregate care 15 16 license renewal. 17 9. No later than January 1 of each year, the department, in consultation with the agency, shall prepare and 18 submit to the Governor, the President of the Senate, the 19 Speaker of the House of Representatives, and the chairs of 20 21 appropriate legislative committees, a report on the status of, 22 and recommendations related to, extended congregate care 23 services. The status report must include, but need not be limited to, the following information: 24 a. A description of the facilities licensed to provide 25 such services, including total number of beds licensed under 26 27 this part. 2.8 b. The number and characteristics of residents 29 receiving such services. 30 c. The types of services rendered that could not be provided through a standard license. 31

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1 d. An analysis of deficiencies cited during licensure 2 inspections. 3 e. The number of residents who required extended congregate care services at admission and the source of 4 5 admission. б f. Recommendations for statutory or regulatory 7 changes. g. The availability of extended congregate care to 8 state clients residing in facilities licensed under this part 9 and in need of additional services, and recommendations for 10 appropriations to subsidize extended congregate care services 11 12 for such persons. 13 h. Such other information as the department considers 14 appropriate. (c) A limited nursing services license shall be issued 15 to a facility that provides services beyond those authorized 16 17 in paragraph (a) and as specified in this paragraph. 1. In order for limited nursing services to be 18 provided in a facility licensed under this part, the agency 19 must first determine that all requirements established in law 20 21 and rule are met and must specifically designate, on the 22 facility's license, that such services may be provided. Such 23 designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under 2.4 this part pursuant to s. 408.806. Notification of approval or 25 26 denial of such request shall be made in accordance with part 27 II of chapter 408 within 90 days after receipt of such request 2.8 and all necessary documentation. Existing facilities 29 qualifying to provide limited nursing services shall have maintained a standard license and may not have been subject to 30 administrative sanctions that affect the health, safety, and 31

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welfare of residents for the previous 2 years or since initial
 licensure if the facility has been licensed for less than 2
 years.

4 2. Facilities that are licensed to provide limited 5 nursing services shall maintain a written progress report on 6 each person who receives such nursing services, which report 7 describes the type, amount, duration, scope, and outcome of 8 services that are rendered and the general status of the resident's health. A registered nurse representing the agency 9 shall visit such facilities at least twice a year to monitor 10 residents who are receiving limited nursing services and to 11 12 determine if the facility is in compliance with applicable 13 provisions of this part and with related rules. The monitoring visits may be provided through contractual arrangements with 14 appropriate community agencies. A registered nurse shall also 15 serve as part of the team that inspects such facility. 16 17 3. A person who receives limited nursing services 18 under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident 19 no longer meets the admission criteria for a facility licensed 20 under this part, arrangements for relocating the person shall 21 22 be made in accordance with s. 400.428(1)(k), unless the 23 facility is licensed to provide extended congregate care 2.4 services. (4) In accordance with s. 408.805, an applicant or 25 26 licensee shall pay a fee for each license application 27 submitted under this part and part II of chapter 408. The 2.8 amount of the fee shall be established by rule. 29 (a) The biennial license fee required of a facility is 30 \$300 per license, with an additional fee of \$50 per resident

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**CODING:** Words stricken are deletions; words <u>underlined</u> are additions.

based on the total licensed resident capacity of the facility,

1 except that no additional fee will be assessed for beds 2 designated for recipients of optional state supplementation payments provided for in s. 409.212. The total fee may not 3 exceed \$10,000, no part of which shall be returned to the 4 facility. The agency shall adjust the per bed license fee and 5 6 the total licensure fee annually by not more than the change 7 in the consumer price index based on the 12 months immediately 8 preceding the increase. 9 (b) In addition to the total fee assessed under 10 paragraph (a), the agency shall require facilities that are licensed to provide extended congregate care services under 11 12 this part to pay an additional fee per licensed facility. The 13 amount of the biennial fee shall be \$400 per license, with an additional fee of \$10 per resident based on the total licensed 14 resident capacity of the facility. No part of this fee shall 15 be returned to the facility. The agency may adjust the per bed 16 17 license fee and the annual license fee once each year by not 18 more than the average rate of inflation for the 12 months immediately preceding the increase. 19 (c) In addition to the total fee assessed under 20 21 paragraph (a), the agency shall require facilities that are 22 licensed to provide limited nursing services under this part 23 to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$250 per license, with an additional 2.4 fee of \$10 per resident based on the total licensed resident 25

26 capacity of the facility. No part of this fee shall be 27 returned to the facility. The agency may adjust the per bed 28 license fee and the biennial license fee once each year by not 29 more than the average rate of inflation for the 12 months

30 immediately preceding the increase.

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1 (5) Counties or municipalities applying for licenses 2 under this part are exempt from the payment of license fees. 3 (6) The license shall be displayed in a conspicuous 4 place inside the facility. (7) A license shall be valid only in the possession of 5 б the individual, firm, partnership, association, or corporation 7 to which it is issued and shall not be subject to sale, 8 assignment, or other transfer, voluntary or involuntary; nor 9 shall a license be valid for any premises other than that for 10 which originally issued. (8) A fee may be charged to a facility requesting a 11 duplicate license. The fee shall not exceed the actual cost 12 13 of duplication and postage. Section 78. Subsection (1) of section 400.4075, 14 Florida Statutes, is amended to read: 15 400.4075 Limited mental health license. -- An assisted 16 17 living facility that serves three or more mental health 18 residents must obtain a limited mental health license. 19 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living 20 21 facility, must not have any current uncorrected deficiencies 2.2 or violations, and must ensure that, within 6 months after 23 receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct 2.4 contact with mental health residents must complete training of 25 26 no less than 6 hours related to their duties. Such designation 27 may be made at the time of initial licensure or relicensure, 2.8 or upon request in writing by a licensee under this part pursuant to s. 408.806. Notification of approval or denial of 29 such request shall be made in accordance with part II of 30 chapter 408. The This training required by this subsection 31

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1 shall will be provided by or approved by the Department of 2 Children and Family Services. Section 79. Section 400.408, Florida Statutes, is 3 4 amended to read: 5 400.408 Unlicensed facilities; referral of person for 6 residency to unlicensed facility; penalties; verification of 7 licensure status. --8 (1)(a) It is unlawful to own, operate, or maintain an 9 assisted living facility without obtaining a license under 10 this part. 11 (b) Except as provided under paragraph (d), any person 12 who owns, operates, or maintains an unlicensed assisted living 13 facility commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 14 15 continued operation is a separate offense. 16 (c) Any person found quilty of violating paragraph (a) 17 a second or subsequent time commits a felony of the second 18 degree, punishable as provided under s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate 19 offense. 2.0 21 (1)(d) Any person who owns, operates, or maintains an 22 unlicensed assisted living facility due to a change in this 23 part or a modification in department rule within 6 months after the effective date of such change and who, within 10 2.4 working days after receiving notification from the agency, 25 26 fails to cease operation or apply for a license under this 27 part commits a felony of the third degree, punishable as 2.8 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate offense. 29 30 31

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1 (e) Any facility that fails to cease operation after 2 agency notification may be fined for each day of noncompliance pursuant to s. 400.419. 3 4 (f) When a licensee has an interest in more than one 5 assisted living facility, and fails to license any one of б these facilities, the agency may revoke the license, impose a 7 moratorium, or impose a fine pursuant to s. 400.419, on any or of the licensed facilities until such time as the 8 unlicensed facility is licensed or ceases operation. 9 10 (q) If the agency determines that an owner is operating or maintaining an assisted living facility without 11 12 obtaining a license and determines that a condition exists in 13 the facility that poses a threat to the health, safety, or welfare of a resident of the facility, the owner is subject to 14 the same actions and fines imposed against a licensed facility 15 as specified in ss. 400.414 and 400.419. 16 17 (h) Any person aware of the operation of an unlicensed assisted living facility must report that facility to the 18 agency. The agency shall provide to the department's elder 19 information and referral providers a list, by county, of 2.0 21 licensed assisted living facilities, to assist persons who are 2.2 considering an assisted living facility placement in locating 23 a licensed facility. (2)(i) Each field office of the Agency for Health Care 2.4 25 Administration shall establish a local coordinating workgroup which includes representatives of local law enforcement 26 27 agencies, state attorneys, local fire authorities, the 2.8 Department of Children and Family Services, the district long-term care ombudsman council, and the district human 29 30 rights advocacy committee to assist in identifying the operation of unlicensed facilities and to develop and 31

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1 implement a plan to ensure effective enforcement of state laws 2 relating to such facilities. The workgroup shall report its findings, actions, and recommendations semiannually to the 3 Director of Health Facility Regulation of the agency. 4 (3) (3) (2) It is unlawful to knowingly refer a person for 5 6 residency to an unlicensed assisted living facility; to an 7 assisted living facility the license of which is under denial or has been suspended or revoked; or to an assisted living 8 9 facility that has a moratorium pursuant to s. 408.814 on admissions. Any person who violates this subsection commits a 10 noncriminal violation, punishable by a fine not exceeding \$500 11 12 as provided in s. 775.083. 13 (a) Any health care practitioner, as defined in s. 456.001, who is aware of the operation of an unlicensed 14 facility shall report that facility to the agency. Failure to 15 report a facility that the practitioner knows or has 16 17 reasonable cause to suspect is unlicensed shall be reported to 18 the practitioner's licensing board. (b) Any hospital or community mental health center 19 licensed under chapter 395 or chapter 394 which knowingly 20 21 discharges a patient or client to an unlicensed facility is 22 subject to sanction by the agency. 23 (c) Any employee of the agency or department, or the Department of Children and Family Services, who knowingly 2.4 refers a person for residency to an unlicensed facility; to a 25 facility the license of which is under denial or has been 26 27 suspended or revoked; or to a facility that has a moratorium 2.8 pursuant to s. 408.814 on admissions is subject to 29 disciplinary action by the agency or department, or the 30 Department of Children and Family Services. 31

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1 (d) The employer of any person who is under contract 2 with the agency or department, or the Department of Children and Family Services, and who knowingly refers a person for 3 residency to an unlicensed facility; to a facility the license 4 of which is under denial or has been suspended or revoked; or 5 6 to a facility that has a moratorium pursuant to s. 408.814 on 7 admissions shall be fined and required to prepare a corrective 8 action plan designed to prevent such referrals. 9 (e) The agency shall provide the department and the Department of Children and Family Services with a list of 10 licensed facilities within each county and shall update the 11 12 list at least quarterly. 13 (f) At least annually, the agency shall notify, in appropriate trade publications, physicians licensed under 14 chapter 458 or chapter 459, hospitals licensed under chapter 15 395, nursing home facilities licensed under part II of this 16 17 chapter, and employees of the agency or the department, or the 18 Department of Children and Family Services, who are responsible for referring persons for residency, that it is 19 unlawful to knowingly refer a person for residency to an 20 21 unlicensed assisted living facility and shall notify them of 22 the penalty for violating such prohibition. The department and 23 the Department of Children and Family Services shall, in turn, notify service providers under contract to the respective 2.4 departments who have responsibility for resident referrals to 25 facilities. Further, the notice must direct each noticed 26 27 facility and individual to contact the appropriate agency 2.8 office in order to verify the licensure status of any facility 29 prior to referring any person for residency. Each notice must include the name, telephone number, and mailing address of the 30 appropriate office to contact. 31

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Section 80. Section 400.411, Florida Statutes, is 1 2 amended to read: 3 400.411 Initial application for license; provisional 4 license.--5 Each applicant for licensure must comply with all (1)б provisions of part II of chapter 408 and the following: 7 Application for a license shall be made to the agency on forms 8 furnished by it and shall be accompanied by the appropriate 9 license fee. 10 (2) The applicant may be an individual owner, a corporation, a partnership, a firm, an association, or a 11 12 governmental entity. (3) The application must be signed by the applicant 13 under oath and must contain the following: 14 15 (a) The name, address, date of birth, and social security number of the applicant and the name by which the 16 17 facility is to be known. If the applicant is a firm, 18 partnership, or association, the application shall contain the name, address, date of birth, and social security number of 19 every member thereof. If the applicant is a corporation, the 2.0 21 application shall contain the corporation's name and address; 2.2 the name, address, date of birth, and social security number 23 of each of its directors and officers; and the name and address of each person having at least a 5 percent ownership 2.4 25 interest in the corporation. 26 (b) The name and address of any professional service, 27 firm, association, partnership, or corporation that is to 2.8 provide goods, leases, or services to the facility if a 5 percent or greater ownership interest in the service, firm, 29 30 association, partnership, or corporation is owned by a person 31

1 whose name must be listed on the application under paragraph 2 <del>(a).</del> 3  $\left( c \right)$ The name and address of any long term care 4 facility with which the applicant, administrator, or financial officer has been affiliated through ownership or employment 5 6 within 5 years of the date of this license application; and a 7 signed affidavit disclosing any financial or ownership 8 interest that the applicant, or any person listed in paragraph (a), holds or has held within the last 5 years in any facility 9 licensed under this part, or in any other entity licensed by 10 this state or another state to provide health or residential 11 12 care, which facility or entity closed or ceased to operate as 13 a result of financial problems, or has had a receiver appointed or a license denied, suspended or revoked, or was 14 15 subject to a moratorium on admissions, or has had an 16 injunctive proceeding initiated against it. 17 (d) A description and explanation of any exclusions, 18 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 19 disclosure of ownership and control interest requirements of 2.0 21 the Medicaid or Medicare programs shall be accepted in lieu of 2.2 this submission. 23 (e) The names and addresses of persons of whom the 2.4 agency may inquire as to the character, reputation, and financial responsibility of the owner and, if different from 25 the applicant, the administrator and financial officer. 26 27 (a)(f) Identify Identification of all other homes or 2.8 facilities, including the addresses and the license or licenses under which they operate, if applicable, which are 29 30 currently operated by the applicant or administrator and which provide housing, meals, and personal services to residents. 31 164

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1 (b) (g) Provide the location of the facility for which 2 a license is sought and documentation, signed by the appropriate local government official, which states that the 3 applicant has met local zoning requirements. 4 5 (c) (h) Provide the name, address, date of birth, б social security number, education, and experience of the 7 administrator, if different from the applicant. 8 (4) The applicant shall furnish satisfactory proof of 9 financial ability to operate and conduct the facility in 10 accordance with the requirements of this part. A certificate 11 of authority, pursuant to chapter 651, may be provided as 12 proof of financial ability. 13 (5)If the applicant is a continuing care facility certified under chapter 651, a copy of the facility's 14 15 certificate of authority must be provided. 16 (6) The applicant shall provide proof of liability 17 insurance as defined in s. 624.605. 18 (7)If the applicant is a community residential home, the applicant must provide proof that it has met the 19 requirements specified in chapter 419. 2.0 21 (8) The applicant must provide the agency with proof 2.2 of legal right to occupy the property. 23 (2)(9) The applicant must furnish proof that the facility has received a satisfactory firesafety inspection. 2.4 The local authority having jurisdiction or the State Fire 25 26 Marshal must conduct the inspection within 30 days after 27 written request by the applicant. 28 (3) (10) The applicant must furnish documentation of a satisfactory sanitation inspection of the facility by the 29 30 county health department. 31

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1 (11) The applicant must furnish proof of compliance 2 with level 2 background screening as required under s. 400.4174. 3 4 (4) (12) A provisional license may be issued to an applicant making initial application for licensure or making 5 б application for a change of ownership. A provisional license 7 shall be limited in duration to a specific period of time not 8 to exceed 6 months, as determined by the agency. (5)(13) A county or municipality may not issue an 9 10 occupational license that is being obtained for the purpose of operating a facility regulated under this part without first 11 12 ascertaining that the applicant has been licensed to operate 13 such facility at the specified location or locations by the agency. The agency shall furnish to local agencies 14 responsible for issuing occupational licenses sufficient 15 instruction for making such determinations. 16 17 Section 81. Section 400.412, Florida Statutes, is amended to read: 18 400.412 Sale or transfer of ownership of a 19 facility.--It is the intent of the Legislature to protect the 20 21 rights of the residents of an assisted living facility when 22 the facility is sold or the ownership thereof is transferred. 23 Therefore, in addition to the requirements of part II of chapter 408, whenever a facility is sold or the ownership 2.4 thereof is transferred, including leasing: 25 (1) The transferee shall make application to the 26 27 agency for a new license at least 60 days before the date of 2.8 transfer of ownership. The application must comply with the 29 provisions of s. 400.411. 30 31

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1 (2)(a) The transferor shall notify the agency in 2 writing at least 60 days before the date of transfer of 3 ownership. 4 (1) (b) The transferee new owner shall notify the residents, in writing, of the change transfer of ownership 5 6 within 7 days after of his or her receipt of the new license. 7 (3) The transferor shall be responsible and liable 8 for: 9 (a) The lawful operation of the facility and the 10 welfare of the residents domiciled in the facility until the date the transferee is licensed by the agency. 11 12 (b) Any and all penalties imposed against the facility 13 for violations occurring before the date of transfer of ownership unless the penalty imposed is a moratorium on 14 admissions or denial of licensure. The moratorium on 15 admissions or denial of licensure remains in effect after the 16 17 transfer of ownership, unless the agency has approved the 18 transferee's corrective action plan or the conditions which created the moratorium or denial have been corrected, and may 19 be grounds for denial of license to the transferee in 2.0 21 accordance with chapter 120. 22 (c) Any outstanding liability to the state, unless the 23 transferee has agreed, as a condition of sale or transfer, to accept the outstanding liabilities and to guarantee payment 2.4 therefor; except that, if the transferee fails to meet these 25 obligations, the transferor shall remain liable for the 26 27 outstanding liability. 2.8 (2) (4) The transferor of a facility the license of which is denied pending an administrative hearing shall, as a 29 part of the written change-of-ownership transfer of ownership 30 contract, advise the transferee that a plan of correction must 31

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1 be submitted by the transferee and approved by the agency at 2 least 7 days before the change transfer of ownership and that failure to correct the condition which resulted in the 3 moratorium pursuant to s. 408.814 on admissions or denial of 4 licensure is grounds for denial of the transferee's license. 5 б (5) The transferee must provide the agency with proof 7 of legal right to occupy the property before a license may be 8 issued. Proof may include, but is not limited to, copies of 9 warranty deeds, or copies of lease or rental agreements, contracts for deeds, quitclaim deeds, or other such 10 11 documentation. 12 Section 82. Section 400.414, Florida Statutes, is 13 amended to read: 400.414 Denial or, revocation, or suspension of 14 license; moratorium; imposition of administrative fine; 15 16 grounds.--17 (1) The agency may deny <u>or</u>, revoke, or suspend any 18 license issued under this part, impose a moratorium, or impose an administrative fine in the manner provided in chapter 120, 19 for any of the following actions by an assisted living 20 21 facility, for the actions of any person subject to level 2 22 background screening under s. 400.4174, or for the actions of 23 any facility employee in violation of any provision of this part, part II of chapter 408, or applicable rule: 2.4 (a) An intentional or negligent act seriously 25 affecting the health, safety, or welfare of a resident of the 26 27 facility. 2.8 (b) The determination by the agency that the owner lacks the financial ability to provide continuing adequate 29 30 care to residents. 31

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1 (c) Misappropriation or conversion of the property of 2 a resident of the facility. 3 (d) Failure to follow the criteria and procedures 4 provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary 5 6 examination of a facility resident. 7 (e) A citation of any of the following deficiencies as defined in s. 400.419: 8 9 1. One or more cited class I deficiencies. 10 2. Three or more cited class II deficiencies. 3. Five or more cited class III deficiencies that have 11 12 been cited on a single survey and have not been corrected 13 within the times specified. (f) A determination that a person subject to level 2 14 background screening under s. 400.4174(1) does not meet the 15 screening standards of s. 435.04 or that the facility is 16 17 retaining an employee subject to level 1 background screening standards under s. 400.4174(2) who does not meet the screening 18 standards of s. 435.03 and for whom exemptions from 19 disqualification have not been provided by the agency. 20 21 (g) A determination that an employee, volunteer, 22 administrator, or owner, or person who otherwise has access to 23 the residents of a facility does not meet the criteria specified in s. 435.03(2), and the owner or administrator has 2.4 not taken action to remove the person. Exemptions from 25 26 disqualification may be granted as set forth in s. 435.07. No 27 administrative action may be taken against the facility if the 2.8 person is granted an exemption. 29 (h) Violation of a moratorium. 30 (i) Failure of the license applicant, the licensee during relicensure, or a licensee that holds a provisional 31 169

1 license to meet the minimum license requirements of this part, 2 or related rules, at the time of license application or 3 renewal. 4 (j) A fraudulent statement or omission of any material 5 fact on an application for a license or any other document 6 required by the agency, including the submission of a license 7 application that conceals the fact that any board member, 8 officer, or person owning 5 percent or more of the facility 9 may not meet the background screening requirements of s. 400.4174, or that the applicant has been excluded, permanently 10 suspended, or terminated from the Medicaid or Medicare 11 12 programs. 13 (h)(k) An intentional or negligent life-threatening act in violation of the uniform firesafety standards for 14 assisted living facilities or other firesafety standards that 15 threatens the health, safety, or welfare of a resident of a 16 17 facility, as communicated to the agency by the local authority having jurisdiction or the State Fire Marshal. 18 19 (1) Exclusion, permanent suspension, or termination from the Medicare or Medicaid programs. 20 21 (i)(m) Knowingly operating any unlicensed facility or 2.2 providing without a license any service that must be licensed 23 under this chapter. (j)(n) Any act constituting a ground upon which 2.4 application for a license may be denied. 25 26 27 Administrative proceedings challenging agency action under 2.8 this subsection shall be reviewed on the basis of the facts and conditions that resulted in the agency action. 29 30 (2) Upon notification by the local authority having jurisdiction or by the State Fire Marshal, the agency may deny 31 170

1 or revoke the license of an assisted living facility that 2 fails to correct cited fire code violations that affect or threaten the health, safety, or welfare of a resident of a 3 4 facility. (3) The agency may deny a license to any applicant 5 б controlling interest as defined in s. 408.803 that or to any 7 officer or board member of an applicant who is a firm, 8 corporation, partnership, or association or who owns 5 percent or more of the facility, if the applicant, officer, or board 9 member has or had a 25-percent or greater financial or 10 ownership interest in any other facility licensed under this 11 12 part, or in any entity licensed by this state or another state 13 to provide health or residential care, which facility or entity during the 5 years prior to the application for a 14 license closed due to financial inability to operate; had a 15 receiver appointed or a license denied, suspended, or revoked; 16 17 was subject to a moratorium pursuant to s. 408.814 on admissions; had an injunctive proceeding initiated against it; 18 or has an outstanding fine assessed under this chapter. 19 (4) The agency shall deny or revoke the license of an 20 21 assisted living facility that has two or more class I 22 violations that are similar or identical to violations 23 identified by the agency during a survey, inspection, monitoring visit, or complaint investigation occurring within 2.4 25 the previous 2 years. (5) An action taken by the agency to suspend, deny, or 26 27 revoke a facility's license under this part, in which the 2.8 agency claims that the facility owner or an employee of the facility has threatened the health, safety, or welfare of a 29 resident of the facility be heard by the Division of 30 Administrative Hearings of the Department of Management 31

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Services within 120 days after receipt of the facility's 1 2 request for a hearing, unless that time limitation is waived by both parties. The administrative law judge must render a 3 decision within 30 days after receipt of a proposed 4 recommended order. 5 б (6) The agency shall provide to the Division of Hotels 7 and Restaurants of the Department of Business and Professional 8 Regulation, on a monthly basis, a list of those assisted living facilities that have had their licenses denied-9 10 suspended, or revoked or that are involved in an appellate proceeding pursuant to s. 120.60 related to the denial, 11 12 suspension, or revocation of a license. 13 (7) Agency notification of a license suspension or revocation, or denial of a license renewal, shall be posted 14 and visible to the public at the facility. 15 16 (8) The agency may issue a temporary license pending 17 final disposition of a proceeding involving the suspension or revocation of an assisted living facility license. 18 Section 83. Section 400.417, Florida Statutes, is 19 amended to read: 2.0 21 400.417 Expiration of license; renewal; conditional 2.2 license.--23 (1) Biennial licenses, unless sooner suspended or revoked, shall expire 2 years from the date of issuance. 2.4 Limited nursing, extended congregate care, and limited mental 25 health licenses shall expire at the same time as the 26 27 facility's standard license, regardless of when issued. The 2.8 agency shall notify the facility at least 120 days prior to 29 expiration that a renewal license is necessary to continue operation. The notification must be provided electronically or 30 by mail delivery. Ninety days prior to the expiration date, an 31

1 application for renewal shall be submitted to the agency. Fees 2 must be prorated. The failure to file a timely renewal 3 application shall result in a late fee charged to the facility in an amount equal to 50 percent of the current fee. 4 5 (2) A license shall be renewed in accordance with part б II of chapter 408 within 90 days upon the timely filing of an 7 application on forms furnished by the agency and the provision 8 of satisfactory proof of ability to operate and conduct the facility in accordance with the requirements of this part and 9 adopted rules, including proof that the facility has received 10 a satisfactory firesafety inspection, conducted by the local 11 12 authority having jurisdiction or the State Fire Marshal, 13 within the preceding 12 months and an affidavit of compliance 14 with the background screening requirements of s. 400.4174. (3) In addition to the requirements of part II of 15 chapter 408, An applicant for renewal of a license who has 16 17 complied with the provisions of s. 400.411 with respect to 18 proof of financial ability to operate shall not be required to provide further proof unless the facility or any other 19 20 facility owned or operated in whole or in part by the same 21 person has demonstrated financial instability as provided under s. 400.447(2) or unless the agency suspects that the 22 23 facility is not financially stable as a result of the annual survey or complaints from the public or a report from the 2.4 State Long Term Care Ombudsman Council. each facility must 25 26 report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its 27 2.8 occurrence. The agency shall have access to books, records, 29 and any other financial documents maintained by the facility 30 to the extent necessary to determine the facility's financial stability. A license for the operation of a facility shall not 31

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1 be renewed if the licensee has any outstanding fines assessed 2 pursuant to this part which are in final order status. 3 (4)A licensee against whom a revocation or suspension 4 proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition 5 б by the agency. If judicial relief is sought from the final 7 disposition, the court having jurisdiction may issue a 8 conditional license for the duration of the judicial 9 proceeding. 10 (4) (5) A conditional license may be issued to an applicant for license renewal if the applicant fails to meet 11 12 all standards and requirements for licensure. A conditional 13 license issued under this subsection shall be limited in duration to a specific period of time not to exceed 6 months, 14 as determined by the agency, and shall be accompanied by an 15 agency-approved plan of correction. 16 17 (5) (5) (6) When an extended care or limited nursing license is requested during a facility's biennial license 18 period, the fee shall be prorated in order to permit the 19 additional license to expire at the end of the biennial 20 21 license period. The fee shall be calculated as of the date the 22 additional license application is received by the agency. 23 (6) (7) The agency department may by rule establish renewal procedures, identify forms, and specify documentation 2.4 necessary to administer this section and part II of chapter 25 408. 26 27 Section 84. Section 400.415, Florida Statutes, is 2.8 repealed. Section 85. Section 400.4174, Florida Statutes, is 29 30 amended to read: 400.4174 Background screening; exemptions.--31 174

1 (1)(a) Level 2 background screening must be conducted 2 on each of the following persons, who shall be considered 3 employees for the purposes of conducting screening under 4 chapter 435: 5 1. The facility owner if an individual, the 6 administrator, and the financial officer. 7 2. An officer or board member if the facility owner is 8 a firm, corporation, partnership, or association, or any person owning 5 percent or more of the facility if the agency 9 10 has probable cause to believe that such person has been convicted of any offense prohibited by s. 435.04. For each 11 12 officer, board member, or person owning 5 percent or more who 13 has been convicted of any such offense, the facility shall submit to the agency a description and explanation of the 14 conviction at the time of license application. This 15 subparagraph does not apply to a board member of a 16 17 not for profit corporation or organization if the board member 18 serves solely in a voluntary capacity, does not regularly take part in the day to day operational decisions of the 19 corporation or organization, receives no remuneration for his 2.0 21 or her services, and has no financial interest and has no 2.2 family members with a financial interest in the corporation or 23 organization, provided that the board member and facility submit a statement affirming that the board member's 2.4 relationship to the facility satisfies the requirements of 25 this subparagraph. 26 27 (b) Proof of compliance with level 2 screening 2.8 standards which has been submitted within the previous 5 years to meet any facility or professional licensure requirements of 29 30 the agency or the Department of Health satisfies the requirements of this subsection, provided that such proof is 31

1 accompanied, under penalty of perjury, by an affidavit of 2 compliance with the provisions of chapter 435. Proof of 3 compliance with the background screening requirements of the 4 Financial Services Commission and the Office of Insurance 5 Regulation for applicants for a certificate of authority to 6 operate a continuing care retirement community under chapter 7 651, submitted within the last 5 years, satisfies the 8 Department of Law Enforcement and Federal Bureau of Investigation portions of a level 2 background check. 9 10 (c) The agency may grant a provisional license to a facility applying for an initial license when each individual 11 12 required by this subsection to undergo screening has completed 13 the Department of Law Enforcement background checks, but has not yet received results from the Federal Bureau of 14 15 Investigation, or when a request for an exemption from disqualification has been submitted to the agency pursuant to 16 17 s. 435.07, but a response has not been issued. 18 (2) The owner or administrator of an assisted living facility must conduct level 1 background screening, as set 19 forth in chapter 435, on all employees hired on or after 20 21 October 1, 1998, who perform personal services as defined in 22 s. 400.402(17). The agency may exempt an individual from 23 employment disgualification as set forth in chapter 435. Such persons shall be considered as having met this requirement if: 2.4 25 (1) (a) Proof of compliance with level 1 screening requirements obtained to meet any professional license 26 27 requirements in this state is provided and accompanied, under 2.8 penalty of perjury, by a copy of the person's current professional license and an affidavit of current compliance 29

30 with the background screening requirements.

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1	(2)(b) The person required to be screened has been
2	continuously employed in the same type of occupation for which
3	the person is seeking employment without a breach in service
4	which exceeds 180 days, and proof of compliance with the level
5	1 screening requirement which is no more than 2 years old is
б	provided. Proof of compliance shall be provided directly from
7	one employer or contractor to another, and not from the person
8	screened. Upon request, a copy of screening results shall be
9	provided by the employer retaining documentation of the
10	screening to the person screened.
11	(3)(c) The person required to be screened is employed
12	by a corporation or business entity or related corporation or
13	business entity that owns, operates, or manages more than one
14	facility or agency licensed under this chapter, and for whom a
15	level 1 screening was conducted by the corporation or business
16	entity as a condition of initial or continued employment.
17	Section 86. Section 400.4176, Florida Statutes, is
18	amended to read:
19	400.4176 Notice of change of administratorIf,
20	during the period for which a license is issued, the owner
21	changes administrators, the owner must notify the agency of
22	the change within 10 days and provide documentation within 90
23	days that the new administrator has completed the applicable
24	core educational requirements under s. 400.452. Background
25	screening shall be completed on any new administrator as
26	specified in s. 400.4174.
27	Section 87. <u>Subsection (7) of section 400.4178,</u>
28	<u>Florida Statutes, is repealed.</u>
29	Section 88. Section 400.418, Florida Statutes, is
30	amended to read:
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1 400.418 Disposition of fees and administrative 2 fines.--(1) Income from license fees, inspection fees, late 3 fees, and administrative fines collected under this part 4 generated pursuant to ss. 400.407, 400.408, 400.417, 400.419, 5 6 and 400.431 shall be deposited in the Health Care Trust Fund 7 administered by the agency. Such funds shall be directed to 8 and used by the agency for the following purposes: (1) (a) Up to 50 percent of the trust funds accrued 9 each fiscal year under this part may be used to offset the 10 expenses of receivership, pursuant to s. 400.422, if the court 11 12 determines that the income and assets of the facility are 13 insufficient to provide for adequate management and operation. (2)(b) An amount of \$5,000 of the trust funds accrued 14 each year under this part shall be allocated to pay for 15 inspection-related physical and mental health examinations 16 17 requested by the agency pursuant to s. 400.426 for residents 18 who are either recipients of supplemental security income or have monthly incomes not in excess of the maximum combined 19 federal and state cash subsidies available to supplemental 20 21 security income recipients, as provided for in s. 409.212. 22 Such funds shall only be used where the resident is ineligible 23 for Medicaid. (3)(c) Any trust funds accrued each year under this 2.4 25 part and not used for the purposes specified in paragraphs (a) 26 and (b) shall be used to offset the costs of the licensure 27 program, including the costs of conducting background 2.8 investigations, verifying information submitted, defraying the 29 costs of processing the names of applicants, and conducting inspections and monitoring visits pursuant to this part and 30 part II of chapter 408. 31

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1 (2) Income from fees generated pursuant to s. 2 400.441(5) shall be deposited in the Health Care Trust Fund 3 and used to offset the costs of printing and postage. 4 Section 89. Section 400.419, Florida Statutes, is amended to read: 5 б 400.419 Violations; imposition of administrative 7 fines; grounds. --8 (1) The agency shall impose an administrative fine in the manner provided in chapter 120 for a violation of any 9 10 provision of this part, part II of chapter 408, or applicable rule any of the actions or violations as set forth within this 11 12 section by an assisted living facility, for the actions of any 13 person subject to level 2 background screening under s. 400.4174, for the actions of any facility employee, or for an 14 intentional or negligent act seriously affecting the health, 15 safety, or welfare of a resident of the facility. 16 17 (2) Each violation of this part and adopted rules shall be classified according to the nature of the violation 18 and the gravity of its probable effect on facility residents. 19 The agency shall indicate the classification on the written 20 21 notice of the violation as follows: 22 (a) Class "I" violations are those conditions or 23 occurrences related to the operation and maintenance of a facility or to the personal care of residents which the agency 2.4 determines present an imminent danger to the residents or 25 26 guests of the facility or a substantial probability that death 27 or serious physical or emotional harm would result therefrom. 2.8 The condition or practice constituting a class I violation 29 shall be abated or eliminated within 24 hours, unless a fixed period, as determined by the agency, is required for 30 correction. The agency shall impose an administrative fine for 31

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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
 levied notwithstanding the correction of the violation.

