

HB 0809

2004

1 A bill to be entitled

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

HB 0809

2004

30 providing requirements for dietary services provided at a
 31 center; providing requirements for the physical
 32 environment of a SPPEAC center; requiring that a center
 33 maintain certain specified safety, medical, and emergency
 34 equipment; providing requirements for infection control;
 35 providing requirements for transportation services
 36 provided by a center; requiring that a center conform to
 37 certain minimum emergency standards; authorizing center
 38 staff withhold or withdraw resuscitation or life-
 39 prolonging techniques under certain circumstances;
 40 providing an effective date.

41
 42 Be It Enacted by the Legislature of the State of Florida:

43
 44 Section 1. Purpose.--It is the intent of the Legislature
 45 to provide for the licensure and regulation of subacute
 46 pediatric prescribed extended alternative care facilities that
 47 provide transitional care for medically fragile or
 48 technologically dependent children on a short-term basis of 90
 49 days or less. It is the intent of the Legislature to establish
 50 and enforce basic standards for SPPEAC centers in order to
 51 assure that the centers provide the necessary family-centered
 52 medical, developmental, physiological, nutritional,
 53 psychosocial, and family training services.

54 Section 2. Definitions.--As used in this act, the term:
 55 (1) "Acute care" means a level of health care in which a
 56 patient is treated for a brief but severe episode of illness for
 57 conditions that are the result of disease or trauma in addition
 58 to recovery from surgery.

HB 0809

2004

59 (2) "Administrator," "manager," or "supervisor" includes
 60 the manager, supervisor, and members of the board of directors
 61 and the officers of any firm, partnership, association, or
 62 corporation with whom the applicant may contract to provide for
 63 the management or supervision of the SPPEAC center.

64 (3) "Advisory board" means a group of health care
 65 professionals and at least one consumer approved by the SPPEAC
 66 medical and nursing directors to serve each SPPEAC center to
 67 review policies, procedures, and licensure requirements and to
 68 provide consultation to the administrators of the center.

69 (4) "Agency" means the Agency for Health Care
 70 Administration.

71 (5) "Ancillary services" include, but are not limited to,
 72 speech therapy, occupational therapy, physical therapy, social
 73 work, and developmental, childhood, and psychological services.

74 (6) "Applicant" means an individual applicant applying for
 75 licensure or members of a board of directors and the officers of
 76 a firm, partnership, association, or corporation applying for
 77 licensure.

78 (7) "Basic services" includes, but is not limited to,
 79 development, implementation, and monitoring of a comprehensive
 80 plan of care, developed in conjunction with a child's parent or
 81 guardian, which specifies the medical, nursing, psychosocial,
 82 and developmental therapies required by the medically fragile or
 83 technologically dependent child served, as well as the caregiver
 84 training needs of the child's parent or guardian.

85 (8) "Executive director" or "owner" means an individual
 86 who has general administrative charge of a SPPEAC center.

87 (9) "Licensee" means a facility that has been issued a

HB 0809

2004

88 license to operate as a SPPEAC center.

89 (10) "Long-term care" means a provision of services,
 90 including health care, personal care, social services, and
 91 economic assistance, delivered in a variety of settings for an
 92 extended period of time.

93 (11) "Medical director" means a physician who is licensed
 94 under chapter 458 or chapter 459, Florida Statutes, who is
 95 certified by the American Board of Pediatrics or the American
 96 Osteopathic Board of Pediatrics, and who serves as the liaison
 97 between the SPPEAC and the medical community.

98 (12) "Medical records" means the medical records
 99 maintained by a SPPEAC center in accordance with accepted
 100 professional standards and practices.

101 (13) "Medically fragile or technologically dependent
 102 child" means a child who, because of a medical condition,
 103 requires continuous therapeutic interventions or skilled nursing
 104 supervision.

105 (14) "Nursing director" means a registered nurse who is
 106 licensed under chapter 464, Florida Statutes, and who is
 107 responsible for providing continuous supervision of services
 108 provided by a SPPEAC center and managing the daily nursing
 109 services of the center.

110 (15) "Plan of care" means the comprehensive plan for
 111 implementing the medical, nursing, psychosocial, developmental,
 112 and education therapies provided by a SPPEAC center.

113 (16) "Premises" means the buildings, beds, and facilities
 114 located at the address of the licensee.