(b) Class "II" violations are those conditions or 4 occurrences related to the operation and maintenance of a 5 6 facility or to the personal care of residents which the agency 7 determines directly threaten the physical or emotional health, 8 safety, or security of the facility residents, other than 9 class I violations. The agency shall impose an administrative fine for a cited class II violation in an amount not less than 10 \$1,000 and not exceeding \$5,000 for each violation. A fine 11 12 shall be levied notwithstanding the correction of the violation. 13

(c) Class "III" violations are those conditions or 14 occurrences related to the operation and maintenance of a 15 facility or to the personal care of residents which the agency 16 17 determines indirectly or potentially threaten the physical or 18 emotional health, safety, or security of facility residents, other than class I or class II violations. The agency shall 19 impose an administrative fine for a cited class III violation 20 21 in an amount not less than \$500 and not exceeding \$1,000 for 22 each violation. A citation for a class III violation must 23 specify the time within which the violation is required to be corrected. If a class III violation is corrected within the 2.4 25 time specified, no fine may be imposed, unless it is a repeated offense. 26

(d) Class "IV" violations are those conditions or
occurrences related to the operation and maintenance of a
building or to required reports, forms, or documents that do
not have the potential of negatively affecting residents.
These violations are of a type that the agency determines do

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1 not threaten the health, safety, or security of residents of 2 the facility. The agency shall impose an administrative fine for a cited class IV violation in an amount not less than \$100 3 and not exceeding \$200 for each violation. A citation for a 4 class IV violation must specify the time within which the 5 6 violation is required to be corrected. If a class IV violation 7 is corrected within the time specified, no fine shall be 8 imposed. Any class IV violation that is corrected during the time an agency survey is being conducted will be identified as 9 an agency finding and not as a violation. 10 (3) In determining if a penalty is to be imposed and 11 12 in fixing the amount of the fine, the agency shall consider 13 the following factors: (a) The gravity of the violation, including the 14 probability that death or serious physical or emotional harm 15 to a resident will result or has resulted, the severity of the 16 17 action or potential harm, and the extent to which the 18 provisions of the applicable laws or rules were violated. (b) Actions taken by the owner or administrator to 19 correct violations. 20 (c) Any previous violations. 21 22 (d) The financial benefit to the facility of 23 committing or continuing the violation. (e) The licensed capacity of the facility. 2.4 (4) Each day of continuing violation after the date 25 fixed for termination of the violation, as ordered by the 26 27 agency, constitutes an additional, separate, and distinct 2.8 violation. 29 (5) Any action taken to correct a violation shall be documented in writing by the owner or administrator of the 30 facility and verified through followup visits by agency 31 181

1 personnel. The agency may impose a fine and, in the case of an 2 owner-operated facility, revoke or deny a facility's license when a facility administrator fraudulently misrepresents 3 action taken to correct a violation. 4 (6) For fines that are upheld following administrative 5 б or judicial review, the violator shall pay the fine, plus 7 interest at the rate as specified in s. 55.03, for each day 8 beyond the date set by the agency for payment of the fine. 9 (7) Any unlicensed facility that continues to operate 10 after agency notification is subject to a \$1,000 fine per day. (8) Any licensed facility whose owner or administrator 11 12 concurrently operates an unlicensed facility shall be subject 13 to an administrative fine of \$5,000 per day. 14 (9) Any facility whose owner fails to apply for a change of ownership license in accordance with s. 400.412 and 15 16 operates the facility under the new ownership is subject to a 17 fine of \$5,000. 18 (6)(10) In addition to any administrative fines imposed, the agency may assess a survey fee, equal to the 19 lesser of one half of the facility's biennial license and bed 20 21 fee or \$500, to cover the cost of conducting initial complaint 22 investigations that result in the finding of a violation that 23 was the subject of the complaint or monitoring visits conducted under s. 400.428(3)(c) to verify the correction of 2.4 25 the violations. (7) (11) The agency, as an alternative to or in 26 27 conjunction with an administrative action against a facility 2.8 for violations of this part and adopted rules, shall make a reasonable attempt to discuss each violation and recommended 29 corrective action with the owner or administrator of the 30 facility, prior to written notification. The agency, instead 31 182

1 of fixing a period within which the facility shall enter into 2 compliance with standards, may request a plan of corrective action from the facility which demonstrates a good faith 3 effort to remedy each violation by a specific date, subject to 4 5 the approval of the agency. 6 (12) Administrative fines paid by any facility under 7 this section shall be deposited into the Health Care Trust 8 Fund and expended as provided in s. 400.418. 9 (8)(13) The agency shall develop and disseminate an annual list of all facilities sanctioned or fined \$5,000 or 10 more for violations of state standards, the number and class 11 12 of violations involved, the penalties imposed, and the current 13 status of cases. The list shall be disseminated, at no charge, to the Department of Elderly Affairs, the Department of 14 Health, the Department of Children and Family Services, the 15 area agencies on aging, the Florida Statewide Advocacy 16 17 Council, and the state and local ombudsman councils. The 18 Department of Children and Family Services shall disseminate the list to service providers under contract to the department 19 who are responsible for referring persons to a facility for 20 21 residency. The agency may charge a fee commensurate with the 22 cost of printing and postage to other interested parties 23 requesting a copy of this list. Section 90. Subsections (2) and (3) of section 400.42, 2.4 Florida Statutes, are amended to read: 25 400.42 Certain solicitation prohibited; third-party 26 27 supplementation. --2.8 (2) Solicitation of contributions of any kind in a 29 threatening, coercive, or unduly forceful manner by or on behalf of an assisted living facility or facilities by any 30 agent, employee, owner, or representative of any assisted 31 183

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1 living facility or facilities is grounds for denial, 2 suspension, or revocation of the license of the assisted living facility or facilities by or on behalf of which such 3 contributions were solicited. 4 5 (3) The admission or maintenance of assisted living 6 facility residents whose care is supported, in whole or in 7 part, by state funds may not be conditioned upon the receipt of any manner of contribution or donation from any person. The 8 solicitation or receipt of contributions in violation of this 9 subsection is grounds for denial, suspension, or revocation of 10 license, as provided in s. 400.414, for any assisted living 11 12 facility by or on behalf of which such contributions were 13 solicited. Section 91. Section 400.421, Florida Statutes, is 14 15 <u>repealed.</u> Section 92. Subsection (10) of section 400.423, 16 17 Florida Statutes, is amended to read: 18 400.423 Internal risk management and quality assurance program; adverse incidents and reporting requirements.--19 20 (10) The agency Department of Elderly Affairs may 21 adopt rules necessary to administer this section. 22 Section 93. Subsection (8) of section 400.424, Florida 23 Statutes, is amended to read: 400.424 Contracts.--2.4 25 (8) The agency department may by rule clarify terms, establish procedures, clarify refund policies and contract 26 27 provisions, and specify documentation as necessary to 28 administer this section. Section 94. Subsection (3) of section 400.4255, 29 30 Florida Statutes, is amended to read: 400.4255 Use of personnel; emergency care.--31

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1 (3) Facility staff may withhold or withdraw 2 cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The agency 3 department shall adopt rules providing for the implementation 4 of such orders. Facility staff and facilities shall not be 5 6 subject to criminal prosecution or civil liability, nor be 7 considered to have engaged in negligent or unprofessional 8 conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and applicable rules 9 adopted by the department. The absence of an order to 10 resuscitate executed pursuant to s. 401.45 does not preclude a 11 12 physician from withholding or withdrawing cardiopulmonary 13 resuscitation as otherwise permitted by law. Section 95. Subsection (6) of section 400.4256, 14 Florida Statutes, is amended to read: 15 400.4256 Assistance with self-administration of 16 17 medication.--18 (6) The <u>agency</u> department may by rule establish facility procedures and interpret terms as necessary to 19 20 implement this section. 21 Section 96. Subsection (8) of section 400.427, Florida 22 Statutes, is amended to read: 23 400.427 Property and personal affairs of residents.--(8) The <u>agency</u> department may by rule clarify terms 2.4 and specify procedures and documentation necessary to 25 administer the provisions of this section relating to the 26 27 proper management of residents' funds and personal property 2.8 and the execution of surety bonds. Section 97. Subsection (4) of section 400.4275, 29 30 Florida Statutes, is amended to read: 31

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1 400.4275 Business practice; personnel records; 2 liability insurance. -- The assisted living facility shall be administered on a sound financial basis that is consistent 3 with good business practices. 4 5 (4) The agency department may by rule clarify terms, б establish requirements for financial records, accounting 7 procedures, personnel procedures, insurance coverage, and 8 reporting procedures, and specify documentation as necessary to implement the requirements of this section. 9 10 Section 98. Subsections (1) and (5) of section 400.431, Florida Statutes, are amended to read: 11 12 400.431 Closing of facility; notice; penalty.--13 (1) Whenever a facility voluntarily discontinues operation, it shall inform the agency in writing at least 90 14 15 days prior to the discontinuance of operation. The facility shall also inform each resident or the next of kin, legal 16 17 representative, or agency acting on each resident's behalf, of the fact and the proposed time of such discontinuance, 18 following the notification requirements provided in s. 19 400.428(1)(k). In the event a resident has no person to 20 21 represent him or her, the facility shall be responsible for 22 referral to an appropriate social service agency for 23 placement. 2.4 (5) The agency may levy a fine in an amount no greater than \$5,000 upon each person or business entity that owns any 25 interest in a facility that terminates operation without 26 27 providing notice to the agency and the residents of the 2.8 facility at least 30 days before operation ceases. This fine shall not be levied against any facility involuntarily closed 29 at the initiation of the agency. The agency shall use the 30 proceeds of the fines to operate the facility until all 31

1 residents of the facility are relocated and shall deposit any 2 balance of the proceeds into the Health Care Trust Fund established pursuant to s. 400.418. 3 4 Section 99. Section 400.434, Florida Statutes, is amended to read: 5 б 400.434 Right of entry and inspection. -- Any duly 7 designated officer or employee of the department, the Department of Children and Family Services, the agency, the 8 state or local fire marshal, or a member of the state or local 9 10 long-term care ombudsman council, or the agency in accordance with s. 408.811 shall have the right to enter unannounced upon 11 12 and into the premises of any facility licensed pursuant to 13 this part in order to determine the state of compliance with the provisions of this part, part II of chapter 408, and 14 applicable of rules or standards in force pursuant thereto. 15 The right of entry and inspection shall also extend to any 16 17 premises which the agency has reason to believe is being 18 operated or maintained as a facility without a license; but no such entry or inspection of any premises may be made without 19 2.0 the permission of the owner or person in charge thereof, 21 unless a warrant is first obtained from the circuit court 2.2 authorizing such entry. The warrant requirement shall extend 23 only to a facility which the agency has reason to believe is 2.4 being operated or maintained as a facility without a license. 25 Any application for a license or renewal thereof made pursuant 26 to this part shall constitute permission for, and complete 27 acquiescence in, any entry or inspection of the premises for 2.8 which the license is sought, in order to facilitate verification of the information submitted on or in connection 29 with the application; to discover, investigate, and determine 30 31 the existence of abuse or neglect; or to elicit, receive,

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1 respond to, and resolve complaints. Any current valid license 2 shall constitute unconditional permission for, and complete 3 acquiescence in, any entry or inspection of the premises by authorized personnel. The agency shall retain the right of 4 5 entry and inspection of facilities that have had a license б revoked or suspended within the previous 24 months, to ensure 7 that the facility is not operating unlawfully. However, before 8 entering the facility, a statement of probable cause must be 9 filed with the director of the agency, who must approve or disapprove the action within 48 hours. Probable cause shall 10 include, but is not limited to, evidence that the facility 11 12 holds itself out to the public as a provider of personal care 13 services or the receipt of a complaint by the long-term care ombudsman council about the facility. Data collected by the 14 state or local long-term care ombudsman councils or the state 15 16 or local advocacy councils may be used by the agency in 17 investigations involving violations of regulatory standards. 18 Section 100. Subsection (1) of section 400.435, Florida Statutes, is repealed. 19 Section 101. Section 400.441, Florida Statutes, is 20 21 amended to read: 22 400.441 Rules establishing standards .--23 (1) It is the intent of the Legislature that rules published and enforced pursuant to this section shall include 2.4 criteria by which a reasonable and consistent quality of 25 26 resident care and quality of life may be ensured and the 27 results of such resident care may be demonstrated. Such rules 2.8 shall also ensure a safe and sanitary environment that is 29 residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to 30 accommodate the needs and preferences of residents to enhance 31

1 the quality of life in a facility. In order to provide safe 2 and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the 3 agency department, in consultation with the department agency, 4 the Department of Children and Family Services, and the 5 6 Department of Health, shall adopt rules, policies, and 7 procedures to administer this part and part II of chapter 408, 8 which must include reasonable and fair minimum standards in 9 relation to: 10 (a) The requirements for and maintenance of facilities, not in conflict with the provisions of chapter 11 12 553, relating to plumbing, heating, cooling, lighting, 13 ventilation, living space, and other housing conditions, which will ensure the health, safety, and comfort of residents and 14 protection from fire hazard, including adequate provisions for 15 fire alarm and other fire protection suitable to the size of 16 17 the structure. Uniform firesafety standards shall be 18 established and enforced by the State Fire Marshal in cooperation with the agency, the department, and the 19 Department of Health. 20 21 1. Evacuation capability determination .--22 a. The provisions of the National Fire Protection 23 Association, NFPA 101A, Chapter 5, 1995 edition, shall be used for determining the ability of the residents, with or without 2.4 staff assistance, to relocate from or within a licensed 25 facility to a point of safety as provided in the fire codes 26 27 adopted herein. An evacuation capability evaluation for 2.8 initial licensure shall be conducted within 6 months after the date of licensure. For existing licensed facilities that are 29 not equipped with an automatic fire sprinkler system, the 30 administrator shall evaluate the evacuation capability of 31

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1 residents at least annually. The evacuation capability evaluation for each facility not equipped with an automatic 2 fire sprinkler system shall be validated, without liability, 3 by the State Fire Marshal, by the local fire marshal, or by 4 the local authority having jurisdiction over firesafety, 5 6 before the license renewal date. If the State Fire Marshal, 7 local fire marshal, or local authority having jurisdiction 8 over firesafety has reason to believe that the evacuation capability of a facility as reported by the administrator may 9 have changed, it may, with assistance from the facility 10 administrator, reevaluate the evacuation capability through 11 12 timed exiting drills. Translation of timed fire exiting drills 13 to evacuation capability may be determined: (I) Three minutes or less: prompt. 14 (II) More than 3 minutes, but not more than 13 15 16 minutes: slow. 17 (III) More than 13 minutes: impractical. 18 b. The Office of the State Fire Marshal shall provide or cause the provision of training and education on the proper 19 application of Chapter 5, NFPA 101A, 1995 edition, to its 20 21 employees, to staff of the Agency for Health Care 22 Administration who are responsible for regulating facilities 23 under this part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the 2.4 provision of this training within its existing budget, but may 25 26 charge a fee for this training to offset its costs. The 27 initial training must be delivered within 6 months after July 2.8 1, 1995, and as needed thereafter. 29 c. The Office of the State Fire Marshal, in cooperation with provider associations, shall provide or cause 30 the provision of a training program designed to inform 31 190

1 facility operators on how to properly review bid documents relating to the installation of automatic fire sprinklers. 2 The Office of the State Fire Marshal shall provide or cause 3 the provision of this training within its existing budget, but 4 may charge a fee for this training to offset its costs. 5 The 6 initial training must be delivered within 6 months after July 7 1, 1995, and as needed thereafter. 8 d. The administrator of a licensed facility shall sign an affidavit verifying the number of residents occupying the 9 facility at the time of the evacuation capability evaluation. 10 2. Firesafety requirements.--11 12 a. Except for the special applications provided 13 herein, effective January 1, 1996, the provisions of the National Fire Protection Association, Life Safety Code, NFPA 14 101, 1994 edition, Chapter 22 for new facilities and Chapter 15 23 for existing facilities shall be the uniform fire code 16 17 applied by the State Fire Marshal for assisted living 18 facilities, pursuant to s. 633.022. b. Any new facility, regardless of size, that applies 19 for a license on or after January 1, 1996, must be equipped 20 21 with an automatic fire sprinkler system. The exceptions as 22 provided in section 22-2.3.5.1, NFPA 101, 1994 edition, as 23 adopted herein, apply to any new facility housing eight or fewer residents. On July 1, 1995, local governmental entities 2.4 responsible for the issuance of permits for construction shall 25 26 inform, without liability, any facility whose permit for 27 construction is obtained prior to January 1, 1996, of this 2.8 automatic fire sprinkler requirement. As used in this part, the term "a new facility" does not mean an existing facility 29 30 that has undergone change of ownership. 31

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1 c. Notwithstanding any provision of s. 633.022 or of 2 the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, to the contrary, any existing facility 3 housing eight or fewer residents is not required to install an 4 5 automatic fire sprinkler system, nor to comply with any other 6 requirement in Chapter 23, NFPA 101, 1994 edition, that 7 exceeds the firesafety requirements of NFPA 101, 1988 edition, 8 that applies to this size facility, unless the facility has 9 been classified as impractical to evacuate. Any existing facility housing eight or fewer residents that is classified 10 as impractical to evacuate must install an automatic fire 11 12 sprinkler system within the timeframes granted in this 13 section. d. Any existing facility that is required to install 14 an automatic fire sprinkler system under this paragraph need 15 not meet other firesafety requirements of Chapter 23, NFPA 16 17 101, 1994 edition, which exceed the provisions of NFPA 101, 18 1988 edition. The mandate contained in this paragraph which requires certain facilities to install an automatic fire 19 sprinkler system supersedes any other requirement. 20 21 e. This paragraph does not supersede the exceptions 22 granted in NFPA 101, 1988 edition or 1994 edition. 23 f. This paragraph does not exempt facilities from other firesafety provisions adopted under s. 633.022 and local 2.4 building code requirements in effect before July 1, 1995. 25 g. A local government may charge fees only in an 26 27 amount not to exceed the actual expenses incurred by local 2.8 government relating to the installation and maintenance of an 29 automatic fire sprinkler system in an existing and properly licensed assisted living facility structure as of January 1, 30 31 1996.

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1 h. If a licensed facility undergoes major 2 reconstruction or addition to an existing building on or after January 1, 1996, the entire building must be equipped with an 3 automatic fire sprinkler system. Major reconstruction of a 4 building means repair or restoration that costs in excess of 5 6 50 percent of the value of the building as reported on the tax 7 rolls, excluding land, before reconstruction. Multiple 8 reconstruction projects within a 5-year period the total costs of which exceed 50 percent of the initial value of the 9 building at the time the first reconstruction project was 10 permitted are to be considered as major reconstruction. 11 12 Application for a permit for an automatic fire sprinkler 13 system is required upon application for a permit for a reconstruction project that creates costs that go over the 14 50-percent threshold. 15 i. Any facility licensed before January 1, 1996, that 16 17 is required to install an automatic fire sprinkler system shall ensure that the installation is completed within the 18 following timeframes based upon evacuation capability of the 19 facility as determined under subparagraph 1.: 20 21 (I) Impractical evacuation capability, 24 months. 22 (II) Slow evacuation capability, 48 months. 23 (III) Prompt evacuation capability, 60 months. 2.4 The beginning date from which the deadline for the automatic 25 fire sprinkler installation requirement must be calculated is 26 27 upon receipt of written notice from the local fire official 2.8 that an automatic fire sprinkler system must be installed. The local fire official shall send a copy of the document 29 indicating the requirement of a fire sprinkler system to the 30 Agency for Health Care Administration. 31

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1 j. It is recognized that the installation of an 2 automatic fire sprinkler system may create financial hardship for some facilities. The appropriate local fire official 3 shall, without liability, grant two 1-year extensions to the 4 timeframes for installation established herein, if an 5 6 automatic fire sprinkler installation cost estimate and proof 7 of denial from two financial institutions for a construction loan to install the automatic fire sprinkler system are 8 submitted. However, for any facility with a class I or class 9 II, or a history of uncorrected class III, firesafety 10 deficiencies, an extension must not be granted. The local 11 12 fire official shall send a copy of the document granting the 13 time extension to the Agency for Health Care Administration. k. A facility owner whose facility is required to be 14 equipped with an automatic fire sprinkler system under Chapter 15 23, NFPA 101, 1994 edition, as adopted herein, must disclose 16 17 to any potential buyer of the facility that an installation of an automatic fire sprinkler requirement exists. The sale of 18 the facility does not alter the timeframe for the installation 19 of the automatic fire sprinkler system. 20 21 1. Existing facilities required to install an 22 automatic fire sprinkler system as a result of 23 construction-type restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted herein, or evacuation capability 2.4 requirements shall be notified by the local fire official in 25 writing of the automatic fire sprinkler requirement, as well 26 27 as the appropriate date for final compliance as provided in 2.8 this subparagraph. The local fire official shall send a copy 29 of the document to the Agency for Health Care Administration. 30 m. Except in cases of life-threatening fire hazards, if an existing facility experiences a change in the evacuation 31

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1 capability, or if the local authority having jurisdiction 2 identifies a construction-type restriction, such that an automatic fire sprinkler system is required, it shall be 3 afforded time for installation as provided in this 4 5 subparagraph. б 7 Facilities that are fully sprinkled and in compliance with 8 other firesafety standards are not required to conduct more than one of the required fire drills between the hours of 11 9 p.m. and 7 a.m., per year. In lieu of the remaining drills, 10 staff responsible for residents during such hours may be 11 12 required to participate in a mock drill that includes a review 13 of evacuation procedures. Such standards must be included or referenced in the rules adopted by the State Fire Marshal. 14 Pursuant to s. 633.022(1)(b), the State Fire Marshal is the 15 final administrative authority for firesafety standards 16 17 established and enforced pursuant to this section. All 18 licensed facilities must have an annual fire inspection conducted by the local fire marshal or authority having 19 jurisdiction. 20 21 3. Resident elopement requirements. -- Each facility 22 shall conduct a minimum of two resident elopement prevention 23 and response drills per year. All administrators and direct care staff shall participate in the drills, which must include 2.4 a review of procedures to address resident elopement. Each 25 facility shall document the implementation of the drills and 26 27 ensure that the drills are conducted in a manner consistent 2.8 with the facility's resident elopement policies and 29 procedures. 30 (b) The preparation and annual update of a comprehensive emergency management plan. Such standards must 31

1 be included in the rules adopted by the agency department 2 after consultation with the Department of Community Affairs. At a minimum, the rules must provide for plan components that 3 address emergency evacuation transportation; adequate 4 sheltering arrangements; postdisaster activities, including 5 6 provision of emergency power, food, and water; postdisaster 7 transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of 8 records; communication with families; and responses to family 9 inquiries. The comprehensive emergency management plan is 10 subject to review and approval by the local emergency 11 12 management agency. During its review, the local emergency 13 management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the 14 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 emergency management agency shall complete its review within 19 60 days and either approve the plan or advise the facility of 20 21 necessary revisions. 22 (c) The number, training, and qualifications of all 23 personnel having responsibility for the care of residents. The rules must require adequate staff to provide for the 2.4 safety of all residents. Facilities licensed for 17 or more 25 residents are required to maintain an alert staff for 24 hours 26 27 per day. 2.8 (d) All sanitary conditions within the facility and 29 its surroundings which will ensure the health and comfort of

30 residents. The rules must clearly delineate the

31 responsibilities of the agency's licensure and survey staff,

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the county health departments, and the local authority having 1 2 jurisdiction over fire safety and ensure that inspections are not duplicative. The agency may collect fees for food service 3 inspections conducted by the county health departments and 4 transfer such fees to the Department of Health. 5 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, moratoriums, classification of deficiencies, levying and 11 12 enforcement of penalties, and use of income from fees and 13 fines. (g) The enforcement of the resident bill of rights 14 specified in s. 400.428. 15 (h) The care and maintenance of residents, which must 16 17 include, but is not limited to: 1. The supervision of residents; 18 2. The provision of personal services; 19 3. The provision of, or arrangement for, social and 20 21 leisure activities; 22 4. The arrangement for appointments and transportation 23 to appropriate medical, dental, nursing, or mental health services, as needed by residents; 2.4 5. The management of medication; 25 6. The nutritional needs of residents; 26 27 7. Resident records; and 2.8 8. Internal risk management and quality assurance. 29 (i) Facilities holding a limited nursing, extended 30 congregate care, or limited mental health license. 31

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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
б	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 <u>department</u> 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. The standards for facilities with 16 or fewer beds shall be 3 appropriate for a noninstitutional residential environment, 4 provided that the structure is no more than two stories in 5 6 height and all persons who cannot exit the facility unassisted 7 in an emergency reside on the first floor. The agency 8 department, in conjunction with the <u>department</u> agency, may make other distinctions among types of facilities as necessary 9 to enforce the provisions of this part. Where appropriate, the 10 agency shall offer alternate solutions for complying with 11 12 established standards, based on distinctions made by the 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 17 rules to the Speaker of the House of Representatives, the 18 President of the Senate, and appropriate committees substance for review and comment prior to the promulgation 19 thereof. 20 21 (a) Rules adopted promulgated by the agency department 22 shall encourage the development of homelike facilities which 23 promote the dignity, individuality, personal strengths, and decisionmaking ability of residents. 2.4 (b) The agency, in consultation with the department, 25 may waive rules promulgated pursuant to this part in order to 26 27 demonstrate and evaluate innovative or cost-effective 2.8 congregate care alternatives which enable individuals to age 29 in place. Such waivers may be granted only in instances where there is reasonable assurance that the health, safety, or 30 welfare of residents will not be endangered. To apply for a 31

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1 waiver, the licensee shall submit to the agency a written 2 description of the concept to be demonstrated, including goals, objectives, and anticipated benefits; the number and 3 types of residents who will be affected, if applicable; a 4 brief description of how the demonstration will be evaluated; 5 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 other facilities to adopt the same practices. The agency 11 12 department may by rule clarify terms and establish waiver 13 application procedures, criteria for reviewing waiver 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 18 quality-of-care standards in lieu of a full inspection in facilities which have a good record of past performance. 19 However, a full inspection shall be conducted in facilities 20 21 which have had a history of class I or class II violations, 22 uncorrected class III violations, confirmed ombudsman council 23 complaints, or confirmed licensure complaints, within the previous licensure period immediately preceding the inspection 2.4 or when a potentially serious problem is identified during the 25 abbreviated inspection. The agency, in consultation with the 26 27 department, shall develop the key quality-of-care standards 2.8 with input from the State Long-Term Care Ombudsman Council and 29 representatives of provider groups for incorporation into its rules. The agency department, in consultation with the 30 department agency, shall report annually to the Legislature 31

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concerning its implementation of this subsection. The report 1 shall include, at a minimum, the key quality-of-care standards 2 which have been developed; the number of facilities identified 3 as being eligible for the abbreviated inspection; the number 4 of facilities which have received the abbreviated inspection 5 6 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 had abbreviated inspections; any recommendations for 9 modification to this subsection; any plans by the agency to 10 modify its implementation of this subsection; and any other 11 12 information which the agency department believes should be 13 reported. (5) A fee shall be charged by the department to any 14 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 102. Subsection (4) of section 400.442, 18 Florida Statutes, is amended to read: 19 20 400.442 Pharmacy and dietary services.--21 (4) The <u>agency</u> department may by rule establish 22 procedures and specify documentation as necessary to implement 23 this section. Section 103. Subsection (3) of section 400.444, 2.4 Florida Statutes, is amended to read: 25 400.444 Construction and renovation; requirements .--26 (3) The <u>agency</u> department may adopt rules to establish 27 2.8 procedures and specify the documentation necessary to 29 implement this section. 30 Section 104. Subsections (1), (2), and (3) of section 400.447 and section 400.451, Florida Statutes, are repealed. 31

1 Section 105. Subsections (1), (3), and (6) of section 2 400.452, Florida Statutes, as amended by section 3 of chapter 2003-405, Laws of Florida, are amended to read: 3 400.452 Staff training and educational programs; core 4 educational requirement. --5 б (1) Administrators and other assisted living facility 7 staff must meet minimum training and education requirements 8 established by the Department of Elderly Affairs or the agency by rule. This training and education is intended to assist 9 facilities to appropriately respond to the needs of residents, 10 to maintain resident care and facility standards, and to meet 11 12 licensure requirements. 13 (3) Effective January 1, 2004, a new facility 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 prescribed in s. 400.419. Administrators licensed in 19 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. 23 (6) Other facility staff shall participate in training relevant to their job duties as specified by rule of the 2.4 25 department. Section 106. Section 400.454, Florida Statutes, is 26 27 amended to read: 2.8 400.454 Collection of information; local subsidy.--(1) To enable the <u>agency</u> department to collect the 29 information requested by the Legislature regarding the actual 30 cost of providing room, board, and personal care in 31 202

1 facilities, the agency may department is authorized to conduct 2 field visits and audits of facilities as may be necessary. The owners of randomly sampled facilities shall submit such 3 reports, audits, and accountings of cost as required the 4 department may require by rule; provided that such reports, 5 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 agency department by providing cost of operation information 9 10 to interviewers. (2) Local governments or organizations may contribute 11 12 to the cost of care of local facility residents by further 13 subsidizing the rate of state-authorized payment to such facilities. Implementation of local subsidy shall require 14 agency departmental approval and shall not result in 15 16 reductions in the state supplement. 17 Section 107. Subsections (1) and (4) of section 18 400.464, Florida Statutes, are amended to read: 400.464 Home health agencies to be licensed; 19 expiration of license; exemptions; unlawful acts; penalties .--20 21 (1) The requirements of part II of chapter 408 apply 2.2 to the provision of services that necessitate licensure 23 pursuant to this part and part II of chapter 408 and to entities licensed or registered by or applying for such 2.4 licensure or registration from the Agency for Health Care 25 Administration pursuant to this part. However, an applicant 26 27 for licensure is exempt from the provisions of s. 408.810(10). 2.8 Any home health agency must be licensed by the agency to 29 operate in this state. A license issued to a home health 30 agency, unless sooner suspended or revoked, -expires 1 its date of issuance. 31 after

1 (4)(a) An organization may not provide, offer, or 2 advertise home health services to the public unless the organization has a valid license or is specifically exempted 3 under this part. An organization that offers or advertises to 4 the public any service for which licensure or registration is 5 6 required under this part must include in the advertisement the 7 license number or regulation number issued to the organization 8 by the agency. The agency shall assess a fine of not less than \$100 to any licensee or registrant who fails to include 9 the license or registration number when submitting the 10 advertisement for publication, broadcast, or printing. 11 The 12 holder of a license issued under this part may not advertise 13 or indicate to the public that it holds a home health agency or nurse registry license other than the one it has been 14 issued. 15 (b) A person who violates paragraph (a) is subject to 16 17 an injunctive proceeding under s. 408.816 s. 400.515. A violation of paragraph (a) or s. 408.812 is a deceptive and 18 unfair trade practice and constitutes a violation of the 19 Florida Deceptive and Unfair Trade Practices Act. 2.0 21 (c) A person who violates the provisions of paragraph (a) commits a misdemeanor of the second degree, punishable as 2.2 23 provided in s. 775.082 or s. 775.083. Any person who commits 2.4 second or subsequent violation commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 25 26 775.083. Each day of continuing violation constitutes a 27 separate offense. 2.8 Section 108. Section 400.471, Florida Statutes, is amended to read: 29 30 400.471 Application for license; fee; provisional

31 license; temporary permit.--

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1 (1)Each applicant for licensure must comply with all 2 provisions of part II of chapter 408. Application for an initial license or for renewal of an existing license must be 3 4 made under oath to the agency on forms furnished by it and 5 must be accompanied by the appropriate license fee as provided 6 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 satisfactory proof that the home health agency is in 11 12 compliance with this part and applicable rules, including: 13 (a) A listing of services to be provided, either 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. (3) An applicant for initial licensure must 19 20 demonstrate financial ability to operate by submitting a 21 balance sheet and income and expense statement for the first 2 2.2 years of operation which provide evidence of having sufficient 23 assets, credit, and projected revenues to cover liabilities and expenses. The applicant shall have demonstrated financial 2.4 ability to operate if the applicant's assets, credit, and 25 26 projected revenues meet or exceed projected liabilities and 27 expenses. All documents required under this subsection must 2.8 be prepared in accordance with generally accepted accounting principles, and the financial statement must be signed by 29 30 certified public accountant. 31

1 (4) 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 of the applicant, in accordance with the level 2 standards for 5 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 10 financial officer, or similarly titled individual who is responsible for the financial operation of the licensed home 11 12 health agency. 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 17 convicted of an offense prohibited under the level 2 standards 18 for screening set forth in chapter 435. (c) Proof of compliance with the level 2 background 19 screening requirements of chapter 435 which has been submitted 2.0 21 within the previous 5 years in compliance with any other 2.2 health care or assisted living licensure requirements of this 23 state is acceptable in fulfillment of paragraph (a). Proof of compliance with background screening which has been submitted 2.4 within the previous 5 years to fulfill the requirements of the 25 Financial Services Commission and the Office of Insurance 26 27 Regulation pursuant to chapter 651 as part of an application 2.8 for a certificate of authority to operate a continuing care retirement community is acceptable in fulfillment of the 29 Department of Law Enforcement and Federal Bureau of 30 Investigation background check. 31

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 has not vet received background screening results from the 5 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 background screening for each individual required by this 9 10 section to undergo background screening which confirms that all standards have been met, or upon the granting of a 11 12 disqualification exemption by the agency as set forth in 13 chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity 14 pending the agency's receipt of the report from the Federal 15 Bureau of Investigation. However, the person may not continue 16 17 to serve if the report indicates any violation of background screening standards and a disqualification exemption has not 18 been requested of and granted by the agency as set forth in 19 20 chapter 435. 21 (e) Each applicant must submit to the agency, with its 2.2 application, a description and explanation of any exclusions, 23 permanent suspensions, or terminations of the licensee or potential licensee from the Medicare or Medicaid programs. 2.4 Proof of compliance with the requirements for disclosure of 25 ownership and control interest under the Medicaid or Medicare 26 27 programs may be accepted in lieu of this submission. 28 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 29 30 prohibited under the level 2 standards of chapter 435 by a

31 member of the board of directors of the applicant, its

1 officers, or any individual owning 5 percent or more of the 2 applicant. This requirement does not apply to a director of a not for profit corporation or organization if the director 3 4 serves solely in a voluntary capacity for the corporation or 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 8 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 9 10 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 11 12 include in the application a statement affirming that the 13 director's relationship to the corporation satisfies the requirements of this paragraph. 14 15 (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been 16 17 found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited 18 under the level 2 standards for screening set forth in chapter 19 435, unless an exemption from disqualification has been 2.0 21 granted by the agency as set forth in chapter 435. 22 (h) The agency may deny or revoke licensure if the 23 applicant: 1. Has falsely represented a material fact in the 2.4 application required by paragraph (e) or paragraph (f), or has 25 omitted any material fact from the application required by 26 27 paragraph (e) or paragraph (f); or 28 2. Has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from 29 participation in this state's Medicaid program, or the 30 Medicaid program of any other state, or from participation in 31

1 the Medicare program or any other governmental or private 2 health care or health insurance program. (i) An application for license renewal must contain 3 4 the information required under paragraphs (e) and (f). 5 (3) (5) In addition to the requirements of s. 408.810, б 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 proof of coverage with an initial application for licensure 9 and with each annual application for license renewal: 10 (a) Malpractice insurance as defined in s. 11 12 624.605(1)(k); and 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 18 if the applicant has met the requirements established under this part and applicable rules. The home health agency must 19 file with the application satisfactory proof that it is in 2.0 21 compliance with this part and applicable rules. If there is 2.2 evidence of financial instability, the home health agency must 23 submit satisfactory proof of its financial ability to comply 2.4 with the requirements of this part. (7) When transferring the ownership of a home health 25 agency, the transferee must submit an application for a 26 27 license at least 60 days before the effective date of the 2.8 transfer. If the home health agency is being leased, a copy of the lease agreement must be filed with the application. 29 30 (4)(8) In accordance with s. 408.805, an applicant or

31 <u>licensee shall pay a fee for each license application</u>

1 submitted under this part and part II of chapter 408. The fee 2 shall be established by rule and shall be set at The license fee and annual renewal fee required of a home health agency 3 are nonrefundable. The agency shall set the fees in an amount 4 that is sufficient to cover the agency's its costs in carrying 5 6 out its responsibilities under this part, but <u>may</u> not to 7 exceed<u>\$2,000 per biennium</u>\$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 Trust Fund for the administration of this part. 11 12 (9) The license must be displayed in a conspicuous 13 place in the administrative office of the home health agency 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 18 originally issued. 19 (10) A home health agency against whom a revocation or suspension proceeding is pending at the time of license 2.0 21 renewal may be issued a provisional license effective until 2.2 final disposition by the agency of such proceedings. If 23 judicial relief is sought from the final disposition, the court that has jurisdiction may issue a temporary permit for 2.4 the duration of the judicial proceeding. 25 (5)(11) The agency may not issue a license designated 26 27 as certified to a home health agency that fails to satisfy the 2.8 requirements of a Medicare certification survey from the 29 agency. 30

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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 <del>part.</del> 4 Section 109. Section 400.474, Florida Statutes, is amended to read: 5 б 400.474 Denial or, suspension, revocation of license; 7 injunction; grounds; penalties.--8 (1) The agency may deny or, revoke, or suspend a license, or impose an administrative fine in the manner 9 10 provided in chapter 120, or initiate injunctive proceedings under s. 408.816 for the violation of any provision of this 11 part, part II of chapter 408, or applicable rules s. 400.515. 12 13 (2) Any of the following actions by a home health agency or its employee is grounds for disciplinary action by 14 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 22 family-care home, unless the home health agency or employee 23 reports the unlicensed facility or home to the agency within 72 hours after providing the services. 2.4 25 (3) The agency may impose the following penalties for 26 operating without a license upon an applicant or owner who has 27 in the past operated, or who currently operates, a licensed 2.8 home health agency. 29 (a) If a home health agency that is found to be operating without a license wishes to apply for a license, the 30 home health agency may submit an application only after the 31

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 4 violates paragraph (a) and that previously operated a licensed 5 home health agency or concurrently operates both a licensed 6 home health agency and an unlicensed home health agency 7 commits a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If an owner has an 8 interest in more than one home health agency and fails to 9 10 license any one of those home health agencies, the agency must issue a cease and desist order for the activities of the 11 12 unlicensed home health agency and impose a moratorium on any 13 or all of the licensed related home health agencies until the unlicensed home health agency is licensed. 14 15 (3)(c) If any home health agency is found to be operating without a license meets the criteria in paragraph 16 17 (a) or paragraph (b) and that home health agency has received 18 any government reimbursement for services provided by an 19 unlicensed home health agency, the agency shall make a fraud referral to the appropriate government reimbursement program. 2.0 21 (4) The agency may deny, revoke, or suspend the 2.2 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: 2.4 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. 2.8 (b) An applicant or a licensed home health agency has falsely represented a material fact in the application, or has 29 30 omitted from the application any material fact, including, but not limited to, the fact that the controlling or ownership 31

1 interest is held by any officer, director, agent, manager, 2 employee, affiliated person, partner, or shareholder who is 3 not eligible to participate. 4 (c) An applicant, owner, or person who has a 5 percent 5 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 Has been or is currently excluded, suspended, 11 2 12 terminated from, or has involuntarily withdrawn from, 13 participation in the Medicaid program of this state or any 14 other state, the Medicare program, or any other governmental 15 health care or health insurance program. Section 110. Subsection (1) and paragraphs (a) and (b) 16 17 of subsection (2) of section 400.484, Florida Statutes, are 18 amended to read: 400.484 Right of inspection; deficiencies; fines .--19 (1) In accordance with s. 408.811, Any duly authorized 20 21 officer or employee of the agency may make such inspections 2.2 and investigations as are necessary in order to determine the 23 state of compliance with this part and with applicable rules. 2.4 The right of inspection extends to any business that the 25 agency has reason to believe is being operated as a home 26 health agency without a license, but such inspection of any 27 such business may not be made without the permission of the 2.8 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

1 for an appropriate inspection to verify the information submitted on or in connection with the application. 2 (2) The agency shall impose fines for various classes 3 of deficiencies in accordance with the following schedule: 4 5 (a) A class I deficiency is any act, omission, or 6 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 the amount of \$5,000 for each occurrence and each day that the 10 deficiency exists. In addition, the agency may immediately 11 12 revoke the license, or impose a moratorium pursuant to s. 13 408.814 on the admission of new patients, until the factors 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 the amount of \$1,000 for each occurrence and each day that the 19 deficiency exists. In addition, the agency may suspend the 20 license, or impose a moratorium pursuant to s. 408.814 on the 21 22 admission of new patients, until the deficiency has been 23 corrected. Section 111. Section 400.494, Florida Statutes, is 2.4 amended to read: 25 400.494 Information about patients confidential.--26 27 (1) Information about patients received by persons 2.8 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. 30 119.07(1) and <u>may shall</u> not be disclosed to any person other 31

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1 than the patient without the written consent of that patient 2 or the patient's guardian. (2) This section does not apply to information 3 4 lawfully requested by the Medicaid Fraud Control Unit of the Office of the Attorney General or requested under s. 408.811 5 6 Department of Legal Affairs. 7 Section 112. 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. 408.810(5), On or before the first day home health services 11 12 are provided to a patient, any home health agency or nurse 13 registry licensed under this part must inform the patient and his or her immediate family, if appropriate, of the right to 14 15 report abusive, neglectful, or exploitative practices. The 16 statewide toll free telephone number for the central abuse 17 hotline must be provided to patients in a manner that is 18 clearly legible and must include the words: "To report abuse, neglect, or exploitation, please call toll free ... (phone 19 number)...." the Agency for Health Care Administration shall 20 21 adopt rules that provide for 90 days' advance notice of a 22 change in the toll free telephone number and that outline due 23 process procedures, as provided under chapter 120, for home health agency personnel and nurse registry personnel who are 2.4 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 113. Section 400.497, Florida Statutes, is amended to read: 29 400.497 Rules establishing minimum standards.--The 30 agency shall adopt, publish, and enforce rules to implement 31

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1 part II of chapter 408, this part, including, as applicable, 2 ss. 400.506 and 400.509, which must provide reasonable and fair minimum standards relating to: 3 4 (1) The home health aide competency test and home health aide training. The agency shall create the home health 5 б aide competency test and establish the curriculum and 7 instructor qualifications for home health aide training. 8 Licensed home health agencies may provide this training and shall furnish documentation of such training to other licensed 9 home health agencies upon request. Successful passage of the 10 competency test by home health aides may be substituted for 11 12 the training required under this section and any rule adopted 13 pursuant thereto. (2) Shared staffing. The agency shall allow shared 14 staffing if the home health agency is part of a retirement 15 community that provides multiple levels of care, is located on 16 17 one campus, is licensed under this chapter, and otherwise 18 meets the requirements of law and rule. 19 (3) The criteria for the frequency of onsite licensure surveys. 20 21 (4) Licensure application and renewal. 22 (5) The requirements for onsite and electronic 23 accessibility of supervisory personnel of home health 2.4 agencies. (6) Information to be included in patients' records. 25 (7) Geographic service areas. 26 27 (8) Preparation of a comprehensive emergency 2.8 management plan pursuant to s. 400.492. 29 (a) The Agency for Health Care Administration shall 30 adopt rules establishing minimum criteria for the plan and 31

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 maintenance of patient-specific medication lists that can 5 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 department shall ensure that the following agencies, at a 9 minimum, are given the opportunity to review the plan: 10 1. The local emergency management agency. 11 12 2. The Agency for Health Care Administration. 13 3. The local chapter of the American Red Cross or other lead sheltering agency. 14 4. The district office of the Department of Children 15 16 and Family Services. 17 The county health department shall complete its review within 18 60 days after receipt of the plan and shall either approve the 19 plan or advise the home health agency of necessary revisions. 20 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 departments, the agency, and all the local chapters of the 2.4 American Red Cross or other lead sheltering agencies in the 25 areas of operation for that particular home health agency. The 26 27 Department of Health shall complete its review within 90 days 2.8 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 31

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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 1. A facility that is certified under chapter 651 and 6 has a licensed home health agency used exclusively by 7 residents of the facility; or 2. A retirement community that consists of residential 8 units for independent living and either a licensed nursing 9 home or an assisted living facility, and has a licensed home 10 health agency used exclusively by the residents of the 11 12 retirement community, provided the comprehensive emergency 13 management plan for the facility or retirement community provides for continuous care of all residents with special 14 15 needs during an emergency. Section 114. Section 400.506, Florida Statutes, is 16 17 amended to read: 400.506 Licensure of nurse registries; requirements; 18 penalties.--19 (1) A nurse registry is exempt from the licensing 20 21 requirements of a home health agency but must be licensed as a 22 nurse registry. The requirements of part II of chapter 408 23 apply to the provision of services that necessitate licensure pursuant to 400.506-400.518 and part II of chapter 408 and to 2.4 entities licensed by or applying for such licensed from the 25 Agency for Health Care Administration pursuant to ss. 26 27 400.506-400.518. Each operational site of the nurse registry 2.8 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 must be listed on the license. 31

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1 (2) Each applicant for licensure must comply with all 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 б accordance with the level 2 standards for screening set forth 7 in chapter 435, of the managing employee, or other similarly titled individual who is responsible for the daily operation 8 of the nurse registry, and of the financial officer, or other 9 10 similarly titled individual who is responsible for the financial operation of the registry, including billings for 11 12 patient care and services. The applicant shall comply with the procedures for level 2 background screening as set forth 13 14 in chapter 435. 15 (b) The agency may require background screening of any other individual who is an applicant if the agency has 16 17 probable cause to believe that he or she has been convicted of 18 crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435. 19 20 (c) Proof of compliance with the level 2 background 21 screening requirements of chapter 435 which has been submitted 2.2 within the previous 5 years in compliance with any other 23 health care or assisted living licensure requirements of this state is acceptable in fulfillment of the requirements of 2.4 25 paragraph (a). 26 (d) A provisional license may be granted to an 27 applicant when each individual required by this section to 2.8 undergo background screening has met the standards for the 29 Department of Law Enforcement background check but the agency has not yet received background screening results from the 30 Federal Bureau of Investigation. A standard license may be 31

1 granted to the applicant upon the agency's receipt of a report 2 of the results of the Federal Bureau of Investigation background screening for each individual required by this 3 4 section to undergo background screening which confirms that 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 pending the agency's receipt of the report from the Federal 9 10 Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background 11 12 screening standards and a disqualification exemption has not 13 been requested of and granted by the agency as set forth in chapter 435. 14 15 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 16 17 permanent suspensions, or terminations of the applicant from 18 the Medicare or Medicaid programs. Proof of compliance with 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 prohibited under the level 2 standards of chapter 435 by a 2.4 member of the board of directors of the applicant, its 25 officers, or any individual owning 5 percent or more of the 26 27 applicant. This requirement does not apply to a director of a 2.8 not for profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 29 30 organization, does not regularly take part in the day to day operational decisions of the corporation or organization, 31

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1 receives no remuneration for his or her services on the 2 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 3 4 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 5 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 quilty of, regardless of adjudication, or has entered a plea of nolo 11 12 contendere or quilty to, any offense prohibited under the 13 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 14 the agency as set forth in chapter 435. 15 16 (h) The agency may deny or revoke the license if any 17 applicant: 18 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 19 20 omitted any material fact from the application required by 21 paragraph (e) or paragraph (f); or 22 Has had prior action taken against the applicant 23 under the Medicaid or Medicare program as set forth in 2.4 paragraph (e). 25 (i) An application for license renewal must contain the information required under paragraphs (e) and (f). 26 (3) In accordance with s. 408.805, an applicant or 27 2.8 licensee shall pay a fee for each license application submitted under ss. 400.508-400.518 and part II of chapter 29 30 408. The amount of the fee shall be established by rule and may not exceed \$2,000 per biennium. Application for license 31

1 must be made to the Agency for Health Care Administration on 2 forms furnished by it and must be accompanied by the appropriate licensure fee, as established by rule and not to 3 4 exceed the cost of regulation under this part. The licensure fee for nurse registries may not exceed \$1,000 and must be 5 6 deposited in the Health Care Trust Fund. 7 (4) The Agency for Health Care Administration may deny, revoke, or suspend a license or impose an administrative 8 9 fine in the manner provided in chapter 120 against a nurse 10 registry that: (a) Fails to comply with this section or applicable 11 12 rules. 13 (b) Commits an intentional, reckless, or negligent act that materially affects the health or safety of a person 14 15 receiving services. (5) A license issued for the operation of a nurse 16 17 registry, unless sooner suspended or revoked, expires 1 year 18 after its date of issuance. Sixty days before the expiration date, an application for renewal must be submitted to the 19 Agency for Health Care Administration on forms furnished by 2.0 21 it. The Agency for Health Care Administration shall renew the 2.2 license if the applicant has met the requirements of this 23 section and applicable rules. A nurse registry against which a revocation or suspension proceeding is pending at the time 2.4 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 2.8 sought from the final disposition, the court having jurisdiction may issue a conditional license for the duration 29 30 of the judicial proceeding. 31

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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 required under this section must include in such advertisement 5 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. It is unlawful for any holder of a license to advertise or 11 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. A person who violates this subsection is subject to injunctive 14 proceedings under s. 400.515. 15 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 complaints or to determine the state of compliance with this 19 section and applicable rules. 20 21 (a) If, in responding to a complaint, an agent or 2.2 employee of the Agency for Health Care Administration has 23 reason to believe that a crime has been committed, he or she 2.4 shall notify the appropriate law enforcement agency. 25 If, in responding to a complaint, an agent or <del>(b)</del> employee of the Agency for Health Care Administration has 26 reason to believe that abuse, neglect, or exploitation has 27 2.8 occurred, according to the definitions in chapter 415, he or she shall file a report under chapter 415. 29 30 (5)(10)(a) A nurse registry may refer for contract in private residences registered nurses and licensed practical 31

nurses registered and licensed under part I of chapter 464, 1 2 certified nursing assistants certified under part II of chapter 464, home health aides who present documented proof of 3 successful completion of the training required by rule of the 4 5 agency, and companions or homemakers for the purposes of 6 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 9 diseases.

10 (b) A certified nursing assistant or home health aide may be referred for a contract to provide care to a patient in 11 12 his or her home only if that patient is under a physician's 13 care. A certified nursing assistant or home health aide referred for contract in a private residence shall be limited 14 to assisting a patient with bathing, dressing, toileting, 15 grooming, eating, physical transfer, and those normal daily 16 17 routines the patient could perform for himself or herself were 18 he or she physically capable. A certified nursing assistant or home health aide may not provide medical or other health 19 care services that require specialized training and that may 20 21 be performed only by licensed health care professionals. The 22 nurse registry shall obtain the name and address of the 23 attending physician and send written notification to the physician within 48 hours after a contract is concluded that a 2.4 certified nursing assistant or home health aide will be 25 26 providing care for that patient.

(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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1 attention shall be reported to the attending physician and the nurse registry. The assessment shall become a part of the 2 patient's file with the nurse registry and may be reviewed by 3 the agency during their survey procedure. 4 (6) (11) A person who is referred by a nurse registry 5 6 for contract in private residences and who is not a nurse 7 licensed under part I of chapter 464 may perform only those 8 services or care to clients that the person has been certified 9 to perform or trained to perform as required by law or rules of the Agency for Health Care Administration or the Department 10 of Business and Professional Regulation. Providing services 11 12 beyond the scope authorized under this subsection constitutes 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)<del>(12)</del> Each nurse registry must require every 17 applicant for contract to complete an application form 18 providing the following information: (a) The name, address, date of birth, and social 19 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 certification. 2.4 (d) When appropriate, information concerning the 25 26 renewal of the applicable license, registration, or 27 certification. 2.8 (8)(13) Each nurse registry must comply with the procedures set forth in s. 400.512 for maintaining records of 29 the employment history of all persons referred for contract 30 and is subject to the standards and conditions set forth in 31

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1 that section. However, an initial screening may not be 2 required for persons who have been continuously registered with the nurse registry since September 30, 1990. 3 (9)(14) The nurse registry must maintain the 4 application on file, and that file must be open to the 5 6 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 is sent for contract and the amount of the fee received by the 9 nurse registry. A nurse registry must maintain the file that 10 includes the application and other applicable documentation 11 12 for 3 years after the date of the last file entry of 13 client-related information. (10)(15) Nurse registries shall assist persons who 14 would need assistance and sheltering during evacuations 15 because of physical, mental, or sensory disabilities in 16 17 registering with the appropriate local emergency management 18 agency pursuant to s. 252.355. 19 (11)(16) Each nurse registry shall prepare and maintain a comprehensive emergency management plan that is 20 21 consistent with the criteria in this subsection and with the 22 local special needs plan. The plan shall be updated annually. 23 The plan shall specify how the nurse registry shall facilitate the provision of continuous care by persons referred for 2.4 contract to persons who are registered pursuant to s. 252.355 25 during an emergency that interrupts the provision of care or 26 27 services in private residencies. 28 (a) All persons referred for contract who care for persons registered pursuant to s. 252.355 must include in the 29 patient record a description of how care will be continued 30 during a disaster or emergency that interrupts the provision 31

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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.

4 (b) Each nurse registry shall maintain a current 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 patient, if the client is to be transported to a special needs 9 10 shelter and if the patient is receiving skilled nursing services. Nurse registries shall make this list available to 11 12 county health departments and to local emergency management 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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1 Cross or other lead sheltering agency are given the 2 opportunity to review the plan. The county health department shall complete its review within 60 days after receipt of the 3 plan and shall either approve the plan or advise the nurse 4 5 registry of necessary revisions. б (f) The Agency for Health Care Administration shall 7 adopt rules establishing minimum criteria for the 8 comprehensive emergency management plan and plan updates required by this subsection, with the concurrence of the 9 Department of Health and in consultation with the Department 10 of Community Affairs. 11 12 (12)<del>(17)</del> All persons referred for contract in private 13 residences by a nurse registry must comply with the following requirements for a plan of treatment: 14 (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 for the medical care of the patient, a medical plan of 19 treatment must be established for each patient receiving care 20 21 or treatment provided by a licensed nurse in the home. The 22 original medical plan of treatment must be timely signed by 23 the physician and reviewed by him or her in consultation with the licensed nurse at least every 2 months. Any additional 2.4 order or change in orders must be obtained from the physician 25 and reduced to writing and timely signed by the physician. 26 27 The delivery of care under a medical plan of treatment must be 2.8 substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing 29 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 treatment, any amendment to the plan, additional order or 3 change in orders, and copy of nursing notes must be filed in 4 the office of the nurse registry. 5 б (13)(18) The nurse registry must comply with the 7 notice requirements of s. 400.495, relating to abuse 8 reporting. (14)(19) In addition to any other penalties imposed 9 pursuant to this section or part, the agency may assess costs 10 related to an investigation that results in a successful 11 12 prosecution, excluding costs associated with an attorney's 13 time. If the agency imposes such an assessment and the assessment is not paid, and if challenged is not the subject 14 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)(20) The Agency for Health Care Administration shall adopt rules to implement this section and part II of 19 chapter 408. 20 21 Section 115. Section 400.509, Florida Statutes, is 2.2 amended to read: 23 400.509 Registration of particular service providers exempt from licensure; certificate of registration; regulation 2.4 of registrants. --25 (1) Any organization that provides companion services 26 27 or homemaker services and does not provide a home health 2.8 service to a person is exempt from licensure under this part. 29 However, any organization that provides companion services or homemaker services must register with the agency. 30 31

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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 licensure pursuant to ss. 400.509-400.512 and ss. 3 4 408.801-408.819 and to entities registered by or applying for such registration from the Agency for Health Care 5 б Administration pursuant to ss. 400.509-400.512. Each applicant 7 for registration must comply with all provisions of part II of chapter 408, with the exception of s. 408.810(6)-(10). 8 Registration consists of annually filing with the agency, 9 10 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. (b) If the registrant is a corporation or association, 15 its name and address; the name, address, date of birth, and 16 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 percent interest in the corporation or association. 19 20 (c) The name, address, date of birth, and social 21 security number of each person employed by or under contract 2.2 with the organization. 23 (3) In accordance with s. 408.805, an applicant or registrant shall pay a fee for each registration issued under 2.4 this part and part II of chapter 408. The amount of the fee 25 shall be \$50 per biennium. The agency shall charge a 26 27 registration fee of \$25 to be submitted with the information 2.8 required under subsection (2). 29 (4) Each applicant for registration must comply with 30 the following requirements: 31

1 (a) Upon receipt of a completed, signed, and dated 2 application, the agency shall require background screening, in accordance with the level 1 standards for screening set forth 3 4 in chapter 435, of every individual who will have contact with the client. The agency shall require background screening of 5 6 the managing employee or other similarly titled individual who 7 is responsible for the operation of the entity, and of the financial officer or other similarly titled individual who is 8 responsible for the financial operation of the entity, 9 10 including billings for client services in accordance with the level 2 standards for background screening as set forth in 11 12 chapter 435. 13 (b) The agency may require background screening of any other individual who is affiliated with the applicant if the 14 agency has a reasonable basis for believing that he or she has 15 been convicted of a crime or has committed any other offense 16 17 prohibited under the level 2 standards for screening set forth 18 in chapter 435. (c) Proof of compliance with the level 2 background 19 screening requirements of chapter 435 which has been submitted 2.0 21 within the previous 5 years in compliance with any other 2.2 health care or assisted living licensure requirements of this 23 state is acceptable in fulfillment of paragraph (a). (d) A provisional registration may be granted to an 2.4 applicant when each individual required by this section to 25 undergo background screening has met the standards for the 26 27 abuse registry background check through the agency and the 2.8 Department of Law Enforcement background check, but the agency has not yet received background screening results from the 29 30 Federal Bureau of Investigation. A standard registration may be granted to the applicant upon the agency's receipt of a 31

1 report of the results of the Federal Bureau of Investigation 2 background screening for each individual required by this section to undergo background screening which confirms that 3 4 all standards have been met, or upon the granting of a 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 screening standards and if a disqualification exemption has 11 12 not been requested of and granted by the agency as set forth 13 in chapter 435. (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 18 the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be 19 accepted in lieu of this submission. 20 21 (f) Each applicant must submit to the agency a 2.2 description and explanation of any conviction of an offense 23 prohibited under the level 2 standards of chapter 435 which was committed by a member of the board of directors of the 2.4 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 2.8 serves solely in a voluntary capacity for the corporation or 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

1 corporation's or organization's board of directors, and has no 2 financial interest and no family members having a financial interest in the corporation or organization, if the director 3 4 and the not for profit corporation or organization include in the application a statement affirming that the director's 5 6 relationship to the corporation satisfies the requirements of 7 this paragraph. 8 (g) A registration may not be granted to an applicant 9 if the applicant or managing employee has been found guilty 10 of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 11 12 level 2 standards for screening set forth in chapter 435, 13 unless an exemption from disqualification has been granted by 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 omitted any material fact from the application required by 19 paragraph (e) or paragraph (f); or 20 21 2. Has had prior action taken against the applicant 2.2 under the Medicaid or Medicare program as set forth in 23 paragraph (e). (i) An application for licensure renewal must contain 2.4 the information required under paragraphs (e) and (f). 25 26 (4)(5) Each registrant must obtain the employment or 27 contract history of persons who are employed by or under 2.8 contract with the organization and who will have contact at 29 any time with patients or clients in their homes by: 30 (a) Requiring such persons to submit an employment or contractual history to the registrant; and 31

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1 (b) Verifying the employment or contractual history, 2 unless through diligent efforts such verification is not possible. The agency shall prescribe by rule the minimum 3 4 requirements for establishing that diligent efforts have been 5 made. б 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 prospective employee of or prospective independent contractor 9 10 with a registrant who reasonably and in good faith communicates his or her honest opinions about the former 11 12 employee's or contractor's job performance. This subsection 13 does not affect the official immunity of an officer or employee of a public corporation. 14 15 (6) On or before the first day on which services are 16 provided to a patient or client, any registrant under this 17 part must inform the patient or client and his or her 18 immediate family, if appropriate, of the right to report abusive, neglectful, or exploitative practices. The statewide 19 toll free telephone number for the central abuse hotline must 2.0 21 be provided to patients or clients in a manner that is clearly 22 legible and must include the words: "To report abuse, neglect, 23 or exploitation, please call toll free ... (phone number)...." 2.4 Registrants must establish appropriate policies and procedures 25 for providing such notice to patients or clients. 26 (7) The provisions of s. 400.512 regarding screening 27 apply to any person or business entity registered under this 2.8 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

1 Administration shall issue a certificate of registration valid 2 for no more than 1 year. (9) The Agency for Health Care Administration may 3 4 deny, suspend, or revoke the registration of a person that: 5 (a) Fails to comply with this section or applicable б rules. 7 (b) Commits an intentional, reckless, or negligent act that materially affects the health or safety of a person 8 9 receiving services. 10 (10) The Agency for Health Care Administration may institute injunctive proceedings under s. 400.515. 11 12 (5) (11) A person that offers or advertises to the 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 18 a certificate of registration from the Agency for Health Care Administration. It is unlawful for any holder of a 19 certificate of registration to advertise or hold out to the 2.0 21 public that he or she holds a certificate of registration for 2.2 other than that for which he or she actually holds a 23 certificate of registration. Any person who violates this subsection is subject to injunctive proceedings under s. 2.4 25 400.515. 26 (13) Any duly authorized officer or employee of the Agency for Health Care Administration has the right to make 27 2.8 such inspections and investigations as are necessary in order to respond to complaints or to determine the state of 29 30 compliance with this section and applicable rules. 31

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 б 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 9 she shall file a report under chapter 415. 10 (6)(14) In addition to any other penalties imposed pursuant to this section or part, the agency may assess costs 11 12 related to an investigation that results in a successful 13 prosecution, excluding costs associated with an attorney's time. If the agency imposes such an assessment and the 14 assessment is not paid, and if challenged is not the subject 15 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) (15) The Agency for Health Care Administration shall adopt rules to administer this section and part II of 2.0 21 chapter 408. 22 (8) Notwithstanding the penalties provided in s. 23 408.812(3), any registrant that provides personal care to a client in the client's private residence commits a misdemeanor 2.4 of the first degree, punishable as provided in s. 775.082 or 25 s. 775.083, if the client's residence is not a facility 26 27 licensed in accordance with part II of chapter 408. Section 2.8 408.812 applies to all other unlicensed activity by a registrant, including the offering or advertising of any 29 service that necessitates licensure under part II of chapter 30 408. 31

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Section 116. Subsections (2) and (7) of section 1 2 400.512, Florida Statutes, are amended to read: 3 400.512 Screening of home health agency personnel; 4 nurse registry personnel; and companions and homemakers .-- The agency shall require employment or contractor screening as 5 б provided in chapter 435, using the level 1 standards for 7 screening set forth in that chapter, for home health agency 8 personnel; persons referred for employment by nurse registries; and persons employed by companion or homemaker 9 10 services registered under s. 400.509. (2) The administrator of each home health agency, the 11 12 managing employee of each nurse registry, and the managing 13 employee of each companion or homemaker service registered under s. 400.509 must sign an affidavit annually, under 14 15 penalty of perjury, stating that all personnel hired, 16 contracted with, or registered on or after October 1, 1994, 17 who enter the home of a patient or client in their service 18 capacity have been screened and that its remaining personnel 19 have worked for the home health agency or registrant continuously since before October 1, 1994. 2.0 21 (7)(a) It is a misdemeanor of the first degree, 2.2 punishable under s. 775.082 or s. 775.083, for any person 23 willfully, knowingly, or intentionally to: 1. Fail, by false statement, misrepresentation, 2.4 25 impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact 26 27 used in making a determination as to such person's 2.8 qualifications to be an employee under this section; 29 Operate or attempt to operate an entity licensed or 30 registered under this part with persons who do not meet the 31

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1 minimum standards for good moral character as contained in 2 this section; or 3 2.<del>3.</del> Use information from the criminal records obtained under this section for any purpose other than 4 screening that person for employment as specified in this 5 6 section or release such information to any other person for 7 any purpose other than screening for employment under this 8 section. 9 (b) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person 10 willfully, knowingly, or intentionally to use information from 11 12 the juvenile records of a person obtained under this section 13 for any purpose other than screening for employment under this section. 14 Section 117. Section 400.515, Florida Statutes, is 15 16 repealed. 17 Section 118. Subsections (6) and (7) of section 18 400.551, Florida Statutes, are amended to read: 400.551 Definitions.--As used in this part, the term: 19 20 (6) "Operator" means the <u>licensee or</u> person having 21 general administrative charge of an adult day care center. 22 (7) "Owner" means the <u>licensee</u> owner of an adult day 23 care center. Section 119. Section 400.554, Florida Statutes, is 2.4 amended to read: 25 400.554 License requirement; fee; exemption; 26 27 display.--2.8 (1) The requirements of part II of chapter 408 apply to the provision of services that necessitate licensure 29 pursuant to this part and part II of chapter 408 and to 30 entities licensed by or applying for such licensure from the 31

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1 Agency for Health Care Administration pursuant to this part. 2 However, an applicant for licensure is exempt from the provisions of s. 408.810(10). It is unlawful to operate an 3 4 adult day care center without first obtaining from the agency a license authorizing such operation. The agency is 5 responsible for licensing adult day care centers in accordance 6 7 with this part. 8 (2) Separate licenses are required for centers operated on separate premises, even though operated under the 9 10 same management. Separate licenses are not required for separate buildings on the same premises. 11 12 (3) In accordance with s. 408.805, an applicant or 13 licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 14 amount of the fee shall be established by rule and The 15 biennial license fee required of a center shall be determined 16 17 by the department, but may not exceed \$150 per biennium. 18 (4) County-operated or municipally operated centers 19 applying for licensure under this part are exempt from the 20 payment of license fees. 21 (5) The license for a center shall be displayed in a 2.2 conspicuous place inside the center. 23 (6) A license is valid only in the possession of the 2.4 individual, firm, partnership, association, or corporation to which it is issued and is not subject to sale, assignment, or 25 26 other transfer, voluntary or involuntary; nor is a license 27 valid for any premises other than the premises for which 2.8 originally issued. 29 Section 120. Section 400.555, Florida Statutes, is 30 amended to read: 400.555 Application for license.--31

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1 (1) An application for a license to operate an adult 2 care center must be made to the agency on forms furnished dav 3 by the agency and must be accompanied by the appropriate license fee unless the applicant is exempt from payment of the 4 fee as provided in s. 400.554(4). 5 б (2) In addition to all provisions of part II of 7 chapter 408, the applicant for licensure must furnish+ 8 (a) a description of the physical and mental capabilities and needs of the participants to be served and 9 10 the availability, frequency, and intensity of basic services and of supportive and optional services to be provided .+ 11 12 (b) Satisfactory proof of financial ability to operate 13 and conduct the center in accordance with the requirements of this part, which must include, in the case of an initial 14 15 application, a 1 year operating plan and proof of a 3 month 16 operating reserve fund; and 17 (c) Proof of adequate liability insurance coverage. 18 <del>(d)</del> Proof of compliance with level 2 background screening as required under s. 400.5572. 19 20 (e) A description and explanation of any exclusions, 21 permanent suspensions, or terminations of the application from 2.2 the Medicare or Medicaid programs. Proof of compliance with 23 disclosure of ownership and control interest requirements of the Medicare or Medicaid programs shall be accepted in lieu of 2.4 this submission. 25 26 Section 121. Section 400.556, Florida Statutes, is 27 amended to read: 28 400.556 Denial or, suspension, revocation of license; emergency action; administrative fines; investigations and 29 30 inspections.--

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1 (1) The agency may deny or, revoke, or suspend a 2 license under this part, impose an action under s. 408.814, or may impose an administrative fine against the owner of an 3 4 adult day care center or its operator or employee in the manner provided in chapter 120 for a violation of any 5 6 provision of this part, part II of chapter 408, or applicable 7 <u>rules</u>. (2) Each of the following actions by the owner of an 8 adult day care center or by its operator or employee is a 9 10 ground for action by the agency against the owner of the center or its operator or employee: 11 12 (a) An intentional or negligent act materially 13 affecting the health or safety of center participants. (b) A violation of this part or of any standard or 14 15 rule under this part. (b) (c) A failure of persons subject to level 2 16 17 background screening under s. 400.4174(1) to meet the screening standards of s. 435.04, or the retention by the 18 center of an employee subject to level 1 background screening 19 standards under s. 400.4174(2) who does not meet the screening 20 21 standards of s. 435.03 and for whom exemptions from 22 disqualification have not been provided by the agency. 23 (c) (d) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the 2.4 transportation, voluntary admission, and involuntary 25 examination of center participants. 26 27 (d) (d) (e) Multiple or repeated violations of this part or 2.8 of any standard or rule adopted under this part or part II of 29 chapter 408. 30 (f) Exclusion, permanent suspension, or termination of the owner, if an individual, officer, or board member of the 31 241

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1 adult day care center, if the owner is a firm, corporation, 2 partnership, or association, or any person owning 5 percent or more of the center, from the Medicare or Medicaid program. 3 4 (3) The agency is responsible for all investigations 5 and inspections conducted pursuant to this part. б Section 122. Section 400.5565, Florida Statutes, is 7 amended to read: 400.5565 Administrative fines; interest.--8 9 (1)(a) If the agency determines that an adult day care 10 center is not operated in compliance with this part, part II of chapter 408, or applicable with rules adopted under this 11 12 part, the agency, notwithstanding any other administrative 13 action it takes, shall make a reasonable attempt to discuss with the owner each violation and recommended corrective 14 action prior to providing the owner with written notification. 15 The agency may request the submission of a corrective action 16 17 plan for the center which demonstrates a good faith effort to 18 remedy each violation by a specific date, subject to the approval of the agency. 19 20 (b) The owner of a center or its operator or employee 21 found in violation of this part, part II of chapter 408, or 22 applicable of rules adopted under this part may be fined by 23 the agency. A fine may not exceed \$500 for each violation. In no event, however, may such fines in the aggregate exceed 2.4 \$5,000. 25 (c) The failure to correct a violation by the date set 26 27 by the agency, or the failure to comply with an approved 2.8 corrective action plan, is a separate violation for each day such failure continues, unless the agency approves an 29 30 extension to a specific date. 31

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1 (d) If the owner of a center or its operator or 2 employee appeals an agency action under this section and the fine is upheld, the violator shall pay the fine, plus interest 3 at the legal rate specified in s. 687.01 for each day that the 4 fine remains unpaid after the date set by the agency for 5 6 payment of the fine. 7 (2) In determining whether to impose a fine and in 8 fixing the amount of any fine, the agency shall consider the 9 following factors: 10 (a) The gravity of the violation, including the probability that death or serious physical or emotional harm 11 12 to a participant will result or has resulted, the severity of 13 the actual or potential harm, and the extent to which the provisions of the applicable statutes or rules were violated. 14 (b) Actions taken by the owner or operator to correct 15 violations. 16 17 (c) Any previous violations. 18 (d) The financial benefit to the center of committing or continuing the violation. 19 Section 123. Section 400.557, Florida Statutes, is 20 21 amended to read: 22 400.557 Expiration of license; renewal; Conditional 23 license or permit. --(1) A license issued for the operation of an adult day 2.4 25 care center, unless sooner suspended or revoked, expires 2 26 years after the date of issuance. The agency shall notify a 27 licensee at least 120 days before the expiration date that 2.8 license renewal is required to continue operation. The notification must be provided electronically or by mail 29 delivery. At least 90 days prior to the expiration date, an 30 application for renewal must be submitted to the agency. A 31

1 license shall be renewed, upon the filing of an application on 2 forms furnished by the agency, if the applicant has first met the requirements of this part and of the rules adopted under 3 4 this part. The applicant must file with the application satisfactory proof of financial ability to operate the center 5 6 in accordance with the requirements of this part and in 7 accordance with the needs of the participants to be served and an affidavit of compliance with the background screening 8 requirements of s. 400.5572. 9 10 (2) A licensee against whom a revocation or suspension proceeding is pending at the time for license renewal may be 11 issued a conditional license effective until final disposition 12 by the agency of the proceeding. If judicial relief is sought 13 from the final disposition, the court having jurisdiction may 14 issue a conditional permit effective for the duration of the 15 16 judicial proceeding. 17 (3) The agency may issue a conditional license to an 18 applicant for license renewal or change of ownership if the applicant fails to meet all standards and requirements for 19 licensure. A conditional license issued under this subsection 20 21 must be limited to a specific period not exceeding 6 months, 2.2 as determined by the agency, and must be accompanied by an 23 approved plan of correction. Section 124. Section 400.5572, Florida Statutes, is 2.4 25 amended to read: 26 400.5572 Background screening.--27 (1)(a) Level 2 background screening must be conducted 2.8 on each of the following persons, who shall be considered 29 employees for the purposes of conducting screening under chapter 435: 30 31

1 1. The adult day care center owner if an individual, 2 the operator, and the financial officer. 3 2. An officer or board member if the owner of the 4 adult day care center is a firm, corporation, partnership, or 5 association, or any person owning 5 percent or more of the 6 facility, if the agency has probable cause to believe that 7 such person has been convicted of any offense prohibited by s. 435.04. For each officer, board member, or person owning 5 8 percent or more who has been convicted of any such offense, 9 10 the facility shall submit to the agency a description and explanation of the conviction at the time of license 11 12 application. This subparagraph does not apply to a board 13 member of a not for profit corporation or organization if the board member serves solely in a voluntary capacity, does not 14 regularly take part in the day to day operational decisions of 15 the corporation or organization, receives no remuneration for 16 17 his or her services, and has no financial interest and has no family members with a financial interest in the corporation or 18 organization, provided that the board member and facility 19 submit a statement affirming that the board member's 2.0 21 relationship to the facility satisfies the requirements of 2.2 this subparagraph. 23 (b) Proof of compliance with level 2 screening standards which has been submitted within the previous 5 years 2.4 to meet any facility or professional licensure requirements of 25 the agency or the Department of Health satisfies the 26 27 requirements of this subsection. 28 (c) The agency may grant a provisional license to an adult day care center applying for an initial license when 29 30 each individual required by this subsection to undergo screening has completed the Department of Law Enforcement 31 245

background check, but has not yet received results from the Federal Bureau of Investigation, or when a request for an exemption from disqualification has been submitted to the agency pursuant to s. 435.07, but a response has not been issued.

6 (2) The owner or administrator of an adult day care 7 center must conduct level 1 background screening as set forth 8 in chapter 435 on all employees hired on or after October 1, 9 1998, who provide basic services or supportive and optional 10 services to the participants. Such persons satisfy this 11 requirement if:

12 (1)(a) Proof of compliance with level 1 screening 13 requirements obtained to meet any professional license 14 requirements in this state is provided and accompanied, under 15 penalty of perjury, by a copy of the person's current 16 professional license and an affidavit of current compliance 17 with the background screening requirements.

18 (2) (b) The person required to be screened has been continuously employed, without a breach in service that 19 exceeds 180 days, in the same type of occupation for which the 20 21 person is seeking employment and provides proof of compliance 22 with the level 1 screening requirement which is no more than 2 23 years old. Proof of compliance must be provided directly from one employer or contractor to another, and not from the person 2.4 screened. Upon request, a copy of screening results shall be 25 26 provided to the person screened by the employer retaining 27 documentation of the screening.

28 (3)(c) The person required to be screened is employed 29 by a corporation or business entity or related corporation or 30 business entity that owns, operates, or manages more than one 31 facility or agency licensed under this chapter, and for whom a

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1 level 1 screening was conducted by the corporation or business entity as a condition of initial or continued employment. 2 Section 125. Sections 400.5575 and 400.558, Florida 3 4 Statutes, are repealed. 5 Section 126. Section 400.559, Florida Statutes, is 6 amended to read: 7 400.559 Closing or change of owner or operator of 8 center.--9 (1) Before operation of an adult day care center may be voluntarily discontinued, the operator must, inform the 10 agency in writing at least 60 days prior to the discontinuance 11 12 of operation. The operator must also, at such time, inform 13 each participant of the fact and the proposed date of such discontinuance. 14 15 (2) Immediately upon discontinuance of the operation 16 of a center, the owner or operator shall surrender the license 17 for the center to the agency, and the license shall be 18 canceled by the agency. (3) If a center has a change of ownership, the new 19 owner shall apply to the agency for a new license at least 60 20 21 days before the date of the change of ownership. 22 (4)If a center has a change of operator, the new 23 operator shall notify the agency in writing within 30 days 2.4 after the change of operator. Section 127. Section 400.56, Florida Statutes, is 25 amended to read: 26 27 400.56 Right of entry and inspection.--In accordance 2.8 with s. 408.811, Any duly designated officer or employee of the agency or department has the right to enter the premises 29 of any adult day care center licensed pursuant to this part, 30 at any reasonable time, in order to determine the state of 31

1 compliance with this part, part II of chapter 408, and 2 applicable the rules or standards in force pursuant to this 3 part. The right of entry and inspection also extends to any 4 premises that the agency has reason to believe are being 5 operated as a center without a license, but no entry or б inspection of any unlicensed premises may be made without the 7 permission of the owner or operator unless a warrant is first 8 obtained from the circuit court authorizing entry or 9 inspection. Any application for a center license or license 10 renewal made pursuant to this part constitutes permission for, 11 and complete acquiescence in, any entry or inspection of the 12 premises for which the license is sought in order to 13 facilitate verification of the information submitted on or 14 connection with the application. Section 128. Section 400.562, Florida Statutes, is 15 amended to read: 16 17 400.562 Rules establishing standards.--18 (1) The agency Department of Elderly Affairs, in conjunction with the Department of Elderly Affairs agency, 19 20 shall adopt rules to implement the provisions of this part and 21 part II of chapter 408. The rules must include reasonable and 22 fair standards. Any conflict between these standards and those 23 that may be set forth in local, county, or municipal ordinances shall be resolved in favor of those having 2.4 statewide effect. Such standards must relate to: 25 (a) The maintenance of adult day care centers with 26 respect to plumbing, heating, lighting, ventilation, and other 27 2.8 building conditions, including adequate meeting space, to ensure the health, safety, and comfort of participants and 29 30 protection from fire hazard. Such standards may not conflict 31

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1 with chapter 553 and must be based upon the size of the 2 structure and the number of participants. (b) The number and qualifications of all personnel 3 4 employed by adult day care centers who have responsibilities for the care of participants. 5 б (c) All sanitary conditions within adult day care 7 centers and their surroundings, including water supply, sewage 8 disposal, food handling, and general hygiene, and maintenance of sanitary conditions, to ensure the health and comfort of 9 participants. 10 (d) Basic services provided by adult day care centers. 11 12 (e) Supportive and optional services provided by adult 13 day care centers. (f) Data and information relative to participants and 14 programs of adult day care centers, including, but not limited 15 to, the physical and mental capabilities and needs of the 16 17 participants, the availability, frequency, and intensity of basic services and of supportive and optional services 18 provided, the frequency of participation, the distances 19 traveled by participants, the hours of operation, the number 20 21 of referrals to other centers or elsewhere, and the incidence 22 of illness. 23 (q) Components of a comprehensive emergency management plan, developed in consultation with the Department of Health, 2.4 the Department of Elderly Affairs Agency for Health Care 25 26 Administration, and the Department of Community Affairs. 27 (2) Pursuant to s. 119.07, the agency may charge a fee 2.8 for furnishing a copy of this part, or of the rules adopted 29 under this part, to any person upon request for the copy. 30 (2)(3) Pursuant to this part, s. 408.811, and <u>applicable</u> rules adopted by the department, the agency may 31

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1 conduct an abbreviated biennial inspection of key 2 quality-of-care standards, in lieu of a full inspection, of a center that has a record of good performance. However, the 3 agency must conduct a full inspection of a center that has had 4 one or more confirmed complaints within the licensure period 5 6 immediately preceding the inspection or which has a serious 7 problem identified during the abbreviated inspection. The 8 agency shall by rule develop the key quality-of-care 9 standards, taking into consideration the comments and recommendations of the Department of Elderly Affairs and of 10 provider groups. These standards shall be included in rules 11 12 adopted by the Department of Elderly Affairs. 13 Section 129. Section 400.564, Florida Statutes, is repealed. 14 Section 130. Section 400.602, Florida Statutes, is 15 16 amended to read: 17 400.602 Licensure required; prohibited acts; 18 exemptions; display, transferability of license.--(1) (a) The requirements of part II of chapter 408 19 apply to the provision of services that necessitate licensure 20 21 pursuant to this part and part II of chapter 408 and to 22 entities licensed by or applying for such licensure from the 23 Agency for Health Care Administration pursuant to this part. 2.4 It is unlawful to operate or maintain a hospice without first 25 obtaining a license from the agency. It is unlawful for Any person or legal entity not 26 <del>(b)</del> 27 licensed as a hospice under this part <u>may not</u> to use the word 2.8 "hospice" in its name, or to offer or advertise hospice 29 services or hospice-like services in such a way as to mislead a person to believe that the offeror is a hospice licensed 30 under this part. 31

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1 (2) Services provided by a hospital, nursing home, or 2 other health care facility, health care provider, or caregiver, or under the Community Care for the Elderly Act, do 3 not constitute a hospice unless the facility, provider, or 4 caregiver establishes a separate and distinct administrative 5 6 program to provide home, residential, and homelike inpatient 7 hospice services. 8 (3)(a) A separately licensed hospice may not use a 9 name which is substantially the same as the name of another hospice licensed under this part. 10 (b) A licensed hospice which intends to change its 11 12 name or address must notify the agency at least 60 days before 13 making the change. (4) The license shall be displayed in a conspicuous 14 15 place inside the hospice program office; shall be valid only 16 in the possession of the person or public agency to which it 17 is issued; shall not be subject to sale, assignment, or other 18 transfer, voluntary or involuntary; and shall not be valid for any hospice other than the hospice for which originally 19 issued. 20 21 (4)(5) Notwithstanding s. 400.601(3), any hospice 22 operating in corporate form exclusively as a hospice, 23 incorporated on or before July 1, 1978, may be transferred to a for-profit or not-for-profit entity, and may transfer the 2.4 25 license to that entity. (5) (6) Notwithstanding s. 400.601(3), at any time 26 27 after July 1, 1995, any entity entitled to licensure under 2.8 subsection(4)(5) may obtain a license for up to two additional hospices in accordance with the other requirements 29 of this part and upon receipt of any certificate of need that 30 may be required under the provisions of ss. 408.031-408.045. 31 251

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1 Section 131. Section 400.605, Florida Statutes, is 2 amended to read: 3 400.605 Administration; forms; fees; rules; 4 inspections; fines.--5 (1) The agency department, in consultation with the б department agency, shall by rule establish minimum standards 7 and procedures for a hospice pursuant to this part and part II 8 of chapter 408. The rules must include: 9 (a) License application procedures and requirements. 10 (a)(b) The qualifications of professional and ancillary personnel to ensure the provision of appropriate and 11 12 adequate hospice care. 13 (b) (c) Standards and procedures for the administrative management of a hospice. 14 (c)(d) Standards for hospice services that ensure the 15 16 provision of quality patient care. 17 (d) (e) Components of a patient plan of care. 18 (e)(f) Procedures relating to the implementation of advanced directives and do-not-resuscitate orders. 19 20 (f)(g) Procedures for maintaining and ensuring 21 confidentiality of patient records. 22 (q)(h) Standards for hospice care provided in 23 freestanding inpatient facilities that are not otherwise licensed medical facilities and in residential care facilities 2.4 such as nursing homes, assisted living facilities, adult 25 26 family care homes, and hospice residential units and 27 facilities. 2.8 (h)(i) Physical plant standards for hospice residential and inpatient facilities and units. 29 30 (i)(j) Components of a comprehensive emergency management plan, developed in consultation with the Department 31 252

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1 of Health, the Department of Elderly Affairs, and the 2 Department of Community Affairs. (j)(k) Standards and procedures relating to the 3 4 establishment and activities of a quality assurance and utilization review committee. 5 б (k) (L) Components and procedures relating to the 7 collection of patient demographic data and other information 8 on the provision of hospice care in this state. (2) In accordance with s. 408.805, an applicant or 9 10 licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 11 12 amount of the fee shall be established by rule and may not 13 exceed \$1,200 per biennium. The agency shall: (a) Prepare and furnish all forms necessary under the 14 15 provisions of this part in relation to applications for 16 licensure or licensure renewals. 17 (b) Collect from the applicant at the time of filing 18 an application for a license or at the time of renewal of a license a fee which must be reasonably calculated to cover the 19 20 cost of regulation under this part, but may not exceed \$600 21 per program. All fees collected under this part shall be 22 deposited in the Health Care Trust Fund for the administration 23 of this part. (c) Issue hospice licenses to all applicants which 2.4 meet the provisions of this part and applicable rules. 25 (3)(d) In accordance with s. 408.811, the agency shall 26 27 conduct annual licensure inspections of all licensees, except 2.8 that licensure inspections may be conducted biennially for 29 hospices having a 3-year record of substantial compliance. The 30 agency shall 31

1 (e) conduct such inspections and investigations as are 2 necessary in order to determine the state of compliance with 3 the provisions of this part, part II of chapter 408, and applicable adopted rules. The right of inspection also 4 5 extends to any program that the agency has reason to believe б is offering or advertising itself as a hospice without a 7 license, but no inspection may be made without the permission 8 of the owner or person in charge thereof unless a warrant is 9 first obtained from a circuit court authorizing such inspection. An application for a license or license renewal 10 11 made pursuant to this part constitutes permission for an 12 inspection of the hospice for which the license is sought in 13 order to facilitate verification of the information submitted on or in connection with the application. 14 (4)(f) In accordance with part II of chapter 408, the 15 agency may impose an administrative fine for any violation of 16 17 the provisions of this part, part II of chapter 408, or 18 applicable rules. Section 132. Section 400.606, Florida Statutes, is 19 amended to read: 20 21 400.606 License; application; renewal; conditional 22 license or permit; certificate of need .--23 (1) A license application must be filed on a form 2.4 provided by the agency and must be accompanied by the appropriate license fee as well as satisfactory proof that the 25 26 hospice is in compliance with this part and any rules adopted 27 by the department and proof of financial ability to operate 2.8 and conduct the hospice in accordance with the requirements of 29 this part. The initial application and change-of-ownership application must be accompanied by a plan for the delivery of 30 home, residential, and homelike inpatient hospice services to 31

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1 terminally ill persons and their families. Such plan must 2 contain, but need not be limited to: (a) The estimated average number of terminally ill 3 persons to be served monthly. 4 5 (b) The geographic area in which hospice services will 6 be available. 7 (c) A listing of services which are or will be 8 provided, either directly by the applicant or through contractual arrangements with existing providers. 9 10 (d) Provisions for the implementation of hospice home care within 3 months after licensure. 11 12 (e) Provisions for the implementation of hospice 13 homelike inpatient care within 12 months after licensure. (f) The number and disciplines of professional staff 14 to be employed. 15 (g) The name and qualifications of any existing or 16 17 potential contractee. (h) A plan for attracting and training volunteers. 18 (i) The projected annual operating cost of the 19 hospice. 20 21 (j) A statement of financial resources and personnel 22 available to the applicant to deliver hospice care. 23 If the applicant is <u>licensed to operate</u> an existing health 2.4 care provider, the application must be accompanied by a copy 25 of the most recent profit-loss statement and, if applicable, 26 27 the most recent licensure inspection report. 2.8 (2) Each applicant must submit to the agency with its 29 application a description and explanation of any exclusions, permanent suspensions, or terminations from the Medicaid or 30 31 Medicare programs of the owner, if an individual; of any

1 officer or board member of the hospice, if the owner is a 2 firm, corporation, partnership, or association; or of any 3 person owning 5 percent or more of the hospice. Proof of 4 compliance with disclosure of ownership and control interest 5 requirements of the Medicaid or Medicare programs may be 6 accepted in lieu of this submission. 7 (2)(3) A license issued for the operation of a 8 hospice, unless sooner suspended or revoked, shall expire automatically 1 year from the date of issuance. Sixty days 9 10 prior to the expiration date, a hospice wishing to renew its license shall submit an application for renewal to the agency 11 12 on forms furnished by the agency. The agency shall renew the 13 license if the applicant has first met the requirements established under this part and all applicable rules and has 14 provided the information described under this section in 15 addition to the application. However, The application for 16 17 license renewal shall be accompanied by an update of the plan for delivery of hospice care only if information contained in 18 19 the plan submitted pursuant to subsection (1) is no longer 20 applicable. 21 (4) A hospice against which a revocation or suspension 2.2 proceeding is pending at the time of license renewal may be 23 issued a conditional license by the agency effective until

final disposition of such proceeding. If judicial relief is sought from the final agency action, the court having jurisdiction may issue a conditional permit for the duration of the judicial proceeding.
(3)(5) The agency shall not issue a license to a

29 hospice that fails to receive a certificate of need under the 30 provisions of ss. 408.031-408.045. A licensed hospice is a 31 health care facility as that term is used in s. 408.039(5) and

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1 is entitled to initiate or intervene in an administrative 2 hearing. 3 (4) (6) A freestanding hospice facility that is 4 primarily engaged in providing inpatient and related services and that is not otherwise licensed as a health care facility 5 6 shall be required to obtain a certificate of need. However, a 7 freestanding hospice facility with six or fewer beds shall not be required to comply with institutional standards such as, 8 but not limited to, standards requiring sprinkler systems, 9 10 emergency electrical systems, or special lavatory devices. Section 133. Section 400.6065, Florida Statutes, is 11 12 amended to read: 13 400.6065 Background screening.--(1) Upon receipt of a completed application under s. 14 400.606, the agency shall require level 2 background screening 15 on each of the following persons, who shall be considered 16 17 employees for the purposes of conducting screening under 18 chapter 435: 19 (a) The hospice administrator and financial officer. 20 (b) An officer or board member if the hospice is a 21 firm, corporation, partnership, or association, or any person 2.2 owning 5 percent or more of the hospice if the agency has 23 probable cause to believe that such officer, board member, or 2.4 owner has been convicted of any offense prohibited by s. 435.04. For each officer, board member, or person owning 5 25 26 percent or more who has been convicted of any such offense, 27 the hospice shall submit to the agency a description and 2.8 explanation of the conviction at the time of license 29 application. This paragraph does not apply to a board member a not for profit corporation or organization if the board 30 31 member serves solely in a voluntary capacity, does not

1 regularly take part in the day to day operational decisions of 2 the corporation or organization, receives no remuneration for his or her services, and has no financial interest and has no 3 4 family members with a financial interest in the corporation or organization, provided that the board member and the 5 6 corporation or organization submit a statement affirming that 7 the board member's relationship to the corporation or 8 organization satisfies the requirements of this paragraph. 9 (2) Proof of compliance with level 2 screening standards which has been submitted within the previous 5 years 10 meet any facility or professional licensure requirements of 11 to 12 the agency or the Department of Health satisfies the 13 requirements of this section. (3) The agency may grant a provisional license to a 14 hospice applying for an initial license when each individual 15 16 required by this section to undergo screening has completed 17 the Department of Law Enforcement background check, but has 18 not yet received results from the Federal Bureau of 19 Investigation. (1) (1) (4) The agency shall require employment or 20 21 contractor screening as provided in chapter 435, using the 2.2 level 1 standards for screening set forth in that chapter, for 23 hospice personnel. (2) (5) The agency may grant exemptions from 2.4 25 disqualification from employment under this section as provided in s. 435.07. 26 27 (6) The administration of each hospice must sign an 2.8 affidavit annually, under penalty of perjury, stating that all 29 personnel employed or contracted with on or after October 1, 30 1998, who provide hospice services in a facility, or who enter 31

1 the home of a patient in their service capacity, have been 2 screened. 3 (3) (7) Proof of compliance with the screening requirements of chapter 435 shall be accepted in lieu of the 4 requirements of this section if the person has been 5 6 continuously employed or registered without a breach in 7 service that exceeds 180 days, the proof of compliance is not 8 more than 2 years old, and the person has been screened, at the discretion of the hospice. 9 10 (4)(8)(a) It is a misdemeanor of the first degree, punishable under s. 775.082 or s. 775.083, for any person 11 12 willfully, knowingly, or intentionally to: 13 1. Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any 14 application for voluntary or paid employment a material fact 15 used in making a determination as to such person's 16 17 qualifications to be employed or contracted with under this 18 section; 19 2. Operate or attempt to operate an entity licensed 20 under this part with persons who do not meet the minimum 21 standards for good moral character as contained in this 22 section; or 23 2.3. Use information from the criminal records obtained under this section for any purpose other than 2.4 screening as specified in this section, or release such 25 26 information to any other person for any purpose other than 27 screening under this section. 2.8 (b) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person 29 willfully, knowingly, or intentionally to use information from 30 the juvenile records of a person obtained under this section 31 259

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1 for any purpose other than screening for employment under this 2 section. 3 Section 134. Section 400.607, Florida Statutes, is amended to read: 4 5 400.607 Denial, suspension, or revocation of license; 6 imposition of administrative fine; grounds; injunctions. --7 (1) The agency may deny or, revoke, or suspend a license, impose a moratorium, or impose an administrative 8 fine, which may not exceed \$5,000 per violation, for the 9 violation of any provision of this part, part II of chapter 10 408, or applicable rules in the manner provided in chapter 11 12 <del>120</del>. 13 (2) Any of the following actions by a licensed hospice or any of its employees shall be grounds for action by the 14 agency against a hospice: 15 (a) A violation of the provisions of this part or 16 17 applicable rules. (b) An intentional or negligent act materially 18 affecting the health or safety of a patient. 19 20 (3) The agency may deny or revoke a license upon a 21 determination that: 22 (a) Persons subject to level 2 background screening 23 under s. 400.6065 do not meet the screening standards of s. 435.04, and exemptions from disqualification have not been 2.4 25 provided by the agency. (b) An officer, board member, or person owning 5 26 27 percent or more of the hospice has been excluded, permanently 2.8 suspended, or terminated from the Medicare or Medicaid 29 programs. 30 (3) (4) If, 3 months after the date of obtaining a license, or at any time thereafter, a hospice does not have in 31

1 operation the home-care component of hospice care, the agency 2 shall immediately revoke the license of such hospice. 3 (4)(5) If, 12 months after the date of obtaining a 4 license pursuant to s. 400.606, or at any time thereafter, a hospice does not have in operation the inpatient components of 5 6 hospice care, the agency shall immediately revoke the license 7 of such hospice. 8 (6) The agency may institute a civil action in a court 9 of competent jurisdiction to seek injunctive relief to enforce 10 compliance with this part or any rule adopted pursuant to this 11 part. 12 (5) (7) The remedies set forth in this section are independent of and cumulative to other remedies provided by 13 14 law. Section 135. Subsection (8) of section 400.6095, 15 16 Florida Statutes, is amended to read: 17 400.6095 Patient admission; assessment; plan of care; 18 discharge; death. --19 (8) The hospice care team may withhold or withdraw cardiopulmonary resuscitation if presented with an order not 20 21 to resuscitate executed pursuant to s. 401.45. The agency 22 department shall adopt rules providing for the implementation 23 of such orders. Hospice staff shall not be subject to criminal prosecution or civil liability, nor be considered to have 2.4 engaged in negligent or unprofessional conduct, for 25 withholding or withdrawing cardiopulmonary resuscitation 26 27 pursuant to such an order and applicable rules adopted by the 2.8 department. The absence of an order to resuscitate executed 29 pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation as 30 otherwise permitted by law. 31

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1 Section 136. Subsection (5) of section 400.617, 2 Florida Statutes, is amended to read: 3 400.617 Legislative intent; purpose .--4 (5) Rules of the agency department relating to adult family-care homes shall be as minimal and flexible as possible 5 б to ensure the protection of residents while minimizing the 7 obstacles that could inhibit the establishment of adult 8 family-care homes. Section 137. Section 400.619, Florida Statutes, is 9 10 amended to read: 400.619 Licensure application and renewal .--11 12 (1) The requirements of part II of chapter 408 apply 13 to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 14 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(7), (8), (9), and (10). Each person 18 who intends to be an adult family care home provider must 19 apply for a license from the agency at least 90 days before 2.0 21 the applicant intends to operate the adult family care home. 22 (2) A person who intends to be an adult family-care 23 home provider must own or rent the adult family-care home that is to be licensed and reside therein. 2.4 (3) In accordance with s. 408.805, an applicant or 25 licensee shall pay a fee for each license application 26 27 submitted under this part and part II of chapter 408. The 2.8 amount of the fee shall be \$200 per biennium. The agency shall notify a licensee at least 120 days before the expiration date 29 that license renewal is required to continue operation. The 30 notification must be provided electronically or by mail 31

1 delivery. Application for a license or annual license renewal 2 must be made on a form provided by the agency, signed under 3 oath, and must be accompanied by a licensing fee <del>-of \$100 per</del> 4 <del>year.</del>

5 (4) Upon receipt of a completed license application or 6 license renewal, and the fee, the agency shall initiate a 7 level 1 background screening as provided under chapter 435 on 8 the adult family-care home provider, the designated relief person, all adult household members, and all staff members. 9 The applicant or licensee is responsible for paying the fees 10 associated with obtaining the required screening. The agency 11 12 shall conduct an onsite visit to the home that is to be 13 licensed.

(a) Proof of compliance with level 1 screening 14 standards which has been submitted within the previous 5 years 15 to meet any facility or professional licensure requirements of 16 17 the agency or the Department of Health satisfies the 18 requirements of this subsection. Such proof must be accompanied, under penalty of perjury, by a copy of the 19 person's current professional license and an affidavit of 20 21 current compliance with the background screening requirements. 22 (b) The person required to be screened must have been 23 continuously employed in the same type of occupation for which the person is seeking employment without a breach in service 2.4 that exceeds 180 days, and proof of compliance with the level 25 26 1 screening requirement which is no more than 2 years old must 27 be provided. Proof of compliance shall be provided directly 2.8 from one employer or contractor to another, and not from the person screened. Upon request, a copy of screening results 29 shall be provided to the person screened by the employer 30 retaining documentation of the screening. 31

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1 (5) The application must be accompanied by a 2 description and explanation of any exclusions, permanent 3 suspensions, or terminations of the applicant from 4 participation in the Medicaid or Medicare programs or any 5 other governmental health care or health insurance program. б (5) (5) (6) Unless the adult family-care home is a 7 community residential home subject to chapter 419, the 8 applicant must provide documentation, signed by the appropriate governmental official, that the home has met local 9 10 zoning requirements for the location for which the license is 11 sought. 12 (6) (7) Access to a licensed adult family-care home 13 must be provided at reasonable times for the appropriate officials of the department, the Department of Health, the 14 Department of Children and Family Services, the agency, and 15 the State Fire Marshal, who are responsible for the 16 17 development and maintenance of fire, health, sanitary, and 18 safety standards, to inspect the facility to assure compliance with these standards. In addition, access to a licensed adult 19 family-care home must be provided at reasonable times for the 20 21 local long-term care ombudsman council. 22 (8)A license is effective for 1 year after the date 23 of issuance unless revoked sooner. Each license must state the name of the provider, the address of the home to which the 2.4 25 license applies, and the maximum number of residents of the Failure to timely file a license renewal application 26 home. 27 shall result in a late fee equal to 50 percent of the license 28 fee. 29 (9)A license is not transferable or applicable to any 30 location or person other than the location and person indicated on the license. 31

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1	(7)(10) The licensed maximum capacity of each adult
2	family-care home is based on the service needs of the
3	-
	residents and the capability of the provider to meet the needs
4	of the residents. Any relative who lives in the adult
5	family-care home and who is a disabled adult or frail elder
6	must be included in that limitation.
7	(8)(11) Each adult family-care home must designate at
8	least one licensed space for a resident receiving optional
9	state supplementation. The Department of Children and Family
10	Services shall specify by rule the procedures to be followed
11	for referring residents who receive optional state
12	supplementation to adult family-care homes. Those homes
13	licensed as adult foster homes or assisted living facilities
14	prior to January 1, 1994, that convert to adult family-care
15	homes, are exempt from this requirement.
16	(9)(12) The agency may issue a conditional license to
17	a provider for the purpose of bringing the adult family-care
18	home into compliance with licensure requirements. A
19	conditional license must be limited to a specific period, not
20	exceeding 6 months. The <u>agency</u> <del>department</del> shall, by rule,
21	establish criteria for issuing conditional licenses.
22	(13) All moneys collected under this section must be
23	deposited into the Department of Elderly Affairs
24	Administrative Trust Fund and used to offset the expenses of
25	departmental training and education for adult family care home
26	<del>providers.</del>
27	(10)(14) The <u>agency</u> <del>department</del> may adopt rules to
28	establish procedures, identify forms, specify documentation,
29	and clarify terms, as necessary, to administer this section
30	and part II of chapter 408.
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1 Section 138. Section 400.6194, Florida Statutes, is 2 amended to read: 3 400.6194 Denial or, revocation, or suspension of a 4 license. -- In addition to the requirements of part II of chapter 408, the agency may deny, suspend, or revoke a license 5 6 for any of the following reasons: 7 (1) Failure of any of the persons required to undergo background screening under s. 400.619 to meet the level 1 8 screening standards of s. 435.03, unless an exemption from 9 disqualification has been provided by the agency. 10 (2) An intentional or negligent act materially 11 12 affecting the health, safety, or welfare of the adult 13 family care home residents. (3) Submission of fraudulent information or omission 14 of any material fact on a license application or any other 15 16 document required by the agency. 17 (4) Failure to pay an administrative fine assessed 18 under this part. (5) A violation of this part or adopted rules which 19 results in conditions or practices that directly threaten the 2.0 21 physical or emotional health, safety, or welfare of residents. 22 (2)(6) Failure to correct cited fire code violations 23 that threaten the health, safety, or welfare of residents. (7) Failure to submit a completed initial license 2.4 application or to complete an application for license renewal 25 within the specified timeframes. 26 27 (8) Exclusion, permanent suspension, or termination of 2.8 the provider from the Medicare or Medicaid program. Section 139. Section 400.6196, Florida Statutes, is 29 30 amended to read: 31

1 400.6196 Classification of deficiencies; 2 administrative fines Violations; penalties .--3 (1) In accordance with part II of chapter 408, and in addition to any other liability or penalty provided by law, 4 the agency may impose an administrative fine against a civil 5 б penalty on a provider according to the following 7 classification for a violation of any provision of this part, 8 part II of chapter 408, or applicable rules: (a) Class I violations are those conditions or 9 practices related to the operation and maintenance of an adult 10 family-care home or to the care of residents which the agency 11 12 determines present an imminent danger to the residents or 13 guests of the facility or a substantial probability that death or serious physical or emotional harm would result therefrom. 14 The condition or practice that constitutes a class I violation 15 must be abated or eliminated within 24 hours, unless a fixed 16 17 period, as determined by the agency, is required for correction. A class I deficiency is subject to an 18 administrative fine in an amount not less than \$500 and not 19 exceeding \$1,000 for each violation. A fine may be levied 20 21 notwithstanding the correction of the deficiency. 22 (b) Class II violations are those conditions or 23 practices related to the operation and maintenance of an adult family-care home or to the care of residents which the agency 2.4 determines directly threaten the physical or emotional health, 25 26 safety, or security of the residents, other than class I 27 violations. A class II violation is subject to an 2.8 administrative fine in an amount not less than \$250 and not exceeding \$500 for each violation. A citation for a class II 29 violation must specify the time within which the violation is 30 required to be corrected. If a class II violation is corrected 31

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within the time specified, no civil penalty shall be imposed, 1 unless it is a repeated offense. 2

3 (c) Class III violations are those conditions or practices related to the operation and maintenance of an adult 4 family-care home or to the care of residents which the agency 5 6 determines indirectly or potentially threaten the physical or 7 emotional health, safety, or security of residents, other than class I or class II violations. A class III violation is 8 subject to an administrative fine in an amount not less than 9 \$100 and not exceeding \$250 for each violation. A citation for 10 a class III violation shall specify the time within which the 11 12 violation is required to be corrected. If a class III 13 violation is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense. 14 (d) Class IV violations are those conditions or 15 occurrences related to the operation and maintenance of an 16 17 adult family-care home, or related to the required reports, 18 forms, or documents, which do not have the potential of negatively affecting the residents. A provider that does not 19 correct a class IV violation within the time limit specified 20 by the agency is subject to an administrative fine in an 21 22 amount not less than \$50 and not exceeding \$100 for each 23 violation. Any class IV violation that is corrected during the time the agency survey is conducted will be identified as an 2.4 agency finding and not as a violation. 25

(2) The agency may impose an administrative fine for 26 27 violations which do not qualify as class I, class II, class 2.8 III, or class IV violations. The amount of the fine shall not 29 exceed \$250 for each violation or \$2,000 in the aggregate. Unclassified violations include: 30 31

(a) Violating any term or condition of a license.

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1 (b) Violating any provision of rule adopted under this 2 part, part II of chapter 408, or applicable rules. 3 (c) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the 4 transportation, voluntary admission, and involuntary 5 6 examination of adult family-care home residents. 7 (d) Exceeding licensed capacity. 8 (e) Providing services beyond the scope of the license. 9 10 (f) Violating a moratorium. (3) Each day during which a violation occurs 11 12 constitutes a separate offense. 13 (3) (4) In determining whether a penalty is to be imposed, and in fixing the amount of any penalty to be 14 imposed, the agency must consider: 15 (a) The gravity of the violation. 16 17 (b) Actions taken by the provider to correct a 18 violation. (c) Any previous violation by the provider. 19 20 (d) The financial benefit to the provider of 21 committing or continuing the violation. 22 (4) (4) (5) As an alternative to or in conjunction with an 23 administrative action against a provider, the agency may request a plan of corrective action that demonstrates a good 2.4 faith effort to remedy each violation by a specific date, 25 subject to the approval of the agency. 26 27 (5) (6) The department shall set forth, by rule, notice 2.8 requirements and procedures for correction of deficiencies. 29 (7) Civil penalties paid by a provider must be 30 deposited into the Department of Elderly Affairs Administrative Trust Fund and used to offset the expenses of 31

1 departmental training and education for adult family care home 2 providers. 3 (8) The agency may impose an immediate moratorium on 4 admissions to any adult family care home if the agency finds 5 that a condition in the home presents a threat to the health, 6 safety, or welfare of its residents. The department may by 7 rule establish facility conditions that constitute grounds for 8 imposing a moratorium and establish procedures for imposing 9 and lifting a moratorium. Section 140. Section 400.621, Florida Statutes, is 10 amended to read: 11 12 400.621 Rules and standards relating to adult 13 family-care homes. --(1) The agency department, in consultation with the 14 Department of Health, the Department of Children and Family 15 Services, and the department agency shall, by rule, establish 16 17 minimum standards to ensure the health, safety, and well-being of each resident in the adult family-care home pursuant to 18 this part and part II of chapter 408. The rules must address: 19 (a) Requirements for the physical site of the facility 20 21 and facility maintenance. 22 (b) Services that must be provided to all residents of 23 an adult family-care home and standards for such services, which must include, but need not be limited to: 2.4 1. Room and board. 25 26 2. Assistance necessary to perform the activities of 27 daily living. 2.8 3. Assistance necessary to administer medication. 4. Supervision of residents. 29 30 5. Health monitoring. 6. Social and leisure activities. 31 270

1 (c) Standards and procedures for license application 2 and annual license renewal, advertising, proper management of 3 each resident's funds and personal property and personal affairs, financial ability to operate, medication management, 4 inspections, complaint investigations, and facility, staff, 5 6 and resident records. 7 (d) Qualifications, training, standards, and 8 responsibilities for providers and staff. 9 (e) Compliance with chapter 419, relating to community 10 residential homes. (f) Criteria and procedures for determining the 11 12 appropriateness of a resident's placement and continued 13 residency in an adult family-care home. A resident who requires 24-hour nursing supervision may not be retained in an 14 adult family-care home unless such resident is an enrolled 15 hospice patient and the resident's continued residency is 16 17 mutually agreeable to the resident and the provider. 18 (g) Procedures for providing notice and assuring the least possible disruption of residents' lives when residents 19 are relocated, an adult family-care home is closed, or the 20 21 ownership of an adult family-care home is transferred. 22 (h) Procedures to protect the residents' rights as 23 provided in s. 400.628. (i) Procedures to promote the growth of adult 2.4 family-care homes as a component of a long-term care system. 25 (j) Procedures to promote the goal of aging in place 26 27 for residents of adult family-care homes. 2.8 (2) The <u>agency</u> department shall by rule provide minimum standards and procedures for emergencies. Pursuant to 29 30 s. 633.022, the State Fire Marshal, in consultation with the 31

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1 department and the agency, shall adopt uniform firesafety 2 standards for adult family-care homes. (3) The agency department shall adopt rules providing 3 4 for the implementation of orders not to resuscitate. The provider may withhold or withdraw cardiopulmonary 5 6 resuscitation if presented with an order not to resuscitate 7 executed pursuant to s. 401.45. The provider shall not be 8 subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional 9 conduct, for withholding or withdrawing cardiopulmonary 10 resuscitation pursuant to such an order and applicable rules 11 12 adopted by the department. (4) The provider of any adult family care home that is 13 in operation at the time any rules are adopted or amended 14 15 under this part may be given a reasonable time, not exceeding 16 6 months, within which to comply with the new or revised rules 17 and standards. Section 141. Subsection (3) of section 400.6211, 18 Florida Statutes, is amended to read: 19 400.6211 Training and education programs.--20 21 (3) Effective January 1, 2004, providers must complete 22 the training and education program within a reasonable time 23 determined by the agency department. Failure to complete the training and education program within the time set by the 2.4 agency department is a violation of this part and subjects the 25 26 provider to revocation of the license. 27 Section 142. Section 400.622, Florida Statutes, is 2.8 repealed. Section 143. Subsection (2) of section 400.625, 29 30 Florida Statutes, is amended to read: 400.625 Residency agreements.--31

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1 (2) Each residency agreement must specify the personal 2 care and accommodations to be provided by the adult family-care home, the rates or charges, a requirement of at 3 least 30 days' notice before a rate increase, and any other 4 provisions required by rule of the agency department. 5 б Section 144. Section 400.801, Florida Statutes, is 7 amended to read: 400.801 Homes for special services.--8 (1) As used in this section, the term: 9 10 (a) "Agency" means the "Agency for Health Care Administration." 11 12 (b) "Home for special services" means a site where 13 specialized health care services are provided, including personal and custodial care, but not continuous nursing 14 services. 15 (2) The requirements of part II of chapter 408 apply 16 17 to the provision of services that necessitate licensure pursuant to this section and part II of chapter 408 and to 18 entities licensed by or applying for such licensure from the 19 Agency for Health Care Administration pursuant to this 20 21 section. However, an applicant for licensure is exempt from the provisions of s. 408.810(7), (8), (9), and (10). A person 2.2 23 must obtain a license from the agency to operate a home for special services. A license is valid for 1 year. 2.4 (3) In accordance with s. 408.805, an applicant or 25 licensee shall pay a fee for each license application 26 27 submitted under this section and part II of chapter 408. The 2.8 amount of the fee shall be established by rule and may not be more than \$2,000 per biennium. The application for a license 29 30 under this section must be made on a form provided by the 31

1 agency. A nonrefundable license fee of not more than \$1,000 2 must be submitted with the license application. (4) Each applicant for licensure must comply with the 3 4 following requirements: 5 (a) Upon receipt of a completed, signed, and dated 6 application, the agency shall require background screening, in 7 accordance with the level 2 standards for screening set forth in chapter 435, of the managing employee, or other similarly 8 titled individual who is responsible for the daily operation 9 10 of the facility, and of the financial officer, or other similarly titled individual who is responsible for the 11 12 financial operation of the facility, including billings for 13 client care and services, in accordance with the level 2 standards for screening set forth in chapter 435. The 14 applicant must comply with the procedures for level 2 15 background screening as set forth in chapter 435. 16 17 (b) The agency may require background screening of any 18 other individual who is an applicant if the agency has 19 probable cause to believe that he or she has been convicted of 20 a crime or has committed any other offense prohibited under 21 the level 2 standards for screening set forth in chapter 435. 22 (c) Proof of compliance with the level 2 background 23 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 2.4 health care or assisted living licensure requirements of this 25 state is acceptable in fulfillment of the requirements of 26 27 paragraph (a). 28 (d) A provisional license may be granted to an applicant when each individual required by this section to 29 30 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 31

1 has not yet received background screening results from the 2 Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as 3 set forth in chapter 435, but a response has not yet been 4 issued. A standard license may be granted to the applicant 5 6 upon the agency's receipt of a report of the results of the 7 Federal Bureau of Investigation background screening for each individual required by this section to undergo background 8 screening which confirms that all standards have been met, or 9 10 upon the granting of a disgualification exemption by the agency as set forth in chapter 435. Any other person who is 11 12 required to undergo level 2 background screening may serve in 13 his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person 14 may not continue to serve if the report indicates any 15 violation of background screening standards and a 16 17 disqualification exemption has not been requested of and 18 granted by the agency as set forth in chapter 435. 19 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 2.0 21 permanent suspensions, or terminations of the applicant from 2.2 the Medicare or Medicaid programs. Proof of compliance with 23 the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be 2.4 accepted in lieu of this submission. 25 26 (f) Each applicant must submit to the agency a 27 description and explanation of any conviction of an offense 2.8 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 29 30 officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a 31

1 not for profit corporation or organization if the director 2 serves solely in a voluntary capacity for the corporation or 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 6 corporation or organization's board of directors, and has no 7 financial interest and has no family members with a financial 8 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 9 10 include in the application a statement affirming that the director's relationship to the corporation satisfies the 11 12 requirements of this paragraph. 13 (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, 14 regardless of adjudication, or has entered a plea of nolo 15 contendere or quilty to, any offense prohibited under the 16 17 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 18 19 the agency as set forth in chapter 435. 20 (h) The agency may deny or revoke licensure if the 21 applicant: 22 Has falsely represented a material fact in the 23 application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by 2.4 25 paragraph (e) or paragraph (f); or 26 2. Has had prior action taken against the applicant 27 under the Medicaid or Medicare program as set forth in 2.8 paragraph (e). 29 (i) An application for license renewal must contain 30 the information required under paragraphs (e) and (f). 31

1 (5) Application for license renewal must be submitted 2 90 days before the expiration of the license. 3 (6) A change of ownership or control of a home for 4 special services must be reported to the agency in writing at 5 least 60 days before the change is scheduled to take effect. б (4)(7) The agency <u>may</u> shall adopt rules for 7 implementing and enforcing this section and part II of chapter 8 <u>408</u>. 9 (8)(a) It is unlawful for any person to establish, 10 conduct, manage, or operate a home for special services without obtaining a license from the agency. 11 12 (b) It is unlawful for any person to offer or advertise to the public, in any medium whatever, specialized 13 health care services without obtaining a license from the 14 15 agency. (c) It is unlawful for a holder of a license issued 16 17 under this section to advertise or represent to the public that it holds a license for a type of facility other than the 18 facility for which its license is issued. 19 (5)(9)(a) In accordance with part II of chapter 408, a 20 21 violation of any provision of this section, part II of chapter 22 408, or applicable rules adopted by the agency for 23 implementing this section is punishable by payment of an administrative fine not to exceed \$5,000. 2.4 25 (b) A violation of subsection (8) or rules adopted under that subsection is a misdemeanor of the first degree, 26 27 punishable as provided in s. 775.082 or s. 775.083. Each day 2.8 of continuing violation is a separate offense. Section 145. Section 400.805, Florida Statutes, is 29 30 amended to read: 400.805 Transitional living facilities .--31

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1 (1) As used in this section, the term: 2 (a) "Agency" means the Agency for Health Care 3 Administration. 4 "Department" means the Department of Health. (b) 5 "Transitional living facility" means a site where (C) б specialized health care services are provided, including, but 7 not limited to, rehabilitative services, community reentry 8 training, aids for independent living, and counseling to spinal-cord-injured persons and head-injured persons. This 9 10 term does not include a hospital licensed under chapter 395 or any federally operated hospital or facility. 11 12 (2)(a) The requirements of part II of chapter 408 13 apply to the provision of services that necessitate licensure pursuant to this section and part II of chapter 408 and to 14 entities licensed by or applying for such licensure from the 15 Agency for Health Care Administration pursuant to this 16 17 section. However, an applicant for licensure is exempt from 18 the provisions of s. 408.810(7), (8), (9), and (10). A person must obtain a license from the agency to operate a 19 transitional living facility. A license issued under this 20 21 section is valid for 1 year. 22 (b) In accordance with s. 408.805, an applicant or 23 licensee shall pay a fee for each license application submitted under this section and part II of chapter 408. The 2.4 25 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 26 27 by rule. The application for a license must be made on a form 2.8 provided by the agency. A nonrefundable license fee of \$2,000 and a fee of up to \$39.25 per bed must be submitted with the 29 30 license application. 31

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1 (c) The agency may not issue a license to an applicant 2 until the agency receives notice from the department as 3 provided in paragraph (6)(b). 4 (3) Each applicant for licensure must comply with the 5 following requirements: б (a) Upon receipt of a completed, signed, and dated 7 application, the agency shall require background screening, in 8 accordance with the level 2 standards for screening set forth in chapter 435, of the managing employee, or other similarly 9 10 titled individual who is responsible for the daily operation of the facility, and of the financial officer, or other 11 12 similarly titled individual who is responsible for the 13 financial operation of the facility, including billings for client care and services. The applicant must comply with the 14 procedures for level 2 background screening as set forth in 15 16 chapter 435. 17 (b) The agency may require background screening of any 18 individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 19 20 a crime or has committed any other offense prohibited under 21 the level 2 standards for screening set forth in chapter 435. 22 (c) Proof of compliance with the level 2 background 23 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 2.4 health care or assisted living licensure requirements of this 25 state is acceptable in fulfillment of the requirements of 26 27 paragraph (a). 28 (d) A provisional license may be granted to an applicant when each individual required by this section to 29 30 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 31

1 has not yet received background screening results from the 2 Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as 3 set forth in chapter 435, but a response has not yet been 4 issued. A standard license may be granted to the applicant 5 6 upon the agency's receipt of a report of the results of the 7 Federal Bureau of Investigation background screening for each individual required by this section to undergo background 8 screening which confirms that all standards have been met, or 9 10 upon the granting of a disgualification exemption by the agency as set forth in chapter 435. Any other person who is 11 12 required to undergo level 2 background screening may serve in 13 his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person 14 may not continue to serve if the report indicates any 15 violation of background screening standards and a 16 17 disqualification exemption has not been requested of and 18 granted by the agency as set forth in chapter 435. 19 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 2.0 21 permanent suspensions, or terminations of the applicant from 2.2 the Medicare or Medicaid programs. Proof of compliance with 23 the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be 2.4 accepted in lieu of this submission. 25 26 (f) Each applicant must submit to the agency a 27 description and explanation of any conviction of an offense 2.8 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 29 30 officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a 31

1 not for profit corporation or organization if the director 2 serves solely in a voluntary capacity for the corporation or 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 6 corporation or organization's board of directors, and has no 7 financial interest and has no family members with a financial 8 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 9 10 include in the application a statement affirming that the director's relationship to the corporation satisfies the 11 12 requirements of this paragraph. 13 (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, 14 regardless of adjudication, or has entered a plea of nolo 15 contendere or quilty to, any offense prohibited under the 16 17 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 18 19 the agency as set forth in chapter 435. 20 (h) The agency may deny or revoke licensure if the 21 applicant: 22 Has falsely represented a material fact in the 23 application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by 2.4 25 paragraph (e) or paragraph (f); or 26 2. Has had prior action taken against the applicant 27 under the Medicaid or Medicare program as set forth in 2.8 paragraph (e). 29 (i) An application for license renewal must contain 30 the information required under paragraphs (e) and (f). 31

1 (4) An application for renewal of license must be 2 submitted 90 days before the expiration of the license. -Upon 3 renewal of licensure, each applicant must submit to the 4 agency, under penalty of perjury, an affidavit as set forth in 5 paragraph (3)(d). б (5)A change of ownership or control of a transitional 7 living facility must be reported to the agency in writing at 8 least 60 days before the change is scheduled to take effect. 9 (3)(6)(a) The agency shall adopt rules in consultation 10 with the department governing the physical plant of transitional living facilities and the fiscal management of 11 12 transitional living facilities. 13 (b) The department shall adopt rules in consultation with the agency governing the services provided to clients of 14 transitional living facilities. The department shall enforce 15 all requirements for providing services to the facility's 16 17 clients. The department must notify the agency when it determines that an applicant for licensure meets the service 18 requirements adopted by the department. 19 (c) The agency and the department shall enforce 20 21 requirements under this section, as such requirements relate 22 to them respectively, and their respective adopted rules. 23 (7)(a) It is unlawful for any person to establish, conduct, manage, or operate a transitional living facility 2.4 without obtaining a license from the agency. 25 26 (b) It is unlawful for any person to offer or 27 advertise to the public, in any medium whatever, services or 2.8 care defined in paragraph (1)(c) without obtaining a license 29 from the agency. 30 It is unlawful for a holder of a license issued (c)31 under this section to advertise or represent to the public 282

1 that it holds a license for a type of facility other than the 2 facility for which its license is issued. 3 (4) (8) Any designated officer or employee of the agency, of the state, or of the local fire marshal may enter 4 unannounced upon and into the premises of any facility 5 6 licensed under this section in order to determine the state of 7 compliance with this section and the rules or standards in 8 force under this section. The right of entry and inspection 9 also extends to any premises that the agency has reason to believe are being operated or maintained as a facility without 10 a license; but such an entry or inspection may not be made 11 12 without the permission of the owner or person in charge of the 13 facility unless a warrant that authorizes the entry is first obtained from the circuit court. The warrant requirement 14 extends only to a facility that the agency has reason to 15 believe is being operated or maintained as a facility without 16 17 a license. An application for a license or renewal thereof 18 which is made under this section constitutes permission for, and acquiescence in, any entry or inspection of the premises 19 for which the license is sought, in order to facilitate 20 21 verification of the information submitted on or in connection 22 with the application; to discover, investigate, and determine 23 the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. A current valid license 2.4 constitutes unconditional permission for, and acquiescence in, 25 26 any entry or inspection of the premises by authorized 27 personnel. The agency retains the right of entry and 2.8 inspection of facilities that have had a license revoked or 29 suspended within the previous 24 months, to ensure that the facility is not operating unlawfully. However, before the 30

31 facility is entered, a statement of probable cause must be

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1 filed with the director of the agency, who must approve or 2 disapprove the action within 48 hours. Probable cause includes, but is not limited to, evidence that the facility 3 holds itself out to the public as a provider of personal 4 assistance services, or the receipt by the advisory council on 5 6 brain and spinal cord injuries of a complaint about the 7 facility. 8 (5) (9) The agency may institute injunctive proceedings in a court of competent jurisdiction for temporary or 9 10 permanent relief to: (a) Enforce this section or any minimum standard, 11 12 rule, or order issued pursuant thereto if the agency's effort 13 to correct a violation through administrative fines has failed or when the violation materially affects the health, safety, 14 or welfare of residents; or 15 (b) Terminate the operation of a facility if a 16 17 violation of this section or of any standard or rule adopted 18 pursuant thereto exists which materially affects the health, safety, or welfare of residents. 19 20 21 The Legislature recognizes that, in some instances, action is 22 necessary to protect residents of facilities from immediately 23 life-threatening situations. If it appears by competent evidence or a sworn, substantiated affidavit that a temporary 2.4 25 injunction should issue, the court, pending the determination 26 on final hearing, shall enjoin operation of the facility. 27 (10) The agency may impose an immediate moratorium on 2.8 admissions to a facility when the agency determines that any 29 condition in the facility presents a threat to the health, safety, or welfare of the residents in the facility. If a 30 31 facility's license is denied, revoked, or suspended, the

1 facility may be subject to the immediate imposition of a 2 moratorium on admissions to run concurrently with licensure 3 denial, revocation, or suspension. (6)(11)(a) In accordance with part II of chapter 408, 4 a violation of any provision of this section, part II of 5 6 chapter 408, or applicable rules adopted by the agency or 7 department under this section is punishable by payment of an 8 administrative or a civil penalty fine not to exceed \$5,000. 9 (b) A violation of subsection (7) or rules adopted 10 under that subsection is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. Each day 11 12 of a continuing violation is a separate offense. 13 Section 146. Subsection (4) of section 400.902, Florida Statutes, is amended to read: 14 400.902 Definitions.--As used in this part, the term: 15 (4) "Owner or operator" means a licensee any 16 17 individual who has general administrative charge of a PPEC 18 <del>center</del>. Section 147. Subsection (3) is added to section 19 400.903, Florida Statutes, to read: 20 21 400.903 PPEC centers to be licensed; exemptions .--22 (3) The requirements of part II of chapter 408 apply 23 to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 2.4 entities licensed by or applying for such licensure from the 25 Agency for Health Care Administration pursuant to this part. 26 27 However, an applicant for licensure is exempt from the 2.8 provisions of s. 408.810(10). Section 148. Section 400.905, Florida Statutes, is 29 30 amended to read: 400.905 License required; fee; exemption; display .--31

1 (1)(a) It is unlawful to operate or maintain a PPEC 2 center without first obtaining from the agency a license authorizing such operation. The agency is responsible for 3 4 licensing PPEC centers in accordance with the provisions of 5 this part. б (b) Any person who violates paragraph (a) is guilty of 7 a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. 8 9 (1) (2) Separate licenses are required for PPEC centers 10 maintained on separate premises, even though they are operated under the same management. Separate licenses are not required 11 12 for separate buildings on the same grounds. 13 (2)(3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 14 submitted under this part and part II of chapter 408. The 15 amount of the fee shall be established by rule and may not be 16 17 less than \$1,000 or more than \$3,000 per biennium. The annual 18 license fee required of a PPEC center shall be in an amount determined by the agency to be sufficient to cover the 19 agency's costs in carrying out its responsibilities under this 2.0 21 part, but shall not be less than \$500 or more than \$1,500. 22 (3)(4) County-operated or municipally operated PPEC 23 centers applying for licensure under this part are exempt from the payment of license fees. 2.4 (5) The license shall be displayed in a conspicuous 25 place inside the PPEC center. 26 (6) A license shall be valid only in the possession of 27 2.8 the individual, firm, partnership, association, or corporation whom it is issued and shall not be subject to sale, 29 30 assignment, or other transfer, voluntary or involuntary; nor 31

1 shall a license be valid for any premises other than that for 2 which originally issued. (7) Any license granted by the agency shall state the 3 maximum capacity of the facility, the date the license was 4 issued, the expiration date of the license, and any other 5 6 information deemed necessary by the agency. Section 149. Section 400.906, Florida Statutes, is 7 8 <u>repealed.</u> 9 Section 150. Section 400.907, Florida Statutes, is 10 amended to read: 400.907 Denial or, suspension, revocation of 11 12 licensure; administrative fines; grounds.--13 (1) In accordance with part II of chapter 408, the agency may deny or, revoke, or suspend a license or impose an 14 administrative fine for a violation of any provision of this 15 part, part II of chapter 408, or applicable rules in the 16 17 manner provided in chapter 120. (2) Any of the following actions by a PPEC center or 18 its employee is grounds for action by the agency against a 19 PPEC center or its employee: 2.0 21 (a) An intentional or negligent act materially 22 affecting the health or safety of children in the PPEC center. 23 (b) A violation of the provisions of this part, part II of chapter 408, or applicable rules or of any standards or 2.4 25 rules adopted pursuant to this part. 26 (c) Multiple and repeated violations of this part or 27 of minimum standards or rules adopted pursuant to this part. 2.8 (3) The agency shall be responsible for all 29 investigations and inspections conducted pursuant to this 30 part. 31

 Florida Senate - 2004
 CS for CS for SB 1680

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1 Section 151. Section 400.908, Florida Statutes, is 2 amended to read: 3 400.908 Administrative fines; disposition of fees and 4 fines.--5 (1)(a) If the agency determines that a PPEC center is б being operated without a license or is otherwise not in 7 compliance with rules adopted under this part, part II of 8 chapter 408, or applicable rules, the agency, notwithstanding any other administrative action it takes, shall make a 9 10 reasonable attempt to discuss each violation and recommended corrective action with the owner of the PPEC center prior to 11 12 written notification thereof. The agency may request that the 13 PPEC center submit a corrective action plan which demonstrates a good faith effort to remedy each violation by a specific 14 date, subject to the approval of the agency. 15 (b) In accordance with part II of chapter 408, the 16 17 agency may fine a PPEC center or employee found in violation 18 of rules adopted pursuant to this part, part II of chapter 408, or applicable rules in an amount not to exceed \$500 for 19 each violation. Such fine may not exceed \$5,000 in the 20 21 aggregate. 22 (c) The failure to correct a violation by the date set 23 by the agency, or the failure to comply with an approved corrective action plan, is a separate violation for each day 2.4 such failure continues, unless the agency approves an 25 extension to a specific date. 26 27 (d) If a PPEC center desires to appeal any agency 2.8 action under this section and the fine is upheld, the violator 29 shall pay the fine, plus interest at the legal rate specified s. 687.01, for each day beyond the date set by the agency 30 31 for payment of the fine.

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1 (2) In determining if a fine is to be imposed and in 2 fixing the amount of any fine, the agency shall consider the following factors: 3 4 (a) The gravity of the violation, including the probability that death or serious physical or emotional harm 5 б to a child will result or has resulted, the severity of the 7 actual or potential harm, and the extent to which the 8 provisions of the applicable statutes or rules were violated. (b) Actions taken by the owner or operator to correct 9 10 violations. (c) Any previous violations. 11 12 (d) The financial benefit to the PPEC center of 13 committing or continuing the violation. (3) Fees and fines received by the agency under this 14 part shall be deposited in the Health Care Trust Fund created 15 in s. 408.16. 16 17 Section 152. Sections 400.910 and 400.911, Florida 18 Statutes, are repealed. Section 153. Section 400.912, Florida Statutes, is 19 amended to read: 20 21 400.912 Closing of a PPEC center.--22 (1) Whenever a PPEC center voluntarily discontinues 23 operation, it shall inform the agency in writing at least 30 days before the discontinuance of operation. The PPEC center 2.4 shall also, at such time, inform each child's legal guardian 25 of the fact and the proposed time of such discontinuance. 26 27 (2) Immediately upon discontinuance of the operation 2.8 of a PPEC center, the owner or operator shall surrender the 29 license therefor to the agency and the license shall be <del>canceled.</del> 30 31

1 Section 154. Section 400.913, Florida Statutes, is 2 repealed. 3 Section 155. Subsection (1) of section 400.914, Florida Statutes, is amended to read: 4 5 400.914 Rules establishing standards .-б (1) Pursuant to the intention of the Legislature to 7 provide safe and sanitary facilities and healthful programs, the agency in conjunction with the Division of Children's 8 Medical Services Prevention and Intervention of the Department 9 of Health shall adopt and publish rules to implement the 10 provisions of this part and part II of chapter 408, which 11 12 shall include reasonable and fair standards. Any conflict 13 between these standards and those that may be set forth in local, county, or city ordinances shall be resolved in favor 14 of those having statewide effect. Such standards shall relate 15 16 to: 17 (a) The assurance that PPEC services are family centered and provide individualized medical, developmental, 18 and family training services. 19 20 (b) The maintenance of PPEC centers, not in conflict 21 with the provisions of chapter 553 and based upon the size of 22 the structure and number of children, relating to plumbing, 23 heating, lighting, ventilation, and other building conditions, including adequate space, which will ensure the health, 2.4 safety, comfort, and protection from fire of the children 25 served. 26 27 (c) The appropriate provisions of the most recent 2.8 edition of the "Life Safety Code" (NFPA-101) shall be applied. 29 (d) The number and qualifications of all personnel who 30 have responsibility for the care of the children served. 31

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1 (e) All sanitary conditions within the PPEC center and 2 its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, 3 which will ensure the health and comfort of children served. 4 5 (f) Programs and basic services promoting and б maintaining the health and development of the children served 7 and meeting the training needs of the children's legal 8 guardians. 9 Supportive, contracted, other operational, and (q) 10 transportation services. (h) Maintenance of appropriate medical records, data, 11 12 and information relative to the children and programs. Such 13 records shall be maintained in the facility for inspection by the agency. 14 Section 156. Section 400.915, Florida Statutes, is 15 amended to read: 16 17 400.915 Construction and renovation; 18 requirements. -- The requirements for the construction or renovation of a PPEC center shall comply with: 19 20 (1) The provisions of chapter 553, which pertain to 21 building construction standards, including plumbing, 22 electrical code, glass, manufactured buildings, accessibility 23 for the physically disabled; (2) The minimum standards for physical facilities in 2.4 rule 10M-12.003, Florida Administrative Code, Child Care 25 Standards; and 26 27 (3) The standards or rules adopted pursuant to this 2.8 part and part II of chapter 408. Section 157. Sections 400.916 and 400.917, Florida 29 30 Statutes, are repealed. 31

 Florida Senate - 2004
 CS for CS for SB 1680

 309-2389-04
 CS for CS for SB 1680

1 Section 158. Section 400.925, Florida Statutes, is 2 amended to read: 3 400.925 Definitions.--As used in this part, the term: 4 (1) "Accrediting organizations" means the Joint Commission on Accreditation of Healthcare Organizations or 5 6 other national accreditation agencies whose standards for 7 accreditation are comparable to those required by this part 8 for licensure. 9 (2) "Affiliated person" means any person who directly 10 or indirectly manages, controls, or oversees the operation of 11 a corporation or other business entity that is a licensee, 12 regardless of whether such person is a partner, shareholder, 13 owner, officer, director, agent, or employee of the entity. (2)(3) "Agency" means the Agency for Health Care 14 Administration. 15 16 (4) "Applicant" means an individual applicant in the 17 case of a sole proprietorship, or any officer, director, 18 agent, managing employee, general manager, or affiliated person, or any partner or shareholder having an ownership 19 20 interest equal to 5 percent or greater in the corporation, 21 partnership, or other business entity. 22 (3)(5) "Consumer" or "patient" means any person who 23 uses home medical equipment in his or her place of residence. (4)(6) "Department" means the Department of Children 2.4 and Family Services. 25 (5)(7) "General manager" means the individual who has 26 27 the general administrative charge of the premises of a 2.8 licensed home medical equipment provider. (6)(8) "Home medical equipment" includes any product 29 as defined by the Federal Drug Administration's Drugs, Devices 30 and Cosmetics Act, any products reimbursed under the Medicare 31 292

1 Part B Durable Medical Equipment benefits, or any products reimbursed under the Florida Medicaid durable medical 2 equipment program. Home medical equipment includes oxygen and 3 related respiratory equipment; manual, motorized, or 4 customized wheelchairs and related seating and positioning, 5 б but does not include prosthetics or orthotics or any splints, 7 braces, or aids custom fabricated by a licensed health care 8 practitioner; motorized scooters; personal transfer systems; 9 and specialty beds, for use by a person with a medical need. 10 (7)(9) "Home medical equipment provider" means any person or entity that sells or rents or offers to sell or rent 11 12 to or for a consumer: 13 (a) Any home medical equipment and services; or (b) Home medical equipment that requires any home 14 15 medical equipment services. (8)(10) "Home medical equipment provider personnel" 16 17 means persons who are employed by or under contract with a 18 home medical equipment provider. (9)(11) "Home medical equipment services" means 19 equipment management and consumer instruction, including 20 21 selection, delivery, setup, and maintenance of equipment, and 22 other related services for the use of home medical equipment 23 in the consumer's regular or temporary place of residence. (10)(12) "Licensee" means the person or entity to whom 2.4 25 a license to operate as a home medical equipment provider is 26 issued by the agency. 27 (11)(13) "Moratorium" has the same meaning as in s. 2.8 408.803, except that means a mandated temporary cessation or 29 suspension of the sale, rental, or offering of equipment after the imposition of the moratorium. services related to 30 equipment sold or rented prior to the moratorium must be 31 293

1 continued without interruption, unless deemed otherwise by the 2 agency. 3 (12)(14) "Person" means any individual, firm, partnership, corporation, or association. 4 5 (13)(15) "Premises" means those buildings and б equipment which are located at the address of the licensed 7 home medical equipment provider for the provision of home 8 medical equipment services, which are in such reasonable 9 proximity as to appear to the public to be a single provider location, and which comply with zoning ordinances. 10 (14) (16) "Residence" means the consumer's home or 11 12 place of residence, which may include nursing homes, assisted 13 living facilities, transitional living facilities, adult family-care homes, or other congregate residential facilities. 14 Section 159. Subsection (3) and paragraphs (d) and (e) 15 of subsection (6) of section 400.93, Florida Statutes, are 16 17 amended to read: 18 400.93 Licensure required; exemptions; unlawful acts; penalties.--19 (3) The requirements of part II of chapter 408 apply 20 21 to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 2.2 23 entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. 2.4 However, an applicant for licensure is exempt from the 25 provisions of s. 408.810(8) and (10). A home medical equipment 26 27 provider must be licensed by the agency to operate in this 2.8 state or to provide home medical equipment and services to consumers in this state. A standard license issued to a home 29 medical equipment provider, unless sooner suspended or 30 revoked, expires 2 years after its effective date. 31

1 (6) 2 (d) The following penalties shall be imposed for operating an unlicensed home medical equipment provider: 3 4 Any person or entity who operates an unlicensed provider commits a felony of the third degree. 5 б 2. For any person or entity who has received 7 government reimbursement for services provided by an 8 unlicensed provider, the agency shall make a fraud referral 9 the appropriate government reimbursement program. 10 3. For any licensee found to be concurrently operating licensed and unlicensed provider premises, the agency may 11 12 impose a fine or moratorium, or revoke existing licenses of 13 any or all of the licensee's licensed provider locations until such time as the unlicensed provider premises is licensed. 14 15 A provider found to be operating without a license (e)may apply for licensure, and must cease operations until a 16 17 license is awarded by the agency. Section 160. Section 400.931, Florida Statutes, is 18 amended to read: 19 400.931 Application for license; fee; provisional 20 21 license; temporary permit. --22 (1) Application for an initial license or for renewal 23 of an existing license must be made under oath to the agency on forms furnished by it and must be accompanied by the 2.4 appropriate license fee as provided in subsection (12). 25 26 (1) (2) The applicant must file with the application 27 satisfactory proof that the home medical equipment provider is 2.8 in compliance with this part and applicable rules, including: 29 (a) A report, by category, of the equipment to be 30 provided, indicating those offered either directly by the 31

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applicant or through contractual arrangements with existing 1 2 providers. Categories of equipment include: 3 1. Respiratory modalities. 4 2. Ambulation aids. 5 3. Mobility aids. б 4. Sickroom setup. 7 5. Disposables. (b) A report, by category, of the services to be 8 provided, indicating those offered either directly by the 9 10 applicant or through contractual arrangements with existing providers. Categories of services include: 11 12 1. Intake. 13 2. Equipment selection. 3. Delivery. 14 4. Setup and installation. 15 5. Patient training. 16 17 6. Ongoing service and maintenance. 7. Retrieval. 18 (c) A listing of those with whom the applicant 19 contracts, both the providers the applicant uses to provide 20 21 equipment or services to its consumers and the providers for 22 whom the applicant provides services or equipment. 23 (2) (2) (3) The applicant for initial licensure must demonstrate financial ability to operate, which may be 2.4 25 accomplished by the submission of a \$50,000 surety bond to the agency in lieu of the requirements of s. 408.810(8). 26 27 (4) An applicant for renewal who has demonstrated 28 financial inability to operate must demonstrate financial 29 ability to operate. 30 (5) Each applicant for licensure must comply with the 31 following requirements:

1 (a) Upon receipt of a completed, signed, and dated 2 application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for 3 screening set forth in chapter 435. As used in this 4 subsection, the term "applicant" means the general manager and 5 6 the financial officer or similarly titled individual who is responsible for the financial operation of the licensed 7 8 facility. 9 (b) The agency may require background screening for a 10 member of the board of directors of the licensee or an officer or an individual owning 5 percent or more of the licensee if 11 12 the agency has probable cause to believe that such individual 13 has been convicted of an offense prohibited under the level 2 standards for screening set forth in chapter 435. 14 (c) Proof of compliance with the level 2 background 15 screening requirements of chapter 435 which has been submitted 16 17 within the previous 5 years in compliance with any other 18 health care licensure requirements of this state is acceptable in fulfillment of paragraph (a). 19 20 (d) Each applicant must submit to the agency, with its 21 application, a description and explanation of any exclusions, 2.2 permanent suspensions, or terminations of the applicant from 23 the Medicare or Medicaid programs. Proof of compliance with disclosure of ownership and control interest requirements of 2.4 the Medicaid or Medicare programs shall be accepted in lieu of 25 this submission. 26 27 (e) Each applicant must submit to the agency a 2.8 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 29 30 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 31

1 applicant. This requirement does not apply to a director of a 2 not for profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 3 4 organization, does not regularly take part in the day to day 5 operational decisions of the corporation or organization, 6 receives no remuneration for his or her services on the 7 corporation's or organization's board of directors, and has no financial interest and has no family members with a financial 8 interest in the corporation or organization, provided that the 9 10 director and the not for profit corporation or organization include in the application a statement affirming that the 11 12 director's relationship to the corporation satisfies the 13 requirements of this provision. (f) A license may not be granted to any potential 14 licensee if any applicant, administrator, or financial officer 15 has been found quilty of, regardless of adjudication, or has 16 17 entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth 18 in chapter 435, unless an exemption from disqualification has 19 been granted by the agency as set forth in chapter 435. 20 21 (g) The agency may deny or revoke licensure to any 2.2 potential licensee if any applicant: 23 1. Has falsely represented a material fact in the application required by paragraphs (d) and (e), or has omitted 2.4 25 any material fact from the application required by paragraphs (d) and (e); or 26 27 2. Has had prior Medicaid or Medicare action taken 2.8 against the applicant as set forth in paragraph (d). 29 (h) Upon licensure renewal, each applicant must submit to the agency, under penalty of perjury, an affidavit of 30 31

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1 compliance with the background screening provisions of this 2 section. 3 (3)(6) As specified in part II of chapter 408, the home medical equipment provider must also obtain and maintain 4 professional and commercial liability insurance. Proof of 5 6 liability insurance, as defined in s. 624.605, must be 7 submitted with the application. The agency shall set the required amounts of liability insurance by rule, but the 8 required amount must not be less than \$250,000 per claim. In 9 10 the case of contracted services, it is required that the contractor have liability insurance not less than \$250,000 per 11 12 claim. 13 (7) A provisional license shall be issued to an approved applicant for initial licensure for a period of 90 14 days, during which time a survey must be conducted 15 demonstrating substantial compliance with this section. A 16 17 provisional license shall also be issued pending the results 18 of an applicant's Federal Bureau of Investigation report of background screening confirming that all standards have been 19 met. If substantial compliance is demonstrated, a standard 2.0 21 license shall be issued to expire 2 years after the effective 2.2 date of the provisional license. 23 (8) Ninety days before the expiration date, an application for license renewal must be submitted to the 2.4 agency under oath on forms furnished by the agency, and a 25 license shall be renewed if the applicant has met the 26 27 requirements established under this part and applicable rules. 2.8 The home medical equipment provider must file with the 29 application satisfactory proof that it is in compliance with 30 this part and applicable rules. The home medical equipment 31

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1 provider must submit satisfactory proof of its financial 2 ability to comply with the requirements of this part. (9) When a change of ownership of a home medical 3 4 equipment provider occurs, the prospective owner must submit an initial application for a license at least 15 days before 5 6 the effective date of the change of ownership. An application 7 for change of ownership of a license is required when 8 ownership, a majority of the ownership, or controlling interest of a licensed home medical equipment provider is 9 10 transferred or assigned and when a licensee agrees to undertake or provide services to the extent that legal 11 12 liability for operation of the home medical equipment provider 13 rests with the licensee. A provisional license shall be issued to the new owner for a period of 90 days, during which time 14 all required documentation must be submitted and a survey must 15 be conducted demonstrating substantial compliance with this 16 17 section. If substantial compliance is demonstrated, a standard 18 license shall be issued to expire 2 years after the issuance of the provisional license. 19 (4) (10) When a change of the general manager of a home 20 21 medical equipment provider occurs, the licensee must notify 2.2 the agency of the change within 45 days. thereof and must 23 provide evidence of compliance with the background screening

24 requirements in subsection (5); except that a general manager

25 who has met the standards for the Department of Law

26 Enforcement background check, but for whom background

27 screening results from the Federal Bureau of Investigation

28 have not yet been received, may be employed pending receipt of

29 the Federal Bureau of Investigation background screening

30 report. An individual may not continue to serve as general

31 manager if the Federal Bureau of Investigation background

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1 screening report indicates any violation of background 2 screening standards. 3 (5)(11) In accordance with s. 408.805, an applicant or 4 licensee shall pay a fee for each license application 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 7 exceed \$300 per biennium. All licensure fees required of a 8 home medical equipment provider are nonrefundable. The agency shall set the fees in an amount that is sufficient to cover 9 10 its costs in carrying out its responsibilities under this part. However, state, county, or municipal governments 11 12 applying for licenses under this part are exempt from the 13 payment of license fees. All fees collected under this part must be deposited in the Health Care Trust Fund for the 14 administration of this part. 15 (6)<del>(12)</del> An applicant for initial licensure, renewal, 16 17 or change of ownership shall <u>also</u> pay a license processing fee not to exceed \$300, to be paid by all applicants, and an 18 inspection fee, not to exceed \$400, which shall to be paid by 19 all applicants except those not subject to licensure 20 21 inspection by the agency as described in s. 400.933(2). 22 (13) When a change is reported which requires issuance 23 of a license, a fee must be assessed. The fee must be based on 2.4 the actual cost of processing and issuing the license. (14) When a duplicate license is issued, a fee must be 25 26 assessed, not to exceed the actual cost of duplicating and 27 mailing. 28 (15) When applications are mailed out upon request, a 29 must be assessed, not to exceed the cost of the printing, 30 preparation, and mailing. 31

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1	(16) The license must be displayed in a conspicuous
2	place in the administrative office of the home medical
3	equipment provider and is valid only while in the possession
4	of the person or entity to which it is issued. The license may
5	not be sold, assigned, or otherwise transferred, voluntarily
б	or involuntarily, and is valid only for the home medical
7	equipment provider and location for which originally issued.
8	(17) A home medical equipment provider against whom a
9	proceeding for revocation or suspension, or for denial of a
10	renewal application, is pending at the time of license renewal
11	may be issued a provisional license effective until final
12	disposition by the agency of such proceedings. If judicial
13	relief is sought from the final disposition, the court that
14	has jurisdiction may issue a temporary permit for the duration
15	of the judicial proceeding.
16	Section 161. Section 400.932, Florida Statutes, is
17	amended to read:
18	400.932 Administrative penalties; injunctions;
19	emergency orders; moratoriums
20	(1) The agency may deny <u>or</u> , revoke, or suspend a
21	license, or impose an administrative fine not to exceed \$5,000
22	per violation, per day, or initiate injunctive proceedings
23	under s. 400.956.
24	(2) Any of the following actions by <u>an employee of</u> a
25	home medical equipment provider <del>or any of its employees</del> is
26	grounds for administrative action or penalties by the agency:
27	(a) Violation of this part or of applicable rules.
28	(b) An intentional, reckless, or negligent act that
29	materially affects the health or safety of a patient.
30	(3) The agency may deny or revoke the license of any
31	applicant that:

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1 (a) Made a false representation or omission of any 2 material fact in making the application, including the 3 submission of an application that conceals the controlling or 4 ownership interest or any officer, director, agent, managing 5 employee, affiliated person, partner, or shareholder who may 6 not be eligible to participate; 7 (a)(b) Has been previously found by any professional 8 licensing, certifying, or standards board or agency to have violated the standards or conditions relating to licensure or 9 certification or the quality of services provided. 10 "Professional licensing, certifying, or standards board or 11 12 agency" shall include, but is not limited to, practitioners, 13 health care facilities, programs, or services, or residential care, treatment programs, or other human services; or 14 (b)(c) Has been or is currently excluded, suspended, 15 or terminated from, or has involuntarily withdrawn from, 16 17 participation in Florida's Medicaid program or any other 18 state's Medicaid program, or participation in the Medicare program or any other governmental or private health care or 19 health insurance program. 20 21 (4) The agency may issue an emergency order 22 immediately suspending or revoking a license when it 23 determines that any condition within the responsibility of the 2.4 home medical equipment provider presents a clear and present 25 danger to public health and safety. 26 (5) The agency may impose an immediate moratorium on 27 any licensed home medical equipment provider when the agency 2.8 determines that any condition within the responsibility of the 29 home medical equipment provider presents a threat to public 30 health or safety. 31

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1 Section 162. Section 400.933, Florida Statutes, is 2 amended to read: 3 400.933 Licensure inspections and investigations .--4 (1) The agency shall make or cause to be made such 5 inspections and investigations as it considers necessary, б including: 7 (a) Licensure inspections. 8 (b) Inspections directed by the federal Health Care 9 Financing Administration. 10 (c) Licensure complaint investigations, including full licensure investigations with a review of all licensure 11 12 standards as outlined in the administrative rules. Complaints 13 received by the agency from individuals, organizations, or other sources are subject to review and investigation by the 14 15 agency. (2) The agency shall accept, in lieu of its own 16 17 periodic inspections for licensure, submission of the 18 following: (1) (a) The survey or inspection of an accrediting 19 organization, provided the accreditation of the licensed home 20 21 medical equipment provider is not provisional and provided the 22 licensed home medical equipment provider authorizes release 23 of, and the agency receives the report of, the accrediting organization; or 2.4 (2)(b) A copy of a valid medical oxygen retail 25 establishment permit issued by the Department of Health, 26 27 pursuant to chapter 499. 28 Section 163. Section 400.935, Florida Statutes, is amended to read: 29 400.935 Rules establishing minimum standards.--The 30 agency shall adopt, publish, and enforce rules to implement 31 304

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1 this part and part II of chapter 408, which must provide 2 reasonable and fair minimum standards relating to: 3 (1) The qualifications and minimum training requirements of all home medical equipment provider personnel. 4 5 (2) License application and renewal. б (3) License and inspection fees. 7 (2)(4) Financial ability to operate. (3) (5) The administration of the home medical 8 9 equipment provider. 10 (4)(6) Procedures for maintaining patient records. (5) (7) Ensuring that the home medical equipment and 11 12 services provided by a home medical equipment provider are in 13 accordance with the plan of treatment established for each patient, when provided as a part of a plan of treatment. 14 (6)(8) Contractual arrangements for the provision of 15 home medical equipment and services by providers not employed 16 17 by the home medical equipment provider providing for the 18 consumer's needs. 19 (7)(9) Physical location and zoning requirements. 20 (8)(10) Home medical equipment requiring home medical 21 equipment services. 22 Section 164. Section 400.95, subsection (2) of section 23 400.953, subsection (4) of section 400.955, and section 400.956, Florida Statutes, are repealed. 2.4 Section 165. Subsection (5) of section 400.960, 25 Florida Statutes, is amended to read: 26 27 400.960 Definitions.--As used in this part, the term: 2.8 (5) "Client" means any person receiving services in an intermediate care facility for the developmentally disabled 29 determined by the department to be eligible for developmental 30 31 services.

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1 Section 166. Section 400.962, Florida Statutes, is 2 amended to read: 3 400.962 License required; license application.--4 (1) The requirements of part II of chapter 408 apply 5 to the provision of services that necessitate licensure 6 pursuant to this part and part II of chapter 408 and to 7 entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. 8 However, an applicant for licensure is exempt from s. 9 10 408.810(7). The licensure fee shall be \$234 per bed unless modified by rule. It is unlawful to operate an intermediate 11 12 care facility for the developmentally disabled without a 13 license. Separate licenses are required for facilities 14 (2) maintained on separate premises even if operated under the 15 16 same management. However, a separate license is not required 17 for separate buildings on the same grounds. 18 (3)The basic license fee collected shall be deposited in the Health Care Trust Fund, established for carrying out 19 2.0 the purposes of this chapter. 21 (4) The license must be conspicuously displayed inside 22 the facility. 23 (5) A license is valid only in the hands of the 2.4 individual, firm, partnership, association, or corporation to whom it is issued. A license is not valid for any premises 25 other than those for which it was originally issued and may 26 27 not be sold, assigned, or otherwise transferred, voluntarily 2.8 or involuntarily. 29 (6)An application for a license shall be made to the 30 on forms furnished by it and must be accompanied by the agency appropriate license fee. 31

1 (7) The application must be under oath and must 2 contain the following: 3 (a) The name, address, and social security number of 4 the applicant if an individual; if the applicant is a firm, 5 partnership, or association, its name, address, and employer 6 identification number (EIN), and the name and address of every 7 member; if the applicant is a corporation, its name, address, 8 and employer identification number (EIN), and the name and 9 address of its director and officers and of each person having 10 at least a 5 percent interest in the corporation; and the name by which the facility is to be known. 11 12 (b) The name of any person whose name is required on 13 the application under paragraph (a) and who owns at least a 10 percent interest in any professional service, firm, 14 15 association, partnership, or corporation providing goods, leases, or services to the facility for which the application 16 17 is made, and the name and address of the professional service, 18 firm, association, partnership, or corporation in which such interest is held. 19 20 (c) The location of the facility for which a license 21 is sought and an indication that such location conforms to the 22 local zoning ordinances. 23 (d) The name of the persons under whose management or supervision the facility will be operated. 2.4 25 (e) The total number of beds. 26 (3)(8) The applicant must demonstrate that sufficient 27 numbers of staff, qualified by training or experience, will be 2.8 employed to properly care for the type and number of residents who will reside in the facility. 29 30 (9) The applicant must submit evidence that establishes the good moral character of the applicant, 31 307

1 manager, supervisor, and administrator. An applicant who is an 2 individual or a member of a board of directors or officer of an applicant that is a firm, partnership, association, or 3 4 corporation must not have been convicted, or found guilty, regardless of adjudication, of a crime in any jurisdiction 5 6 which affects or may potentially affect residents in the 7 facility. 8 (10)(a) Upon receipt of a completed, signed, and dated 9 application, the agency shall require background screening of 10 the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this 11 12 subsection, the term "applicant" means the facility 13 administrator, or similarly titled individual who is responsible for the day to day operation of the licensed 14 facility, and the facility financial officer, or similarly 15 titled individual who is responsible for the financial 16 17 operation of the licensed facility. 18 (b) The agency may require background screening for member of the board of directors of the licensee or an officer 19 20 or an individual owning 5 percent or more of the licensee if 21 the agency has probable cause to believe that such individual 2.2 has been convicted of an offense prohibited under the level 2 23 standards for screening set forth in chapter 435. (c) Proof of compliance with the level 2 background 2.4 screening requirements of chapter 435 which has been submitted 25 within the previous 5 years in compliance with any other 26 27 licensure requirements under this chapter satisfies the 2.8 requirements of paragraph (a). Proof of compliance with background screening which has been submitted within the 29 previous 5 years to fulfill the requirements of the Financial 30 Services Commission and the Office of Insurance Regulation 31

1 under chapter 651 as part of an application for a certificate 2 of authority to operate a continuing care retirement community satisfies the requirements for the Department of Law 3 Enforcement and Federal Bureau of Investigation background 4 5 checks. б (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 Department of Law Enforcement background check, but the agency 9 10 has not yet received background screening results from the Federal Bureau of Investigation, or a request for a 11 12 disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been 13 issued. A license may be granted to the applicant upon the 14 agency's receipt of a report of the results of the Federal 15 Bureau of Investigation background screening for each 16 17 individual required by this section to undergo background screening which confirms that all standards have been met, or 18 upon the granting of a disqualification exemption by the 19 agency as set forth in chapter 435. Any other person who is 2.0 21 required to undergo level 2 background screening may serve in 2.2 his or her capacity pending the agency's receipt of the report 23 from the Federal Bureau of Investigation; however, the person may not continue to serve if the report indicates any 2.4 25 violation of background screening standards and a disqualification exemption has not been granted by the agency 26 27 as set forth in chapter 435. 28 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 29

30 permanent suspensions, or terminations of the applicant from

the Medicare or Medicaid programs. Proof of compliance with

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1 disclosure of ownership and control interest requirements of 2 the Medicaid or Medicare programs shall be accepted in lieu of 3 this submission. 4 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 5 б 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 serves solely in a voluntary capacity for the corporation or 11 12 organization, does not regularly take part in the day to day 13 operational decisions of the corporation or organization, receives no remuneration for his or her services on the 14 corporation's 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 18 director and the not for profit corporation or organization include in the application a statement affirming that the 19 director's relationship to the corporation satisfies the 2.0 21 requirements of this paragraph. 22 (g) An application for license renewal must contain 23 the information required under paragraphs (e) and (f). (11) The applicant must furnish satisfactory proof of 2.4 financial ability to operate and conduct the facility in 25 accordance with the requirements of this part and all rules 26 27 adopted under this part, and the agency shall establish standards for this purpose. 2.8 Section 167. Sections 400.963 and 400.965, Florida 29 30 Statutes, are repealed. 31

1 Section 168. Section 400.967, Florida Statutes, is 2 amended to read: 400.967 Rules and classification of deficiencies.--3 4 (1) It is the intent of the Legislature that rules adopted and enforced under this part and part II of chapter 5 б 408 include criteria by which a reasonable and consistent 7 quality of resident care may be ensured, the results of such 8 resident care can be demonstrated, and safe and sanitary 9 facilities can be provided. 10 (2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Children and 11 12 Family Services and the Department of Elderly Affairs, shall 13 adopt and enforce rules to administer this part, which shall include reasonable and fair criteria governing: 14 (a) The location and construction of the facility; 15 including fire and life safety, plumbing, heating, cooling, 16 17 lighting, ventilation, and other housing conditions that will 18 ensure the health, safety, and comfort of residents. The agency shall establish standards for facilities and equipment 19 to increase the extent to which new facilities and a new wing 20 21 or floor added to an existing facility after July 1, 2000, are 22 structurally capable of serving as shelters only for 23 residents, staff, and families of residents and staff, and equipped to be self-supporting during and immediately 2.4 following disasters. The Agency for Health Care Administration 25 shall work with facilities licensed under this part and report 26 27 to the Governor and the Legislature by April 1, 2000, its 2.8 recommendations for cost-effective renovation standards to be applied to existing facilities. In making such rules, the 29 agency shall be guided by criteria recommended by nationally 30 recognized, reputable professional groups and associations 31

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1 having knowledge concerning such subject matters. The agency 2 shall update or revise such criteria as the need arises. All facilities must comply with those lifesafety code requirements 3 and building code standards applicable at the time of approval 4 of their construction plans. The agency may require 5 6 alterations to a building if it determines that an existing 7 condition constitutes a distinct hazard to life, health, or 8 safety. The agency shall adopt fair and reasonable rules setting forth conditions under which existing facilities 9 undergoing additions, alterations, conversions, renovations, 10 or repairs are required to comply with the most recent updated 11 12 or revised standards. 13 (b) The number and qualifications of all personnel, including management, medical nursing, and other personnel, 14 having responsibility for any part of the care given to 15 16 residents. 17 (c) All sanitary conditions within the facility and 18 its surroundings, including water supply, sewage disposal, food handling, and general hygiene, which will ensure the 19 health and comfort of residents. 2.0 21 (d) The equipment essential to the health and welfare 2.2 of the residents. 23 (e) A uniform accounting system. (f) The care, treatment, and maintenance of residents 2.4 and measurement of the quality and adequacy thereof. 25 (g) The preparation and annual update of a 26 27 comprehensive emergency management plan. The agency shall 2.8 adopt rules establishing minimum criteria for the plan after 29 consultation with the Department of Community Affairs. At a minimum, the rules must provide for plan components that 30 address emergency evacuation transportation; adequate 31 312

1 sheltering arrangements; postdisaster activities, including 2 emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual 3 4 identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency 5 6 management plan is subject to review and approval by the local 7 emergency management agency. During its review, the local 8 emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review 9 10 the plan: the Department of Elderly Affairs, the Department of Children and Family Services, the Agency for Health Care 11 12 Administration, and the Department of Community Affairs. Also, 13 appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management 14 agency shall complete its review within 60 days and either 15 16 approve the plan or advise the facility of necessary 17 revisions. 18 (h) Each licensee shall post its license prominent place that is in clear and unobstructed public view 19 20 at or near the place where residents are being admitted to the 21 facility. 22 (3) In accordance with part II of chapter 408, the 23 agency shall adopt rules to provide that, when the criteria established under this part and part II of chapter 408 2.4 subsection (2) are not met, such deficiencies shall be 25 classified according to the nature of the deficiency. The 26 27 agency shall indicate the classification on the face of the 2.8 notice of deficiencies as follows: 29 (a) Class I deficiencies are those which the agency 30 determines present an and imminent danger to the residents or guests of the facility or a substantial probability that death 31 313

1 or serious physical harm would result therefrom. The condition 2 or practice constituting a class I violation must be abated or eliminated immediately, unless a fixed period of time, as 3 determined by the agency, is required for correction. 4 Notwithstanding s. 400.121(2), a class I deficiency is subject 5 6 to a civil penalty in an amount not less than \$5,000 and not 7 exceeding \$10,000 for each deficiency. A fine may be levied 8 notwithstanding the correction of the deficiency. (b) Class II deficiencies are those which the agency 9 10 determines have a direct or immediate relationship to the health, safety, or security of the facility residents, other 11 12 than class I deficiencies. A class II deficiency is subject to 13 a civil penalty in an amount not less than \$1,000 and not exceeding \$5,000 for each deficiency. A citation for a class 14 II deficiency shall specify the time within which the 15 deficiency must be corrected. If a class II deficiency is 16 17 corrected within the time specified, no civil penalty shall be 18 imposed, unless it is a repeated offense. (c) Class III deficiencies are those which the agency 19 determines to have an indirect or potential relationship to 20 21 the health, safety, or security of the facility residents, 2.2 other than class I or class II deficiencies. A class III 23 deficiency is subject to a civil penalty of not less than \$500 and not exceeding \$1,000 for each deficiency. A citation for a 2.4 class III deficiency shall specify the time within which the 25 26 deficiency must be corrected. If a class III deficiency is 27 corrected within the time specified, no civil penalty shall be 2.8 imposed, unless it is a repeated offense. 29 (4) Civil penalties paid by any licensee under 30 subsection (3) shall be deposited in the Health Care Trust Fund and expended as provided in s. 400.063. 31

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1 (4) (4) (5) The agency shall approve or disapprove the 2 plans and specifications within 60 days after receipt of the final plans and specifications. The agency may be granted one 3 15-day extension for the review period, if the secretary of 4 the agency so approves. If the agency fails to act within the 5 б specified time, it is deemed to have approved the plans and 7 specifications. When the agency disapproves plans and 8 specifications, it must set forth in writing the reasons for 9 disapproval. Conferences and consultations may be provided as necessary. 10 (5)(6) The agency may charge an initial fee of \$2,000 11 12 for review of plans and construction on all projects, no part 13 of which is refundable. The agency may also collect a fee, not to exceed 1 percent of the estimated construction cost or the 14 actual cost of review, whichever is less, for the portion of 15 the review which encompasses initial review through the 16 17 initial revised construction document review. The agency may 18 collect its actual costs on all subsequent portions of the review and construction inspections. Initial fee payment must 19 accompany the initial submission of plans and specifications. 20 21 Any subsequent payment that is due is payable upon receipt of 22 the invoice from the agency. Notwithstanding any other 23 provision of law, all money received by the agency under this section shall be deemed to be trust funds, to be held and 2.4 applied solely for the operations required under this section. 25 Section 169. Section 400.968, Florida Statutes, is 26 27 amended to read: 2.8 400.968 Right of entry<del>; protection of health, safety,</del> and welfare.--29 30 (1) Any designated officer or employee of the agency, of the state, or of the local fire marshal may enter 31 315

1 unannounced the premises of any facility licensed under this 2 part in order to determine the state of compliance with this part and the rules or standards in force under this part. The 3 right of entry and inspection also extends to any premises 4 5 that the agency has reason to believe are being operated or 6 maintained as a facility without a license; but such an entry 7 or inspection may not be made without the permission of the 8 owner or person in charge of the facility unless a warrant 9 that authorizes the entry is first obtained from the circuit court. The warrant requirement extends only to a facility that 10 the agency has reason to believe is being operated or 11 12 maintained as a facility without a license. An application for 13 a license or renewal thereof which is made under this section constitutes permission for, and acquiescence in, any entry or 14 inspection of the premises for which the license is sought, in 15 order to facilitate verification of the information submitted 16 17 in connection with the application; to discover, investigate, 18 and determine the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. A current valid 19 license constitutes unconditional permission for, and 20 21 acquiescence in, any entry or inspection of the premises by 22 authorized personnel. The agency retains the right of entry 23 and inspection of facilities that have had a license revoked or suspended within the previous 24 months, to ensure that the 2.4 facility is not operating unlawfully. However, before the 25 26 facility is entered, a statement of probable cause must be 27 filed with the director of the agency, who must approve or 2.8 disapprove the action within 48 hours. 29 The agency may institute injunctive proceedings (2)30 competent jurisdiction for temporary court. <del>-of</del> or permanent

31 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 to correct a violation through administrative fines has failed 3 4 or when the violation materially affects the health, safety, or welfare of residents; or 5 б (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 The Legislature recognizes that, in some instances, action is 11 12 necessary to protect residents of facilities from immediately life threatening situations. If it appears by competent 13 evidence or a sworn, substantiated affidavit that a temporary 14 injunction should issue, the court, pending the determination 15 on final hearing, shall enjoin operation of the facility. 16 17 (3) 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, safety, or welfare of the residents in the facility. If a 2.0 21 facility's license is denied, revoked, or suspended, the 2.2 facility may be subject to the immediate imposition of a 23 moratorium on admissions to run concurrently with licensure 2.4 denial, revocation, or suspension. Section 170. Subsection (1) of section 400.969, 25 Florida Statutes, is amended to read: 26 27 400.969 Violation of part; penalties.--2.8 (1) In accordance with part II of chapter 408, and except as provided in s. 400.967(3), a violation of any 29 30 provision of this part, part II of chapter 408, or applicable rules adopted by the agency under this part is punishable by 31 317

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1 payment of an administrative or civil penalty not to exceed 2 \$5,000. Section 171. Section 400.980, Florida Statutes, is 3 amended to read: 4 5 400.980 Health care services pools .-б (1) As used in this section, the term: 7 (a) "Agency" means the Agency for Health Care Administration. 8 9 (b) "Health care services pool" means any person, 10 firm, corporation, partnership, or association engaged for hire in the business of providing temporary employment in 11 12 health care facilities, residential facilities, and agencies 13 for licensed, certified, or trained health care personnel including, without limitation, nursing assistants, nurses' 14 aides, and orderlies. However, the term does not include 15 nursing registries, a facility licensed under chapter 400, a 16 17 health care services pool established within a health care 18 facility to provide services only within the confines of such facility, or any individual contractor directly providing 19 temporary services to a health care facility without use or 20 21 benefit of a contracting agent. 22 (2) The requirements of part II of chapter 408 apply 23 to the provision of services that necessitate licensure or registration pursuant to this part and part II of chapter 408 2.4 and to entities registered by or applying for such 25 registration from the Agency for Health Care Administration 26 27 pursuant to this part; however, an applicant for licensure is 2.8 exempt from s. 408.810(6)-(10). Each person who operates a 29 health care services pool must register each separate business location with the agency. The agency shall adopt rules and 30 provide forms required for such registration and shall impose 31

1 a registration fee in an amount sufficient to cover the cost 2 of administering this section. In addition, the registrant must provide the agency with any change of information 3 contained on the original registration application within 14 4 days prior to the change. The agency may inspect the offices 5 6 of any health care services pool at any reasonable time for 7 the purpose of determining compliance with this section or the 8 rules adopted under this section. 9 (3) Each application for registration must include: 10 (a) The name and address of any person who has an ownership interest in the business, and, in the case of 11 12 corporate owner, copies of the articles of incorporation, 13 bylaws, and names and addresses of all officers and directors 14 of the corporation. 15 (b) Any other information required by the agency. (3)(4) Each applicant for registration must comply 16 17 with the following requirements: (a) Upon receipt of a completed, signed, and dated 18 application, the agency shall require background screening, in 19 accordance with the level 1 standards for screening set forth 20 21 in chapter 435, of every individual who will have contact with 2.2 patients. The agency shall require background screening of the 23 managing employee or other similarly titled individual who is 2.4 responsible for the operation of the entity, and of the financial officer or other similarly titled individual who is 25 responsible for the financial operation of the entity, 26 27 including billings for services in accordance with the level 2 2.8 standards for background screening as set forth in chapter <del>435.</del> 29 30 (b) The agency may require background screening of any other individual who is affiliated with the applicant if the 31

1 agency has a reasonable basis for believing that he or she has 2 been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth 3 4 in chapter 435. 5 (c) Proof of compliance with the level 2 background 6 screening requirements of chapter 435 which has been submitted 7 within the previous 5 years in compliance with any other health care or assisted living licensure requirements of this 8 state is acceptable in fulfillment of paragraph (a). 9 10 (d) A provisional registration may be granted to an applicant when each individual required by this section to 11 12 undergo background screening has met the standards for the 13 Department of Law Enforcement background check but the agency has not yet received background screening results from the 14 Federal Bureau of Investigation. A standard registration may 15 be granted to the applicant upon the agency's receipt of a 16 17 report of the results of the Federal Bureau of Investigation background screening for each individual required by this 18 section to undergo background screening which confirms that 19 20 all standards have been met, or upon the granting of a 21 disqualification exemption by the agency as set forth in 2.2 chapter 435. Any other person who is required to undergo level 23 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal 2.4 Bureau of Investigation. However, the person may not continue 25 to serve if the report indicates any violation of background 26 27 screening standards and if a disgualification exemption has 2.8 not been requested of and granted by the agency as set forth 29 in chapter 435. 30 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 31 320

1 permanent suspensions, or terminations of the applicant from 2 the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and controlling 3 4 interests under the Medicaid or Medicare programs may be accepted in lieu of this submission. 5 б (f) Each applicant must submit to the agency a 7 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 which 8 was committed by a member of the board of directors of the 9 10 applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a 11 12 director of a not for profit corporation or organization who 13 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 14 operational decisions of the corporation or organization, 15 receives no remuneration for his or her services on the 16 17 corporation's or organization's board of directors, and has no 18 financial interest and no family members having a financial interest in the corporation or organization, if the director 19 and the not for profit corporation or organization include in 2.0 21 the application a statement affirming that the director's 2.2 relationship to the corporation satisfies the requirements of 23 this paragraph. (g) A registration may not be granted to an applicant 2.4 25 if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo 26 27 contendere or quilty to, any offense prohibited under the 2.8 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 29 30 the agency as set forth in chapter 435. 31

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1 (h) Failure to provide all required documentation 2 within 30 days after a written request from the agency will result in denial of the application for registration. 3 4 (i) The agency must take final action on an 5 application for registration within 60 days after receipt of б all required documentation. 7 (j) The agency may deny, revoke, or suspend the 8 registration of any applicant or registrant who: 9 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 10 omitted any material fact from the application required by 11 12 paragraph (e) or paragraph (f); or 13 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in 14 15 paragraph (e). 16 3 Fails to comply with this section or applicable 17 rules. 18 4 Commits an intentional, reckless, or negligent act that materially affects the health or safety of a person 19 receiving services. 2.0 21 (4) (5) It is a misdemeanor of the first degree, 2.2 punishable under s. 775.082 or s. 775.083, for any person 23 willfully, knowingly, or intentionally to: (a) Fail, by false statement, misrepresentation, 2.4 25 impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact 26 27 used in making a determination as to an applicant's 2.8 qualifications to be a contractor under this section; 29 (b) Operate or attempt to operate an entity registered under this part with persons who do not meet the minimum 30 standards of chapter 435 as contained in this section; or 31 322

1 (c) Use information from the criminal records obtained 2 under this section for any purpose other than screening an applicant for temporary employment as specified in this 3 section, or release such information to any other person for 4 5 any purpose other than screening for employment under this 6 section. 7 (5)(6) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person 8 9 willfully, knowingly, or intentionally to use information from the juvenile records of a person obtained under this section 10 for any purpose other than screening for employment under this 11 12 section. 13 (7) It is unlawful for a person to offer or advertise services, as defined by rule, to the public without obtaining 14 15 a certificate of registration from the Agency for Health Care Administration. It is unlawful for any holder of a certificate 16 17 of registration to advertise or hold out to the public that he 18 she holds a certificate of registration for other than that for which he or she actually holds a certificate of 19 registration. Any person who violates this subsection is 20 21 subject to injunctive proceedings under s. 400.515. 22 (8) Each registration shall be for a period of 2 23 years. The application for renewal must be received by the agency at least 30 days before the expiration date of the 2.4 25 registration. An application for a new registration is 26 required within 30 days prior to the sale of a controlling 27 interest in a health care services pool. 2.8 (6) (9) A health care services pool may not require an 29 employee to recruit new employees from persons employed at a health care facility to which the health care services pool 30 employee is assigned. Nor shall a health care facility to 31

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1 which employees of a health care services pool are assigned recruit new employees from the health care services pool. 2 (7) (10) A health care services pool shall document 3 4 that each temporary employee provided to a health care facility has met the licensing, certification, training, or 5 6 continuing education requirements, as established by the 7 appropriate regulatory agency, for the position in which he or 8 she will be working. (8) (11) When referring persons for temporary 9 employment in health care facilities, a health care services 10 pool shall comply with all pertinent state and federal laws, 11 12 rules, and regulations relating to health, background 13 screening, and other qualifications required of persons working in a facility of that type. 14 (9)(12)(a) As a condition of registration and prior to 15 the issuance or renewal of a certificate of registration, a 16 17 health care services pool applicant must prove financial 18 responsibility to pay claims, and costs ancillary thereto, arising out of the rendering of services or failure to render 19 services by the pool or by its employees in the course of 20 21 their employment with the pool. The agency shall promulgate 22 rules establishing minimum financial responsibility coverage 23 amounts which shall be adequate to pay potential claims and costs ancillary thereto. 2.4 (b) Each health care services pool shall give written 25 notification to the agency within 20 days after any change in 26 27 the method of assuring financial responsibility or upon 2.8 cancellation or nonrenewal of professional liability insurance. Unless the pool demonstrates that it is otherwise 29 in compliance with the requirements of this section, the 30 agency shall suspend the registration of the pool pursuant to 31 324

1 ss. 120.569 and 120.57. Any suspension under this section 2 shall remain in effect until the pool demonstrates compliance with the requirements of this section. 3 (c) Proof of financial responsibility must be 4 demonstrated to the satisfaction of the agency, through one of 5 6 the following methods: 7 1. Establishing and maintaining an escrow account 8 consisting of cash or assets eligible for deposit in accordance with s. 625.52; 9 10 2. Obtaining and maintaining an unexpired irrevocable letter of credit established pursuant to chapter 675. 11 Such 12 letters of credit shall be nontransferable and nonassignable 13 and shall be issued by any bank or savings association organized and existing under the laws of this state or any 14 bank or savings association organized under the laws of the 15 United States that has its principal place of business in this 16 17 state or has a branch office which is authorized under the 18 laws of this state or of the United States to receive deposits in this state; or 19 3. Obtaining and maintaining professional liability 20 21 coverage from one of the following: 22 a. An authorized insurer as defined under s. 624.09; 23 b. An eligible surplus lines insurer as defined under 24 s. 626.918(2); c. A risk retention group or purchasing group as 25 26 defined under s. 627.942; or 27 d. A plan of self-insurance as provided in s. 627.357. 2.8 (d) If financial responsibility requirements are met by maintaining an escrow account or letter of credit, as 29 provided in this section, upon the entry of an adverse final 30 judgment arising from a medical malpractice arbitration award 31

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1 from a claim of medical malpractice either in contract or 2 tort, or from noncompliance with the terms of a settlement agreement arising from a claim of medical malpractice either 3 in contract or tort, the financial institution holding the 4 escrow account or the letter of credit shall pay directly to 5 6 the claimant the entire amount of the judgment together with 7 all accrued interest or the amount maintained in the escrow account or letter of credit as required by this section, 8 whichever is less, within 60 days after the date such judgment 9 became final and subject to execution, unless otherwise 10 mutually agreed to in writing by the parties. If timely 11 12 payment is not made, the agency shall suspend the registration 13 of the pool pursuant to procedures set forth by the agency through rule. Nothing in this paragraph shall abrogate a 14 judgment debtor's obligation to satisfy the entire amount of 15 16 any judgment.

(e) Each health care services pool carrying claims-made coverage must demonstrate proof of extended preporting coverage through either tail or nose coverage, in the event the policy is canceled, replaced, or not renewed. Such extended coverage shall provide coverage for incidents that occurred during the claims-made policy period but were reported after the policy period.

(f) The financial responsibility requirements of this section shall apply to claims for incidents that occur on or after January 1, 1991, or the initial date of registration in this state, whichever is later.

28 (g) Meeting the financial responsibility requirements 29 of this section must be established at the time of issuance or 30 renewal of a certificate of registration.

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1 (10) (13) The agency shall adopt rules to implement 2 this section and part II of chapter 408, including rules providing for the establishment of: 3 4 (a) Minimum standards for the operation and 5 administration of health care personnel pools, including 6 procedures for recordkeeping and personnel. 7 (b) In accordance with part II of chapter 408, fines 8 for the violation of this part, part II of chapter 408, or 9 applicable rules section in an amount not to exceed \$2,500 and suspension or revocation of registration. 10 11 (c) Disciplinary sanctions for failure to comply with 12 this section or the rules adopted under this section. 13 Section 172. Section 400.9905, Florida Statutes, is amended to read: 14 400.9905 Definitions.--15 16 (1) "Agency" means the Agency for Health Care 17 Administration. 18 (2) "Applicant" means an individual owner, corporation, partnership, firm, business, association, or 19 20 other entity that owns or controls, directly or indirectly, 5 21 percent or more of an interest in the clinic and that applies 22 for a clinic license. 23 (3) "Clinic" means an entity at which health care services are provided to individuals and which tenders charges 2.4 for reimbursement for such services, including a mobile clinic 25 26 and a portable equipment provider. For purposes of this part, 27 the term does not include and the licensure requirements of 2.8 this part do not apply to: 29 (a) Entities licensed or registered by the state and providing only health care services within the scope of 30 services authorized under their respective licenses granted 31

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1 under s. 383.30, chapter 390, chapter 394, chapter 395, 2 chapter 397, this chapter except part XIII, chapter 463, 3 chapter 465, chapter 466, chapter 478, part I of chapter 483 chapter 480, chapter 484, or chapter 651, end-stage renal 4 disease providers authorized under 42 C.F.R. part 405, subpart 5 б U, or providers certified under 42 C.F.R. part 485, subpart B 7 <u>or H</u>. (b) Entities that own, directly or indirectly, 8 entities licensed or registered by the state and providing 9 10 only health care services within the scope of services authorized pursuant to their respective licenses granted under 11 12 s. 383.30, chapter 390, chapter 394, chapter 395, chapter 397, 13 this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 chapter 480, 14 chapter 484, or chapter 651, end-stage renal disease providers 15 authorized under 42 C.F.R. part 405, subpart U, or providers 16 17 certified under 42 C.F.R. part 485, subpart B or H. 18 (c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing 19 only health care services within the scope of services 20 21 authorized pursuant to their respective licenses granted under 22 s. 383.30, chapter 390, chapter 394, chapter 395, chapter 397, 23 this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 chapter 480, 2.4 25 chapter 484, or chapter 651, end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U, or providers 26 27 certified under 42 C.F.R. part 485, subpart B or H. 2.8 (d) Entities that are under common ownership, directly 29 or indirectly, with an entity licensed or registered by the state and providing only health care services within the scope 30 of services authorized pursuant to their respective licenses 31

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1 granted under s. 383.30, chapter 390, chapter 394, chapter 2 395, chapter 397, this chapter except part XIII, chapter 463, 3 chapter 465, chapter 466, chapter 478, part I of chapter 483 chapter 480, chapter 484, or chapter 651, end-stage renal 4 disease providers authorized under 42 C.F.R. part 405, subpart 5 б U, or providers certified under 42 C.F.R. part 485, subpart B 7 <u>or H</u>. 8 (e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or s. 501 (c)(4), and any 9 10 community college or university clinic, or any entity owned or operated by federal or state government, including agencies, 11 12 subdivisions, or municipalities thereof. 13 (f) A sole proprietorship, group practice, partnership, or corporation that provides health care services 14 by licensed health care practitioners under chapter 457, 15 chapter 458, chapter 459, chapter 460, chapter 461, chapter 16 17 462, <del>chapter 463, chapter 466,</del> chapter 467, <u>chapter 480</u> chapter 484, chapter 486, chapter 490, chapter 491, or part I, 18 part III, part X, part XIII, or part XIV of chapter 468, or s. 19 464.012, which are wholly owned by one or more a licensed 20 21 health care practitioners set forth in this paragraph 22 practitioner, or the licensed health care practitioner and the 23 spouse, parent, or child of a licensed health care practitioner, so long as one of the owners who is a licensed 2.4 25 health care practitioner is supervising the business activities services performed therein and is legally 26 27 responsible for the entity's compliance with all federal and 2.8 state laws. However, a health care practitioner may not 29 supervise services beyond the scope of the practitioner's license. The violation of a state or federal law by an 30 employee, owner, partner, or shareholder who provides health 31

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1 care services at the entity constitutes a violation of s. 2 456.072(1)(k) by the licensee who commits the violation and by 3 the supervising owner. 4 (q) Clinical facilities affiliated with an accredited 5 medical school at which training is provided for medical б students, residents, or fellows. 7 (4) "Medical director" means a physician who is 8 employed or under contract with a clinic and who maintains a 9 full and unencumbered physician license in accordance with chapter 458, chapter 459, chapter 460, or chapter 461. 10 However, if the clinic does not provide services pursuant to 11 12 the respective physician practices acts listed in this 13 subsection, it is limited to providing health care services pursuant to chapter 457, chapter 484, chapter 486, chapter 14 15 490, or chapter 491 or part I, part III, part X, part XIII, or 16 part XIV of chapter 468, the clinic may appoint a Florida 17 licensed health care practitioner who does not provide 18 services pursuant to the respective physician practices acts listed in this subsection licensed under that chapter to serve 19 as a clinic director who is responsible for the clinic's 20 21 activities. A health care practitioner may not serve as the 22 clinic director if the services provided at the clinic are 23 beyond the scope of that practitioner's license, except that a license specified in s. 456.053(3)(b) which provides only 2.4 services authorized pursuant to s. 456.053(3)(b) may serve as 25 clinic director of an entity providing services as specified 26 27 in s. 456.053(3)(b). 2.8 (5) "Mobile clinic" means a movable or detached self-contained health care unit within or from which direct 29 health care services are provided to individuals and which 30 otherwise meets the definition of a clinic in subsection (3). 31

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1 (6) "Portable equipment provider" means an entity that contracts with or employs persons to provide portable 2 equipment to multiple locations performing treatment or 3 4 diagnostic testing of individuals, that bills third-party payers for those services, and that otherwise meets the 5 6 definition of a clinic in subsection (3). 7 Section 173. Effective upon becoming a law and 8 applying retroactively to March 1, 2004, section 400.991, 9 Florida Statutes, is amended to read: 10 400.991 License requirements; background screenings; 11 prohibitions.--12 (1)(a) The requirements of part II of chapter 408 13 apply to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 14 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 s. 18 408.810(6), (7), and (10). (b) Each clinic, as defined in s. 400.9905, must be 19 licensed and shall at all times maintain a valid license with 20 21 the agency. Each clinic location shall be licensed separately 2.2 regardless of whether the clinic is operated under the same 23 business name or management as another clinic. (c) Each mobile <u>clinic</u> <del>clinics</del> <u>must obtain a separate</u> 2.4 health care clinic license and must provide to the agency, at 25 least quarterly, their projected street locations to enable 26 27 the agency to locate and inspect such clinics. Portable 2.8 equipment providers must obtain a health care clinic license for a single administrative office and are not required to 29

- 30 <u>submit quarterly projected street locations.</u>
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1 (2) The initial clinic license application shall be 2 filed with the agency by all clinics, as defined in s. 400.9905, on or before July 1, 2004 March 1, 2004. A clinic 3 4 license must be renewed biennially. 5 (3) Applicants that submit an application on or before б July 1, 2004 March 1, 2004, which meets all requirements for 7 initial licensure as specified in this section shall receive a 8 temporary license until the completion of an initial inspection verifying that the applicant meets all requirements 9 in rules authorized by s. 400.9925. However, a clinic engaged 10 in magnetic resonance imaging services may not receive a 11 12 temporary license unless it presents evidence satisfactory to 13 the agency that such clinic is making a good faith effort and substantial progress in seeking accreditation required under 14 s. 400.9935. 15 16 (4) Application for an initial clinic license or for 17 renewal of an existing license shall be notarized on forms 18 furnished by the agency and must be accompanied by the appropriate license fee as provided in s. 400.9925. The agency 19 shall take final action on an initial license application 2.0 21 within 60 days after receipt of all required documentation. 22 (4)(5) The application shall contain information that 23 includes, but need not be limited to, information pertaining to the name, residence and business address, phone number, 2.4 social security number, and license number of the medical or 25 clinic director, of the licensed medical providers employed or 26 27 under contract with the clinic, and of each person who, 2.8 directly or indirectly, owns or controls 5 percent or more of an interest in the clinic, or general partners in limited 29 30 liability partnerships. 31

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1 (5) (5) (6) The applicant must file with the application 2 satisfactory proof that the clinic is in compliance with this part and applicable rules, including: 3 4 (a) A listing of services to be provided either directly by the applicant or through contractual arrangements 5 6 with existing providers; 7 (b) The number and discipline of each professional 8 staff member to be employed; and 9 (c) Proof of financial ability to operate. An 10 applicant must demonstrate financial ability to operate a clinic by submitting a balance sheet and an income and expense 11 12 statement for the first year of operation which provide 13 evidence of the applicant's having sufficient assets, credit, and projected revenues to cover liabilities and expenses. The 14 applicant shall have demonstrated financial ability to operate 15 if the applicant's assets, credit, and projected revenues meet 16 17 or exceed projected liabilities and expenses. All documents required under this subsection must be prepared in accordance 18 with generally accepted accounting principles, may be in a 19 compilation form, and the financial statement must be signed 20 21 by a certified public accountant. As an alternative to 22 submitting a balance sheet and an income and expense statement 23 for the first year of operation, the applicant may file a surety bond of at least \$500,000 which guarantees that the 2.4 clinic will act in full conformity with all legal requirements 25 26 for operating a clinic, payable to the agency. The agency may 27 adopt rules to specify related requirements for such surety 28 bond. 29 (6)(7) Each health care practitioner at the clinic is 30 subject to the background screening requirements of s. 31

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1 408.809. Each applicant for licensure shall comply with the 2 following requirements: (a) As used in this subsection, the term "applicant" 3 4 means individuals owning or controlling, directly or 5 indirectly, 5 percent or more of an interest in a clinic; the 6 medical or clinic director, or a similarly titled person who 7 is responsible for the day to day operation of the licensed clinic; the financial officer or similarly titled individual 8 who is responsible for the financial operation of the clinic; 9 10 and licensed medical providers at the clinic. (b) Upon receipt of a completed, signed, and dated 11 12 application, the agency shall require background screening of 13 the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. Proof of compliance with 14 the level 2 background screening requirements of chapter 435 15 which has been submitted within the previous 5 years in 16 17 compliance with any other health care licensure requirements of this state is acceptable in fulfillment of this paragraph. 18 19 (c) Each applicant must submit to the agency, with the application, a description and explanation of any exclusions, 20 21 permanent suspensions, or terminations of an applicant from 2.2 the Medicare or Medicaid programs. Proof of compliance with 23 the requirements for disclosure of ownership and control interest under the Medicaid or Medicare programs may be 2.4 accepted in lieu of this submission. The description and 25 26 explanation may indicate whether such exclusions, suspensions, 27 or terminations were voluntary or not voluntary on the part of 2.8 the applicant. (a) (d) A license may not be granted to a clinic if the 29 30 applicant has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or 31

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1 quilty to, any offense prohibited under the level 2 standards 2 for screening set forth in chapter 435, or a violation of insurance fraud under s. 817.234, within the past 5 years. If 3 the applicant has been convicted of an offense prohibited 4 under the level 2 standards or insurance fraud in any 5 6 jurisdiction, the applicant must show that his or her civil 7 rights have been restored prior to submitting an application. 8 (e) The agency may deny or revoke licensure if the 9 applicant has falsely represented any material fact or omitted any material fact from the application required by this part. 10 (8) Requested information omitted from an application 11 12 for licensure, license renewal, or transfer of ownership must be filed with the agency within 21 days after receipt of the 13 agency's request for omitted information, or the application 14 shall be deemed incomplete and shall be withdrawn from further 15 16 consideration. 17 (9) The failure to file a timely renewal application 18 shall result in a late fee charged to the facility in an amount equal to 50 percent of the current license fee. 19 Section 174. Section 400.9915, Florida Statutes, is 20 21 amended to read: 22 400.9915 Clinic inspections; emergency suspension; 23 costs.--(1) Any authorized officer or employee of the agency 2.4 25 shall make inspections of the clinic as part of the initial 26 license application or renewal application. The application 27 for a clinic license issued under this part or for a renewal 2.8 license constitutes permission for an appropriate agency inspection to verify the information submitted on or in 29 30 connection with the application or renewal. 31

1 (2) An authorized officer or employee of the agency 2 make unannounced inspections of clinics licensed pursuant 3 this part as are necessary to determine that the clinic is 4 in compliance with this part and with applicable rules. A licensed clinic shall allow full and complete access to the 5 б premises and to billing records or information to any 7 representative of the agency who makes an inspection to 8 determine compliance with this part and with applicable rules. 9 (1) (3) Failure by a clinic licensed under this part to 10 allow full and complete access to the premises and to billing records or information to any representative of the agency who 11 12 makes a request to inspect the clinic to determine compliance 13 with this part or failure by a clinic to employ a qualified medical director or clinic director constitutes a ground for 14 an action under s. 408.814 emergency suspension of the license 15 by the agency pursuant to s. 120.60(6). 16 17 (2) (4) In addition to any administrative fines 18 imposed, the agency may assess a fee equal to the cost of conducting a complaint investigation. 19 Section 175. Section 400.992, Florida Statutes, is 20 21 repealed. 22 Section 176. Subsections (1) and (3) of section 23 400.9925, Florida Statutes, are amended to read: 400.9925 Rulemaking authority; license fees.--2.4 25 (1) The agency shall adopt rules necessary to administer the clinic administration, regulation, and 26 27 licensure program, including rules pursuant to part II of 2.8 chapter 408 establishing the specific licensure requirements, procedures, forms, and fees. It shall adopt rules establishing 29

30 a procedure for the biennial renewal of licenses. The agency

31 may issue initial licenses for less than the full 2-year

1 period by charging a prorated licensure fee and specifying a 2 different renewal date than would otherwise be required for biennial licensure. The rules shall specify the expiration 3 dates of licenses, the process of tracking compliance with 4 financial responsibility requirements, and any other 5 6 conditions of renewal required by law or rule. 7 (3) In accordance with s. 408.805, an applicant or 8 licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 9 10 amount of the fee shall be established by rule and may not exceed \$2,000 per biennium. License application and renewal 11 12 fees must be reasonably calculated by the agency to cover its 13 costs in carrying out its responsibilities under this part, including the cost of licensure, inspection, and regulation of 14 clinics, and must be of such amount that the total fees 15 collected do not exceed the cost of administering and 16 17 enforcing compliance with this part. Clinic licensure fees are 18 nonrefundable and may not exceed \$2,000. The agency shall adjust the license fee annually by not more than the change in 19 the Consumer Price Index based on the 12 months immediately 2.0 21 preceding the increase. All fees collected under this part 2.2 must be deposited in the Health Care Trust Fund for the 23 administration of this part. Section 177. Section 400.993, Florida Statutes, is 2.4 amended to read: 25 400.993 <u>Reporting of</u> unlicensed clinics; penalties; 26 27 fines; verification of licensure status. --2.8 (1) It is unlawful to own, operate, or maintain a clinic without obtaining a license under this part. 29 30 (2) Any person who owns, operates, or maintains an unlicensed clinic commits a felony of the third degree, 31 337

punishable as provided in s. 775.082, s. 775.083, or s. 1 2 775.084. Each day of continued operation is a separate 3 offense. 4 (3) Any person found guilty of violating subsection (2) a second or subsequent time commits a felony of the second 5 6 degree, punishable as provided under s. 775.082, s. 775.083, 7 or s. 775.084. Each day of continued operation is a separate 8 offense. 9 (4) Any person who owns, operates, or maintains an 10 unlicensed clinic due to a change in this part or a modification in agency rules within 6 months after the 11 12 effective date of such change or modification and who, within 13 10 working days after receiving notification from the agency, fails to cease operation or apply for a license under this 14 part commits a felony of the third degree, punishable as 15 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 16 17 continued operation is a separate offense. 18 (5) Any clinic that fails to cease operation after agency notification may be fined for each day of noncompliance 19 pursuant to this part. 20 21 (6) When a person has an interest in more than one 2.2 clinic, and fails to obtain a license for any one of these 23 clinics, the agency may revoke the license, impose a moratorium, or impose a fine pursuant to this part on any or 2.4 all of the licensed clinics until such time as the unlicensed 25 clinic is licensed or ceases operation. 26 27 (7) Any person aware of the operation of an unlicensed 2.8 clinic must report that facility to the agency. (8) In addition to the requirements of part II of 29 30 chapter 408, any health care provider who is aware of the operation of an unlicensed clinic shall report that facility 31

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1 to the agency. Failure to report a clinic that the provider 2 knows or has reasonable cause to suspect is unlicensed shall be reported to the provider's licensing board. 3 4 (9) The agency may not issue a license to a clinic 5 that has any unpaid fines assessed under this part. 6 Section 178. Section 400.9935, Florida Statutes, is 7 amended to read: 400.9935 Clinic responsibilities.--8 (1) Each clinic shall appoint a medical director or 9 clinic director who shall agree in writing to accept legal 10 responsibility for the following activities on behalf of the 11 12 clinic. The medical director or the clinic director shall: 13 (a) Have signs identifying the medical director or clinic director posted in a conspicuous location within the 14 clinic readily visible to all patients. 15 (b) Ensure that all practitioners providing health 16 17 care services or supplies to patients maintain a current active and unencumbered Florida license. 18 (c) Review any patient referral contracts or 19 agreements executed by the clinic. 20 21 (d) Ensure that all health care practitioners at the 22 clinic have active appropriate certification or licensure for 23 the level of care being provided. (e) Serve as the clinic records owner as defined in s. 2.4 456.057. 25 (f) Ensure compliance with the recordkeeping, office 26 27 surgery, and adverse incident reporting requirements of 2.8 chapter 456, the respective practice acts, and rules adopted under this part and part II of chapter 408. 29 30 (g) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon 31 339

1 discovery of an unlawful charge, the medical director or 2 clinic director shall take immediate corrective action. (2) Any business that becomes a clinic after 3 4 commencing operations must, within 5 days after becoming a 5 clinic, file a license application under this part and shall be subject to all provisions of this part applicable to a 6 7 <del>clinic.</del> 8 (2) (3) Any contract to serve as a medical director or 9 a clinic director entered into or renewed by a physician or a licensed health care practitioner in violation of this part is 10 void as contrary to public policy. This subsection shall apply 11 12 to contracts entered into or renewed on or after March 1, 2004. 13 (3)(4) All charges or reimbursement claims made by or 14 on behalf of a clinic that is required to be licensed under 15 this part, but that is not so licensed, or that is otherwise 16 17 operating in violation of this part, are unlawful charges, and 18 therefore are noncompensable and unenforceable. (4)(5) Any person establishing, operating, or managing 19 an unlicensed clinic otherwise required to be licensed under 20 21 this part, or any person who knowingly files a false or 22 misleading license application or license renewal application, 23 or false or misleading information related to such application or department rule, commits a felony of the third degree, 2.4 punishable as provided in s. 775.082, s. 775.083, or s. 25 775.084. 26 27 (5) (6) Any licensed health care provider who violates 2.8 this part is subject to discipline in accordance with this 29 chapter and his or her respective practice act. 30 (7) The agency may fine, or suspend or revoke the license of, any clinic licensed under this part for operating 31 340

1 in violation of the requirements of this part or the rules 2 adopted by the agency. (8) The agency shall investigate allegations of 3 4 noncompliance with this part and the rules adopted under this 5 <del>part.</del> 6 (6) (9) Any person or entity providing health care 7 services which is not a clinic, as defined under s. 400.9905, 8 may voluntarily apply for a certificate of exemption from 9 licensure under its exempt status with the agency on a form that sets forth its name or names and addresses, a statement 10 of the reasons why it cannot be defined as a clinic, and other 11 12 information deemed necessary by the agency. An exemption is 13 not transferable. The agency may charge each applicant for a certificate of exemption \$100, or actual cost, whichever is 14 less, for processing the certificate. 15 (10) The clinic shall display its license in a 16 17 conspicuous location within the clinic readily visible to all 18 patients. 19 (7)<del>(11)</del>(a) Each clinic engaged in magnetic resonance imaging services must be accredited by the Joint Commission on 20 21 Accreditation of Healthcare Organizations, the American 22 College of Radiology, or the Accreditation Association for 23 Ambulatory Health Care, within 1 year after licensure. However, a clinic may request a single, 6-month extension if 2.4 it provides evidence to the agency establishing that, for good 25 26 cause shown, such clinic can not be accredited within 1 year 27 after licensure, and that such accreditation will be completed 2.8 within the 6-month extension. After obtaining accreditation as required by this subsection, each such clinic must maintain 29 30 accreditation as a condition of renewal of its license. 31

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1 (b) The agency may deny disallow the application or 2 revoke the license of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this 3 subsection and whose principals were previously principals of 4 an entity that was unable to meet the accreditation 5 6 requirements within the specified timeframes. The agency may 7 adopt rules as to the accreditation of magnetic resonance 8 imaging clinics. (8)(12) The agency shall give full faith and credit 9 pertaining to any past variance and waiver granted to a 10 magnetic resonance imaging clinic from rule 64-2002, Florida 11 12 Administrative Code, by the Department of Health, until 13 September 2004. After that date, such clinic must request a variance and waiver from the agency under s. 120.542. 14 Section 179. Sections 400.994 and 400.9945, Florida 15 16 Statutes, are repealed. 17 Section 180. Section 400.995, Florida Statutes, is 18 amended to read: 400.995 Agency Administrative fines penalties .--19 20 (1) The agency may <u>deny the application for a license</u> 21 renewal or revoke or suspend the license and impose 22 administrative fines penalties against clinics of up to \$5,000 23 per violation for violations of the requirements of this part or agency rules. In determining if a penalty is to be imposed 2.4 and in fixing the amount of the fine, the agency shall 25 consider the following factors: 26 27 (a) The gravity of the violation, including the 2.8 probability that death or serious physical or emotional harm 29 to a patient will result or has resulted, the severity of the action or potential harm, and the extent to which the 30 provisions of the applicable laws or rules were violated. 31 342

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1 (b) Actions taken by the owner, medical director, or 2 clinic director to correct violations. 3 (c) Any previous violations. 4 (d) The financial benefit to the clinic of committing or continuing the violation. 5 б (2)Each day of continuing violation after the date 7 fixed for termination of the violation, as ordered by the 8 agency, constitutes an additional, separate, and distinct 9 violation. 10 (2) (3) Any action taken to correct a violation shall be documented in writing by the owner, medical director, or 11 12 clinic director of the clinic and verified through followup 13 visits by agency personnel. The agency may impose a fine and, in the case of an owner-operated clinic, revoke or deny a 14 clinic's license when a clinic medical director or clinic 15 director knowingly fraudulently misrepresents actions taken to 16 17 correct a violation. 18 (4) For fines that are upheld following administrative or judicial review, the violator shall pay the fine, plus 19 interest at the rate as specified in s. 55.03, for each day 2.0 21 beyond the date set by the agency for payment of the fine. 22 (5) Any unlicensed clinic that continues to operate 23 after agency notification is subject to a \$1,000 fine per day. (3)(6) Any licensed clinic whose owner, medical 2.4 25 director, or clinic director concurrently operates an unlicensed clinic shall be subject to an administrative fine 26 27 of \$5,000 per day. 2.8 (7) Any clinic whose owner fails to apply for a change of ownership license in accordance with s. 400.992 and 29 30 <del>operates the clinic under the new ownership is subject to a</del> fine of \$5,000. 31

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(4)(8) The agency, as an alternative to or in
conjunction with an administrative action against a clinic for
violations of this part <u>, part II of chapter 408,</u> and adopted
rules, shall make a reasonable attempt to discuss each
violation and recommended corrective action with the owner,
medical director, or clinic director of the clinic, prior to
written notification. The agency, instead of fixing a period
within which the clinic shall enter into compliance with
standards, may request a plan of corrective action from the
clinic which demonstrates a good faith effort to remedy each
violation by a specific date, subject to the approval of the
agency.
(9) Administrative fines paid by any clinic under this
section shall be deposited into the Health Care Trust Fund.
(5) If the agency issues a notice of intent to deny a
license application after a temporary license has been issued
pursuant to s. 400.991(3), the temporary license shall expire
on the date of the notice and may not be extended during any
proceeding for administrative or judicial review pursuant to
chapter 120.
Section 181. The agency shall make refunds to
applicants that submitted their health care clinic licensure
fees and applications but were subsequently exempted from
licensure by this act as follows:
(1) Seventy-five percent of the application fee if the
temporary license has not been issued;
(2) Fifty percent of the application fee if the
temporary license has been issued but the inspection has not
been completed; and
(3) No refund if the inspection has been completed.

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1 Section 182. Any person or entity defined as a "clinic" under section 400.9905, Florida Statutes, shall not 2 be in violation of part XIII of chapter 400, Florida Statutes, 4 due to failure to apply for a clinic license by March 1, 2004, as previously required by section 400.991, Florida Statutes. 5 Payment to any such person or entity by an insurer or other 7 person liable for payment to such person or entity may not be 8 denied on the grounds that the person or entity failed to apply for or obtain a clinic license before July 1, 2004. This 9

10 section is contingent upon Senate Bill 2380 or similar

legislation becoming law. 11 12 Section 183. Paragraph (u) is added to subsection (3) 13 of section 408.036, Florida Statutes, to read: 408.036 Projects subject to review; exemptions .--14

(3) EXEMPTIONS.--Upon request, the following projects 15 16 are subject to exemption from the provisions of subsection 17 (1):18 (u) For the addition of skilled nursing facility beds as provided in this paragraph. Notwithstanding the moratorium 19 20 on community nursing home beds authorized in chapter 2001-45, 21 Laws of Florida, the agency may grant an exemption for: 22 The addition of skilled nursing facility beds 1. 23 licensed under part II of chapter 400 to a licensed skilled nursing facility located in a county having up to 50,000 2.4 residents, in a number that may not exceed 10 total beds or 10 25 percent of the licensed capacity of the facility, whichever is 26 27 greater, if: 2.8 a. Occupancy for the prior 12-month period at the facility or in the applicable subdistrict met or exceeded 94 29

percent, and the facility has had no confirmed complaints or a 30

conditional license for the prior 30-month period; or 31

1 b. For a facility that has been licensed for less than 2 24 months, facility occupancy exceeded 94 percent for the most 3 recent 6-month period and the facility has not had a confirmed 4 complaint or a conditional license since its initial 5 licensure. 6 2. The new construction of a skilled nursing facility 7 with up to 10 beds in a county having up to 50,000 residents 8 if there are no licensed skilled nursing facility beds in that 9 county. 10 Section 184. Section 408.831, Florida Statutes, is amended to read: 11 12 408.831 Denial, suspension, or revocation of a 13 license, registration, certificate, or application .--(1) In addition to any other remedies provided by law, 14 the agency may deny each application or suspend or revoke each 15 license, registration, or certificate of entities regulated or 16 17 licensed by it: 18 (a) If the applicant, licensee, registrant, or certificateholder, or, in the case of a corporation, 19 20 partnership, or other business entity, if any affiliated 21 business entity, officer, director, agent, or managing 22 employee of that business entity or any affiliated person, 23 partner, or shareholder having an ownership interest equal to 5 percent or greater in that business entity, has failed to 2.4 pay all outstanding fines, liens, or overpayments assessed by 25 final order of the agency or final order of the Centers for 26 27 Medicare and Medicaid Services, not subject to further appeal, 2.8 unless a repayment plan is approved by the agency; or 29 (b) For failure to comply with any repayment plan. 30 (2) In reviewing any application requesting a change of ownership or change of the licensee, registrant, or 31

1 certificateholder, the transferor shall, prior to agency 2 approval of the change, repay or make arrangements to repay any amounts owed to the agency. Should the transferor fail to 3 4 repay or make arrangements to repay the amounts owed to the agency, the issuance of a license, registration, or 5 6 certificate to the transferee shall be delayed until repayment 7 or until arrangements for repayment are made. (3) This section provides standards of enforcement 8 9 applicable to all entities licensed or regulated by the Agency 10 for Health Care Administration. This section controls over any conflicting provisions of chapters 39, 381, 383, 390, 391, 11 12 393, 394, 395, 400, 408, 468, 483, and 641, and 765 or rules 13 adopted pursuant to those chapters. Section 185. Subsections (9) and (10) of section 14 440.102, Florida Statutes, are amended to read: 15 440.102 Drug-free workplace program requirements .-- The 16 17 following provisions apply to a drug-free workplace program 18 implemented pursuant to law or to rules adopted by the Agency for Health Care Administration: 19 (9) DRUG-TESTING STANDARDS FOR LABORATORIES.--20 21 (a) The requirements of part II of chapter 408 apply 22 to the provision of services that necessitate licensure 23 pursuant to this section and part II of chapter 408 and to entities licensed by or applying for such licensure from the 2.4 Agency for Health Care Administration pursuant to this 25 section. 26 27 (b)(a) A laboratory may analyze initial or 2.8 confirmation test specimens only if: 1. The laboratory obtains a license under the 29 requirements of part II of chapter 408 and s. 112.0455(17). 30 Each applicant for licensure must comply with all requirements 31

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1 of part II of chapter 408, with the exception of s. 2 408.810(5)-(10). is licensed and approved by the Agency for Health Care Administration using criteria established by the 3 United States Department of Health and Human Services as 4 5 general guidelines for modeling the state drug testing program б pursuant to this section or the laboratory is certified by the 7 United States Department of Health and Human Services. 8 2. The laboratory has written procedures to ensure the chain of custody. 9 10 3. The laboratory follows proper quality control procedures, including, but not limited to: 11 12 a. The use of internal quality controls, including the 13 use of samples of known concentrations which are used to check the performance and calibration of testing equipment, and 14 periodic use of blind samples for overall accuracy. 15 b. An internal review and certification process for 16 17 drug test results, conducted by a person gualified to perform 18 that function in the testing laboratory. c. Security measures implemented by the testing 19 laboratory to preclude adulteration of specimens and drug test 20 21 results. 22 d. Other necessary and proper actions taken to ensure 23 reliable and accurate drug test results. (c) (b) A laboratory shall disclose to the medical 2.4 review officer a written positive confirmed test result report 25 26 within 7 working days after receipt of the sample. All 27 laboratory reports of a drug test result must, at a minimum, 2.8 state: 1. The name and address of the laboratory that 29 performed the test and the positive identification of the 30 person tested. 31

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1 2. Positive results on confirmation tests only, or 2 negative results, as applicable. 3 3. A list of the drugs for which the drug analyses 4 were conducted. 5 4. The type of tests conducted for both initial tests б and confirmation tests and the minimum cutoff levels of the 7 tests. 8 5. Any correlation between medication reported by the 9 employee or job applicant pursuant to subparagraph (5)(b)2. and a positive confirmed drug test result. 10 11 12 A report must not disclose the presence or absence of any drug 13 other than a specific drug and its metabolites listed pursuant to this section. 14 (d)(c) The laboratory shall submit to the Agency for 15 Health Care Administration a monthly report with statistical 16 17 information regarding the testing of employees and job applicants. The report must include information on the methods 18 of analysis conducted, the drugs tested for, the number of 19 positive and negative results for both initial tests and 20 21 confirmation tests, and any other information deemed 22 appropriate by the Agency for Health Care Administration. A 23 monthly report must not identify specific employees or job applicants. 2.4 (10) RULES.--The Agency for Health Care Administration 25 shall adopt rules pursuant to s. 112.0455, part II of chapter 26 27 408, and criteria established by the United States Department 2.8 of Health and Human Services as general guidelines for modeling <u>drug-free workplace laboratories</u> the state 29 30 drug testing program, concerning, but not limited to: 31

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1 (a) Standards for licensing drug-testing laboratories 2 and denial suspension and revocation of such licenses. 3 (b) Urine, hair, blood, and other body specimens and 4 minimum specimen amounts that are appropriate for drug 5 testing. б (c) Methods of analysis and procedures to ensure 7 reliable drug-testing results, including standards for initial tests and confirmation tests. 8 (d) Minimum cutoff detection levels for each drug or 9 metabolites of such drug for the purposes of determining a 10 positive test result. 11 12 (e) Chain-of-custody procedures to ensure proper 13 identification, labeling, and handling of specimens tested. (f) Retention, storage, and transportation procedures 14 to ensure reliable results on confirmation tests and retests. 15 Section 186. Subsection (2) of section 468.711, 16 17 Florida Statutes, is amended to read: 18 468.711 Renewal of license; continuing education.--19 (2) The board may, by rule, prescribe continuing education requirements, not to exceed 24 hours biennially. 20 21 The criteria for continuing education shall be approved by the 22 board and shall include 4 hours in standard first aid and 23 cardiovascular pulmonary resuscitation from the American Red Cross or equivalent training as determined by the board. 2.4 Section 187. Section 468.723, Florida Statutes, is 25 amended to read: 26 27 468.723 Exemptions.--Nothing in this part shall be 2.8 construed as preventing or restricting: (1) The professional practice of a licensee of the 29 30 department who is acting within the scope of such practice. 31

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1 (2) A student athletic trainer acting under the direct 2 supervision of a licensed athletic trainer. 3 (3)A person employed as a teacher apprentice trainer 4 I, a teacher apprentice trainer II, or a teacher athletic 5 trainer under s. 1012.46. б (3) (4) A person from administering standard first aid 7 treatment to an athlete. 8 (4)(5) A person licensed under chapter 548, provided such person is acting within the scope of such license. 9 10 (5) (6) A person providing personal training instruction for exercise, aerobics, or weightlifting, if the 11 12 person does not represent himself or herself as able to 13 provide "athletic trainer" services and if any recognition or treatment of injuries is limited to the provision of first 14 aid. 15 Section 188. Section 1012.46, Florida Statutes, is 16 17 amended to read: 1012.46 Athletic trainers.--18 19 (1) School districts may establish and implement an athletic injuries prevention and treatment program. Central to 20 21 this program should be the employment and availability of 2.2 persons trained in the prevention and treatment of physical 23 injuries which may occur during athletic activities. The program should reflect opportunities for progressive 2.4 advancement and compensation in employment as provided in 25 subsection (2) and meet certain other minimum standards 26 27 developed by the Department of Education. The goal of the 2.8 Legislature is to have school districts employ and have 29 available a full-time teacher athletic trainer in each high 30 school in the state. 31

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1 (2) To the extent practicable, a school district 2 program should include the following employment classification 3 and advancement scheme: 4 (a) First responder.--To qualify as a first responder, 5 a person must possess a professional, temporary, part-time, б adjunct, or substitute certificate pursuant to s. 1012.56, be 7 certified in cardiopulmonary resuscitation, first aid, and 8 have 15 semester hours in courses such as care and prevention 9 of athletic injuries, anatomy, physiology, nutrition, counseling, and other similar courses approved by the 10 Commissioner of Education. This person may only administer 11 12 first aid and similar care and may not hold himself or herself 13 out to the school district or public as an athletic trainer pursuant to part XIII of chapter 468. 14 (b) Teacher Athletic trainer.--To qualify as an a 15 16 teacher athletic trainer, a person must be licensed as 17 required by part XIII of chapter 468 and may be used by the 18 school district as possess a professional, temporary, part-time, adjunct, or substitute teacher provided such person 19 holds a certificate pursuant to s. 1012.35, s. 1012.56 or s. 20 21 1012.57, and be licensed as required by part XIII of chapter 22 <del>468</del>. 23 Section 189. Subsection (3) is added to section 483.035, Florida Statutes, to read: 2.4 483.035 Clinical laboratories operated by 25 practitioners for exclusive use; licensure and regulation .--26 27 (3) The requirements of part II of chapter 408 apply 2.8 to the provision of services that necessitate licensure pursuant to this part and part II of chapter 408 and to 29 entities licensed by or applying for such licensure from the 30 Agency for Health Care Administration pursuant to this part; 31

1 however, an applicant for licensure is exempt from s. 2 408.810(5) - (10). Section 190. Subsection (1) of section 483.051, 3 Florida Statutes, is amended to read: 4 5 483.051 Powers and duties of the agency.--The agency б shall adopt rules to implement this part, which rules must 7 include, but are not limited to, the following: 8 (1) LICENSING; QUALIFICATIONS.--The agency shall provide for biennial licensure of all clinical laboratories 9 meeting the requirements of this part and shall prescribe the 10 qualifications necessary for such licensure. A license issued 11 12 for operating a clinical laboratory, unless sooner suspended 13 or revoked, expires on the date set forth by the agency on the face of the license. 14 Section 191. Section 483.061, Florida Statutes, is 15 amended to read: 16 17 483.061 Inspection of clinical laboratories.--18 (1) The agency shall ensure that each clinical laboratory subject to this part is inspected either onsite or 19 offsite when deemed necessary by the agency, but at least 20 21 every 2 years, for the purpose of evaluating the operation, 22 supervision, and procedures of the facility to ensure 23 compliance with this part. Collection stations and branch offices may be inspected either onsite or offsite, when deemed 2.4 necessary by the agency. The agency may conduct or cause to be 25 conducted the following announced or unannounced inspections 26 27 at any reasonable time: 28 (a) An inspection conducted at the direction of the federal Health Care Financing Administration. 29 30 (b) A licensure inspection. - A validation inspection. 31 (c)353

1 (d) A complaint investigation, including a full 2 licensure investigation with a review of all licensure standards as outlined in rule. Complaints received by the 3 4 agency from individuals, organizations, or other sources are 5 subject to review and investigation by the agency. If a 6 complaint has been filed against a laboratory or if a 7 laboratory has a substantial licensure deficiency, the agency 8 may inspect the laboratory annually or as the agency considers 9 necessary. 10 However, for laboratories operated under s. 483.035, biennial 11 12 licensure inspections shall be scheduled so as to cause the 13 least disruption to the practitioner's scheduled patients. (2) The right of entry and inspection is extended to 14 any premises that is maintained as a laboratory without a 15 16 license, but such entry or inspection may not be made without 17 the permission of the owner or person in charge of the 18 laboratory, unless an inspection warrant as defined in s. 933.20 is first obtained. 19 20 (2)(3) The agency may shall inspect an out-of-state 21 clinical laboratory under this section at the expense of the 22 out-of-state clinical laboratory to determine whether the 23 laboratory meets the requirements of this part and part II of chapter 408. 2.4 25 (3) (4) The agency shall accept, in lieu of its own periodic inspections for licensure, the survey of or 26 27 inspection by private accrediting organizations that perform 2.8 inspections of clinical laboratories accredited by such organizations, including postinspection activities required by 29 30 the agency. 31

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1	(a) The agency shall accept inspections performed by
2	such organizations if the accreditation is not provisional, if
3	such organizations perform postinspection activities required
4	by the agency and provide the agency with all necessary
5	inspection and postinspection reports and information
6	necessary for enforcement, if such organizations apply
7	standards equal to or exceeding standards established and
8	approved by the agency, and if such accrediting organizations
9	are approved by the federal Health Care Financing
10	Administration to perform such inspections.
11	(b) The agency may conduct complaint investigations
12	made against laboratories inspected by accrediting
13	organizations.
14	(c) The agency may conduct sample validation
15	inspections of laboratories inspected by accrediting
16	organizations to evaluate the accreditation process used by an
17	accrediting organization.
18	(d) The agency may conduct a full inspection if an
19	accrediting survey has not been conducted within the previous
20	24 months, and the laboratory must pay the appropriate
21	inspection fee under s. 483.172.
22	(e) The agency shall develop, and adopt, by rule,
23	criteria for accepting inspection and postinspection reports
24	of accrediting organizations in lieu of conducting a state
25	licensure inspection.
26	Section 192. Section 483.091, Florida Statutes, is
27	amended to read:
28	483.091 Clinical laboratory license <del>A person may not</del>
29	conduct, maintain, or operate a clinical laboratory in this
30	state, except a laboratory that is exempt under s. 483.031,
31	unless the clinical laboratory has obtained a license from the
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1 agency. A clinical laboratory may not send a specimen drawn 2 within this state to any clinical laboratory outside the state for examination unless the out-of-state laboratory has 3 obtained a license from the agency. A license is valid only 4 5 for the person or persons to whom it is issued and may not be 6 sold, assigned, or transferred, voluntarily or involuntarily, 7 and is not valid for any premises other than those for which 8 the license is issued. However, A new license may be secured for  $\underline{a}$  the new location before the actual change, if the 9 contemplated change complies with this part and the rules 10 adopted under this part. Application for a new clinical 11 12 laboratory license must be made 60 days before a change in the 13 ownership of the clinical laboratory. Section 193. Section 483.101, Florida Statutes, is 14 amended to read: 15 483.101 Application for clinical laboratory license.--16 17 (1) An application for a clinical laboratory license 18 must be made under oath by the owner or director of the clinical laboratory or by the public official responsible for 19 2.0 operating a state, municipal, or county clinical laboratory or 21 institution that contains a clinical laboratory, upon forms 2.2 provided by the agency. 23 (2) Each applicant for licensure must comply with the 2.4 following requirements: 25 (a) Upon receipt of a completed, signed, and dated 26 application, the agency shall require background screening, in 27 accordance with the level 2 standards for screening set forth 2.8 in chapter 435, of the managing director or other similarly titled individual who is responsible for the daily operation 29 the laboratory and of the financial officer, or other 30 similarly titled individual who is responsible for the 31

financial operation of the laboratory, including billings for 1 2 patient services. The applicant must comply with the procedures for level 2 background screening as set forth in 3 chapter 435, as well as the requirements of s. 435.03(3). 4 5 (b) The agency may require background screening of any б other individual who is an applicant if the agency has 7 probable cause to believe that he or she has been convicted of crime or has committed any other offense prohibited under 8 the level 2 standards for screening set forth in chapter 435. 9 10 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 11 12 within the previous 5 years in compliance with any other 13 health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a). 14 15 (d) A provisional license may be granted to an applicant when each individual required by this section to 16 17 undergo background screening has met the standards for the 18 Department of Law Enforcement background check but the agency has not yet received background screening results from the 19 20 Federal Bureau of Investigation, or a request for a 21 disqualification exemption has been submitted to the agency as 2.2 set forth in chapter 435 but a response has not yet been 23 issued. A license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal 2.4 25 Bureau of Investigation background screening for each

26 individual required by this section to undergo background

27 screening which confirms that all standards have been met, or

28 upon the granting of a disgualification exemption by the

29 agency as set forth in chapter 435. Any other person who is

30 required to undergo level 2 background screening may serve in

31 his or her capacity pending the agency's receipt of the report

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1 from the Federal Bureau of Investigation. However, the person 2 may not continue to serve if the report indicates any 3 violation of background screening standards and a 4 disqualification exemption has not been requested of and 5 granted by the agency as set forth in chapter 435. б (e) Each applicant must submit to the agency, with its 7 application, a description and explanation of any exclusions, 8 permanent suspensions, or terminations of the applicant from 9 the Medicare or Medicaid programs. Proof of compliance with 10 the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be 11 12 accepted in lieu of this submission. 13 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 14 prohibited under the level 2 standards of chapter 435 by a 15 member of the board of directors of the applicant, its 16 17 officers, or any individual owning 5 percent or more of the 18 applicant. This requirement does not apply to a director of a not for profit corporation or organization if the director 19 serves solely in a voluntary capacity for the corporation or 2.0 21 organization, does not regularly take part in the day to day 2.2 operational decisions of the corporation or organization, 23 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 2.4 financial interest and has no family members with a financial 25 interest in the corporation or organization, provided that the 26 27 director and the not for profit corporation or organization 2.8 include in the application a statement affirming that the director's relationship to the corporation satisfies the 29 30 requirements of this paragraph. 31

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1 (q) A license may not be granted to an applicant if 2 the applicant or managing employee has been found quilty of, regardless of adjudication, or has entered a plea of nolo 3 contendere or guilty to, any offense prohibited under the 4 5 level 2 standards for screening set forth in chapter 435. 6 unless an exemption from disqualification has been granted by 7 the agency as set forth in chapter 435. 8 (h) The agency may deny or revoke licensure if the applicant: 9 10 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 11 12 omitted any material fact from the application required by 13 paragraph (e) or paragraph (f); or 2. Has had prior action taken against the applicant 14 under the Medicaid or Medicare program as set forth in 15 16 paragraph (e). 17 (i) An application for license renewal must contain 18 information required under paragraphs (e) and (f). (3) A license must be issued authorizing the 19 performance of one or more clinical laboratory procedures or 2.0 21 one or more tests on each specialty or subspecialty. A 2.2 separate license is required of all laboratories maintained on 23 separate premises even if the laboratories are operated under the same management. Upon receipt of a request for an 2.4 application for a clinical laboratory license, the agency 25 26 shall provide to the applicant a copy of the rules relating to 27 licensure and operations applicable to the laboratory for 2.8 which licensure is sought. 29 Section 194. Section 483.111, Florida Statutes, is 30 amended to read: 31

483.111 Limitations on licensure.--A license may be 1 2 issued to a clinical laboratory to perform only those clinical laboratory procedures and tests that are within the 3 specialties or subspecialties in which the clinical laboratory 4 personnel are qualified. A license may not be issued unless 5 б the agency determines that the clinical laboratory is 7 adequately staffed and equipped to operate in conformity with 8 the requirements of this part, part II of chapter 408, and 9 applicable the rules adopted under this part. 10 Section 195. Section 483.131, Florida Statutes, is repealed. 11 12 Section 196. Section 483.172, Florida Statutes, is 13 amended to read: 483.172 License fees.--14 (1) In accordance with s. 408.805, an applicant or 15 licensee shall pay a fee for each license application 16 submitted under this part and part II of chapter 408. The 17 agency shall collect fees for all licenses issued under this 18 part. Each fee is due at the time of application and must be 19 payable to the agency to be deposited in the Health Care Trust 20 21 Fund administered by the agency. 22 (2) The biennial license fee schedule is as follows, 23 unless modified by rule: (a) If a laboratory performs not more than 2,000 tests 2.4 annually, the fee is \$400. 25 (b) If a laboratory performs not more than 3 26 27 categories of procedures with a total annual volume of more 2.8 than 2,000 but no more than 10,000 tests, the license fee is \$965. 29 30 31

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1 (c) If a laboratory performs at least 4 categories of 2 procedures with a total annual volume of not more than 10,000 tests, the license fee is \$1,294. 3 (d) If a laboratory performs not more than 3 4 categories of procedures with a total annual volume of more 5 6 than 10,000 but not more than 25,000 tests, the license fee is 7 \$1,592. 8 (e) If a laboratory performs at least 4 categories of procedures with a total annual volume of more than 10,000 but 9 not more than 25,000 tests, the license fee is \$2,103. 10 (f) If a laboratory performs a total of more than 11 12 25,000 but not more than 50,000 tests annually, the license 13 fee is \$2,364. (g) If a laboratory performs a total of more than 14 50,000 but not more than 75,000 tests annually, the license 15 fee is \$2,625. 16 17 (h) If a laboratory performs a total of more than 18 75,000 but not more than 100,000 tests annually, the license fee is \$2,886. 19 (i) If a laboratory performs a total of more than 20 21 100,000 but not more than 500,000 tests annually, the license 22 fee is \$3,397. 23 (j) If a laboratory performs a total of more than 500,000 but not more than 1 million tests annually, the 2.4 license fee is \$3,658. 25 (k) If a laboratory performs a total of more than 1 26 27 million tests annually, the license fee is \$3,919. 28 (3) The agency shall assess a biennial fee of \$100 for a certificate of exemption and a \$100 license fee for 29 30 facilities surveyed by an approved accrediting organization. 31

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1 Section 197. Section 483.201, Florida Statutes, is 2 amended to read: 3 483.201 Grounds for disciplinary action against clinical laboratories .-- In addition to the requirements of 4 part II of chapter 408, the following acts constitute grounds 5 6 for which a disciplinary action specified in s. 483.221 may be 7 taken against a clinical laboratory: 8 (1) Making a fraudulent statement on an application 9 for a clinical laboratory license or any other document 10 required by the agency. (1)(2) Permitting unauthorized persons to perform 11 12 technical procedures or to issue reports. 13 (2) (3) Demonstrating incompetence or making consistent errors in the performance of clinical laboratory examinations 14 and procedures or erroneous reporting. 15 16 (3) (4) Performing a test and rendering a report 17 thereon to a person not authorized by law to receive such 18 services. (4)(5) Knowingly having professional connection with 19 or knowingly lending the use of the name of the licensed 20 21 clinical laboratory or its director to an unlicensed clinical 2.2 laboratory. 23 (5) (5) (6) Violating or aiding and abetting in the violation of any provision of this part or the rules adopted 2.4 25 under this part. (6) (7) Failing to file any report required by the 26 27 provisions of this part or the rules adopted under this part. 2.8 (7) (8) Reporting a test result for a clinical specimen if the test was not performed on the clinical specimen. 29 30 (8) (9) Performing and reporting tests in a specialty or subspecialty in which the laboratory is not licensed. 31 362

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1 (9)(10) Knowingly advertising false services or 2 credentials. (10)(11) Failing to correct deficiencies within the 3 time required by the agency. 4 5 Section 198. Section 483.221, Florida Statutes, is б amended to read: 7 483.221 Administrative fines penalties .--(1) (a) In accordance with part II of chapter 408, the 8 agency may deny, suspend, revoke, annul, limit, or deny 9 10 renewal of a license or impose an administrative fine, not to exceed \$1,000 per violation, for the violation of any 11 12 provision of this part or rules adopted under this part. Each 13 day of violation constitutes a separate violation and is subject to a separate fine. 14 (2) (b) In determining the penalty to be imposed for a 15 violation, as provided in <u>subsection (1)</u> paragraph (a), the 16 17 following factors must be considered: (a)1. The severity of the violation, including the 18 probability that death or serious harm to the health or safety 19 of any person will result or has resulted; the severity of the 20 21 actual or potential harm; and the extent to which the 2.2 provisions of this part were violated. 23 (b) Actions taken by the licensee to correct the violation or to remedy complaints. 2.4 (c) 3. Any previous violation by the licensee. 25 26 (d)4. The financial benefit to the licensee of 27 committing or continuing the violation. 28 (c) All amounts collected under this section must be 29 deposited into the Health Care Trust Fund administered by the 30 agency. 31

1 (2) The agency may issue an emergency order 2 immediately suspending, revoking, annulling, or limiting a license if it determines that any condition in the licensed 3 4 facility presents a clear and present danger to public health 5 or safety. б Section 199. Section 483.23, Florida Statutes, is 7 amended to read: 8 483.23 Offenses; criminal penalties.--9 (1)(a) It is unlawful for any person to: 10 1. Operate, maintain, direct, or engage in the business of operating a clinical laboratory unless she or 11 12 has obtained a clinical laboratory license from the agency or 13 is exempt under s. 483.031. 1.2. Conduct, maintain, or operate a clinical 14 laboratory, other than an exempt laboratory or a laboratory 15 operated under s. 483.035, unless the clinical laboratory is 16 17 under the direct and responsible supervision and direction of a person licensed under part III of this chapter. 18 19 2.3. Allow any person other than an individual licensed under part III of this chapter to perform clinical 20 21 laboratory procedures, except in the operation of a laboratory 22 exempt under s. 483.031 or a laboratory operated under s. 23 483.035. 3.4. Violate or aid and abet in the violation of any 2.4 provision of this part or the rules adopted under this part. 25 (b) The performance of any act specified in paragraph 26 27 (a) constitutes a misdemeanor of the second degree, punishable 2.8 as provided in s. 775.082 or s. 775.083. (2) Any use or attempted use of a forged license under 29 30 this part or part <u>IV</u> <del>III</del> of this chapter constitutes the crime of forgery. 31

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1 Section 200. Section 483.25, Florida Statutes, is 2 repealed. Section 201. Section 483.291, Florida Statutes, is 3 4 amended to read: 5 483.291 Powers and duties of the agency; rules.--The б agency shall adopt rules to implement this part and part II of 7 chapter 408, which rules must include the following: (1) LICENSING STANDARDS. -- The agency shall license all 8 9 multiphasic health testing centers meeting the requirements of 10 this part and shall prescribe standards necessary for 11 licensure. 12 (2) FEES.--In accordance with s. 408.805, an applicant 13 or licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 14 agency shall establish annual fees, which shall be reasonable 15 in amount, for licensing of centers. The fees must be 16 17 sufficient in amount to cover the cost of licensing and 18 inspecting centers. (a) The annual licensure fee is due at the time of 19 application and is payable to the agency to be deposited in 20 21 the Health Care Trust Fund administered by the agency. The 2.2 license fee must be not less than\$600<del>\$300</del> or more than 23 \$2,000 per biennium<del>\$1,000</del>. (b) The fee for late filing of an application for 2.4 license renewal is \$200 and is in addition to the licensure 25 fee due for renewing the license. 26 27 (3) ANNUAL LICENSING. The agency shall provide for 2.8 annual licensing of centers. Any center that fails to pay the proper fee or otherwise fails to qualify by the date of 29 30 expiration of its license is delinquent, and its license is automatically canceled without notice or further proceeding. 31

1 Upon cancellation of its license under this subsection, a 2 center may have its license reinstated only upon application 3 and qualification as provided for initial applicants and upon 4 payment of all delinquent fees. 5 (3)(4) STANDARDS OF PERFORMANCE. -- The agency shall 6 prescribe standards for the performance of health testing 7 procedures. (4)(5) CONSTRUCTION OF CENTERS. -- The agency may adopt 8 9 rules to ensure that centers comply with all local, county, state, and federal standards for the construction, renovation, 10 maintenance, or repair of centers, which standards must ensure 11 12 the conduct and operation of the centers in a manner that will 13 protect the public health. (5)(6) SAFETY AND SANITARY CONDITIONS WITHIN THE 14 CENTER AND ITS SURROUNDINGS .-- The agency shall establish 15 standards relating to safety and sanitary conditions within 16 17 the center and its surroundings, including water supply; sewage; the handling of specimens; identification, 18 segregation, and separation of biohazardous waste as required 19 by s. 381.0098; storage of chemicals; workspace; firesafety; 20 21 and general measures, which standards must ensure the 2.2 protection of the public health. The agency shall determine 23 compliance by a multiphasic health testing center with the requirements of s. 381.0098 by verifying that the center has 2.4 25 obtained all required permits. (6)(7) EQUIPMENT.--The agency shall establish minimum 26 27 standards for center equipment essential to the proper conduct 2.8 and operation of the center. 29 (7)(8) PERSONNEL.--The agency shall prescribe minimum 30 qualifications for center personnel. A center may employ as a 31

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1 medical assistant a person who has at least one of the 2 following gualifications: 3 (a) Prior experience of not less than 6 months as a 4 medical assistant in the office of a licensed medical doctor or osteopathic physician or in a hospital, an ambulatory 5 6 surgical center, a home health agency, or a health maintenance 7 organization. (b) Certification and registration by the American 8 Medical Technologists Association or other similar 9 professional association approved by the agency. 10 (c) Prior employment as a medical assistant in a 11 12 licensed center for at least 6 consecutive months at some time 13 during the preceding 2 years. Section 202. Section 483.294, Florida Statutes, is 14 amended to read: 15 483.294 Inspection of centers.--The agency shall, at 16 17 least once annually, inspect the premises and operations of 18 all centers subject to licensure under this part, without prior notice to the centers, for the purpose of studying and 19 evaluating the operation, supervision, and procedures of such 2.0 21 facilities, to determine their compliance with agency 2.2 standards and to determine their effect upon the health and 23 safety of the people of this state. Section 203. Section 483.30, Florida Statutes, is 2.4 amended to read: 25 483.30 Licensing of centers. -- The requirements of part 26 II of chapter 408 apply to the provision of services that 27 2.8 necessitate licensure pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such 29 30 licensure from the Agency for Health Care Administration 31

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1 pursuant to this part; however, an applicant for licensure is 2 exempt from s. 408.810(5)-(10). 3 (1) A person may not conduct, maintain, or operate a 4 multiphasic health testing center in this state without 5 obtaining a multiphasic health testing center license from the 6 agency. The license is valid only for the person or persons 7 to whom it is issued and may not be sold, assigned, or transferred, voluntarily or involuntarily. A license is not 8 valid for any premises other than the center for which it is 9 10 issued. However, a new license may be secured for the new location for a fixed center before the actual change, if the 11 12 contemplated change is in compliance with this part and the 13 rules adopted under this part. A center must be relicensed if a change of ownership occurs. Application for relicensure 14 must be made 60 days before the change of ownership. 15 16 (2) Each applicant for licensure must comply with the 17 following requirements: 18 (a)- Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in 19 accordance with the level 2 standards for screening set forth 20 21 in chapter 435, of the managing employee, or other similarly 2.2 titled individual who is responsible for the daily operation 23 of the center, and of the financial officer, or other similarly titled individual who is responsible for the 2.4 financial operation of the center, including billings for 25 patient services. The applicant must comply with the 26 27 procedures for level 2 background screening as set forth in 2.8 chapter 435, as well as the requirements of s. 435.03(3). 29 (b) The agency may require background screening of any 30 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 31

1 a crime or has committed any other offense prohibited under 2 the level 2 standards for screening set forth in chapter 435. (c) Proof of compliance with the level 2 background 3 4 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 5 6 health care licensure requirements of this state is acceptable 7 in fulfillment of the requirements of paragraph (a). (d) A provisional license may be granted to an 8 9 applicant when each individual required by this section to 10 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 11 12 has not yet received background screening results from the Federal Bureau of Investigation, or a request for a 13 disqualification exemption has been submitted to the agency as 14 set forth in chapter 435 but a response has not yet been 15 issued. A license may be granted to the applicant upon the 16 17 agency's receipt of a report of the results of the Federal 18 Bureau of Investigation background screening for each individual required by this section to undergo background 19 screening which confirms that all standards have been met, or 2.0 21 upon the granting of a disqualification exemption by the 2.2 agency as set forth in chapter 435. Any other person who is 23 required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report 2.4 from the Federal Bureau of Investigation. However, the person 25 may not continue to serve if the report indicates any 26 violation of background screening standards and a 27 2.8 disqualification exemption has not been requested of and 29 granted by the agency as set forth in chapter 435. 30 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 31

1 permanent suspensions, or terminations of the applicant from 2 the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control 3 interests under the Medicaid or Medicare programs may be 4 accepted in lieu of this submission. 5 б (f) Each applicant must submit to the agency a 7 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 8 member of the board of directors of the applicant, its 9 10 officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a 11 12 not for profit corporation or organization if the director 13 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 14 operational decisions of the corporation or organization, 15 receives no remuneration for his or her services on the 16 17 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 18 interest in the corporation or organization, provided that the 19 director and the not for profit corporation or organization 2.0 21 include in the application a statement affirming that the 2.2 director's relationship to the corporation satisfies the 23 requirements of this paragraph. (q) A license may not be granted to an applicant if 2.4 25 the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo 26 27 contendere or quilty to, any offense prohibited under the 2.8 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 29 30 the agency as set forth in chapter 435. 31

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1 (h) The agency may deny or revoke licensure if the 2 applicant: 3 1. Has falsely represented a material fact in the 4 application required by paragraph (e) or paragraph (f), or has 5 omitted any material fact from the application required by 6 paragraph (e) or paragraph (f); or 7 2. Has had prior action taken against the applicant 8 under the Medicaid or Medicare program as set forth in 9 paragraph (e). 10 (i) An application for license renewal must contain the information required under paragraphs (e) and (f). 11 Section 204. Section 483.302, Florida Statutes, is 12 13 amended to read: 483.302 Application for license.--14 (1) Application for a license as required by s. 483.30 15 must be made to the agency on forms furnished by it and must 16 17 be accompanied by the appropriate license fee. (2) The application for a license must shall contain: 18 19 (1) (a) A determination as to whether the facility will be fixed or mobile and the location for a fixed facility. 20 21 (b) The name and address of the owner if an 2.2 individual; if the owner is a firm, partnership, or 23 association, the name and address of every member thereof; if the owner is a corporation, its name and address and the name 2.4 and address of its medical director and officers and of each 25 26 person having at least a 10 percent interest in the 27 corporation. 2.8 (2)(c) The name of any person whose name is required 29 on the application under the provisions of paragraph (b) and 30 who owns at least a 10 percent interest in any professional service, firm, association, partnership, or corporation 31

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1 providing goods, leases, or services to the center for which the application is made, and the name and address of the 2 professional service, firm, association, partnership, or 3 corporation in which such interest is held. 4 5 (d) The name by which the facility is to be known. б (3)<del>(e)</del> The name, address, and Florida physician's 7 license number of the medical director. Section 205. Section 483.311 and subsection (1) of 8 section 483.317, Florida Statutes, are repealed. 9 10 Section 206. Section 483.32, Florida Statutes, is amended to read: 11 12 483.32 Administrative fines penalties .--13 (1)(a) The agency may deny, suspend, revoke, annul, limit, or deny renewal of a license or impose an 14 administrative fine, not to exceed \$500 per violation, for the 15 violation of any provision of this part, part II of chapter 16 17 408, or applicable rules adopted under this part. Each day of 18 violation constitutes a separate violation and is subject to separate fine. 19 (2) (b) In determining the amount of the fine to be 20 21 levied for a violation, as provided in paragraph (a), the 22 following factors shall be considered: 23 (a) 1. The severity of the violation, including the probability that death or serious harm to the health or safety 2.4 of any person will result or has resulted; the severity of the 25 26 actual or potential harm; and the extent to which the 27 provisions of this part were violated. 2.8 (b) Actions taken by the licensee to correct the 29 violation or to remedy complaints. 30 (c)3. Any previous violation by the licensee. 31

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1 (d)4. The financial benefit to the licensee of 2 committing or continuing the violation. 3 (c) All amounts collected under this section must be 4 deposited into the Health Care Trust Fund administered by the 5 agency. (2) The agency may issue an emergency order б 7 immediately suspending, revoking, annulling, or limiting a 8 license when it determines that any condition in the licensed 9 facility presents a clear and present danger to public health 10 and safety. Section 207. Subsection (1) of section 483.322 and 11 12 section 483.328, Florida Statutes, are repealed. 13 Section 208. In the case of a conflict between the provisions of part II of chapter 408, Florida Statutes, and 14 the authorizing statutes governing the licensure of health 15 care providers by the Agency for Health Care Administration, 16 17 found in chapter 112, chapter 383, chapter 390, chapter 394, chapter 395, chapter 400, chapter 440, or chapter 483, Florida 18 Statutes, the provisions of part II of chapter 408, Florida 19 <u>Statutes, shall prevail.</u> 20 21 Section 209. Between October 1, 2004, and September 30, 2005, the Agency for Health Care Administration may issue 2.2 23 any license for less than a 2-year period by charging a prorated licensure fee and specifying a different renewal date 2.4 than the date that would otherwise be required for biennial 25 licensure. 26 27 Section 210. Subsection (7) of section 651.118, 2.8 Florida Statutes, is amended to read: 651.118 Agency for Health Care Administration; 29 30 certificates of need; sheltered beds; community beds .--31

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1 (7) Notwithstanding the provisions of subsection (2), 2 at the discretion of the continuing care provider, sheltered nursing home beds may be used for persons who are not 3 residents of the continuing care facility and who are not 4 5 parties to a continuing care contract for a period of up to 5 6 years after the date of issuance of the initial nursing home 7 license. A provider whose 5-year period has expired or is 8 expiring may request the Agency for Health Care Administration for an extension, not to exceed 30 percent of the total 9 sheltered nursing home beds, if the utilization by residents 10 of the <u>nursing home</u> facility in the sheltered beds will not 11 12 generate sufficient income to cover nursing home facility 13 expenses, as evidenced by one of the following: (a) The <u>nursing home</u> facility has a net loss for the 14 most recent fiscal year as determined under generally accepted 15 16 accounting principles, excluding the effects of extraordinary 17 or unusual items, as demonstrated in the most recently audited 18 financial statement; or (b) The <u>nursing home</u> facility would have had a pro 19 forma loss for the most recent fiscal year, excluding the 20 21 effects of extraordinary or unusual items, if revenues were 22 reduced by the amount of revenues from persons in sheltered 23 beds who were not residents, as reported on by a certified 2.4 public accountant. 25 The agency shall be authorized to grant an extension to the 26 27 provider based on the evidence required in this subsection. 2.8 The agency may request a continuing care facility to use up to 29 25 percent of the patient days generated by new admissions of nonresidents during the extension period to serve Medicaid 30 recipients for those beds authorized for extended use if there 31 374

is a demonstrated need in the respective service area and if 1 funds are available. A provider who obtains an extension is 2 prohibited from applying for additional sheltered beds under 3 the provision of subsection (2), unless additional residential 4 units are built or the provider can demonstrate need by 5 б continuing care facility residents to the Agency for Health 7 Care Administration. The 5-year limit does not apply to up to five sheltered beds designated for inpatient hospice care as 8 part of a contractual arrangement with a hospice licensed 9 10 under part VI of chapter 400. A continuing care facility that uses such beds after the 5-year period shall report such use 11 12 to the Agency for Health Care Administration. For purposes of 13 this subsection, "resident" means a person who, upon admission to the <u>continuing care</u> facility, initially resides in a part 14 of the continuing care facility not licensed under part II of 15 chapter 400. 16 17 Section 211. This act shall take effect October 1, 2004. 18 19 20 21 22 23 2.4 25 26 27 28 29 30 31

1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR 2 CS for CS for SB 1680 3 Provides an alternative for reporting a change in the 4 administrator of a provider to the Department of Health (DOH) or professional board, instead of the Agency for Health Care 5 Administration (AHCA). 6 Requires AHCA to update nursing home data promptly. 7 Requires Assisted Living Facilities (ALFs) to conduct 8 elopement prevention drills twice per year. 9 Provides for a certificate of need (CON) exemption for adding beds or building a small facility in a county of 50,000 or 10 fewer residents. Prevents a teacher from being an athletic trainer without 11 being licensed as an athletic trainer. 12 Requires health care providers to comply with a patient's 13 advance directive or order not to resuscitate, or to transfer the patient to a facility that will comply with the advance directive or order not to resuscitate. Provides for a delay 14 in carrying out an advance directive for organ donors. 15 Encourages physicians to discuss end-of-life care with their patients on a nonemergency basis and requires a physician to make a patient's advance directive part of the patient's 16 medical record. 17 Allows a nursing home to "bank" beds under an inactive license 18 for 12 months with a 12-month renewal. Provides that certain nurses may sign a resident care plan. 19 Revises standards for use of sheltered nursing home beds by 2.0 certain persons. 21 Revises the provisions of the Health Care Clinic Act, part 2.2 XIII of chapter 400, F.S. 23 2.4 25 2.6 27 2.8 29 30 31