115 (17) "Prescribing physician" means the physician licensed
 116 under chapter 458 or chapter 459, Florida Statutes, who signs

HB 0809

2004

117 the order admitting a child to a SPPEAC center.

118 (18) "Primary physician" means the physician licensed
 119 under chapter 458 or chapter 459, Florida Statutes, who
 120 maintains overall responsibility for a child's medical
 121 management and who is available for consultation and
 122 collaboration with the staff of the SPPEAC center.

123 (19) "Quality assurance" means the mandatory program that
 124 all SPPEAC centers must have to assure periodic review of
 125 medical records at least annually and the determination of the
 126 quality and appropriateness of care rendered by the center and
 127 changes required to effectuate that care.

128 (20) "Quality assurance committee" means a group of health
 129 care professionals, such as physicians, registered nurses,
 130 licensed practical nurses, and therapists, and at least one
 131 consumer approved by the SPPEAC board of directors to serve each
 132 SPPEAC center by reviewing SPPEAC medical records and treatment
 133 procedures and evaluating the quality of care provided to each
 134 child.

135 (21) "Subacute" means the level of care which falls
 136 between acute care and chronic care or long-term care.

137 (22) "Subacute pediatric prescribed extended alternative
 138 care center" or "SPPEAC center" means any building or other
 139 place, whether operated for profit or not, which provides basic
 140 services, as described in this act, to three or more medically
 141 fragile or technologically dependent children who are not
 142 related to the owner or executive director by blood, marriage,
 143 or adoption and who require such services as determined by a
 144 physician or an advanced registered nurse practitioner. Infants
 145 and children considered for admission to a SPPEAC center must

HB 0809

2004

146 have a complex medical condition that requires daily care,
147 transitional care, or continual care. The prerequisite for
148 admission is a prescription from the child's attending physician
149 or primary physician and consent of the child's parent or
150 guardian.

151 (23) "Transition" means the link between acute care and
152 home or long-term care.

153 (24) "Transitional care" means a type of care that may
154 include rehabilitation services, specialized care for certain
155 conditions, or postsurgical care and other services associated
156 with the transition between the hospital and home. Children who
157 are on these units and who have been hospitalized recently have
158 more complicated medical needs. The goal of subacute care is to
159 discharge children to their homes or to a lower level of care.

160 Section 3. License required.--

161 (1) A person, firm, association, partnership, or
162 corporation may not directly or indirectly operate a SPPEAC
163 center in this state without first applying for and receiving a
164 license from the agency to operate the facility. Any person,
165 firm, association, partnership, or corporation that violates
166 this subsection commits a felony of the third degree, punishable
167 as provided in s. 775.082, s. 775.083, or s. 775.084, Florida
168 Statutes.

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

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

174 (4) A SPPEAC licensee may not operate a facility at a

HB 0809

2004

175 capacity greater than the number of beds indicated on the face
 176 of the license.

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

181 (6) Another licensed entity that is a business or
 182 organization that provides a complementary service or product
 183 for the benefit of the SPPEAC client and his or her family may
 184 collocate with a SPPEAC center.

185 Section 4. Licensure procedure.--

186 (1) Application for a license to operate a SPPEAC center
 187 must be made on a form prescribed by the agency and must be
 188 submitted to the agency under oath by the owner or administrator
 189 of the center.

190 (2) Except for a county or municipality, each applicant
 191 must submit a license fee to the Agency for Health Care
 192 Administration, along with the application for licensure, in an
 193 amount determined by the agency to be sufficient to cover the
 194 agency's costs in carrying out its responsibilities under this
 195 part. This license fee may not be less than \$500 or more than
 196 \$1,200.

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

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

203 (a) The number of beds for which the license is being

HB 0809

2004

204 requested.

205 (b) The name of the SPPEAC center's administrator,
 206 manager, executive director, or supervisor; the name and license
 207 number of the director of nursing and all other currently
 208 employed licensed personnel; and the number of currently
 209 employed support personnel including, but not limited to,
 210 respiratory technicians, certified nursing assistants, emergency
 211 medical technicians, and paramedics having responsibility for
 212 any part of the care given to clients.

213 (c) A listing of the number of dietary, housekeeping,
 214 maintenance, and other personnel who are available on a daily
 215 basis.

216 (d) Certificates of approval from the local zoning
 217 authority indicating that the location of the facility conforms
 218 to local zoning ordinances.

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

222 1. A projection of revenue and expenses for the first 12
 223 months of operation, including a conversion of the projection to
 224 a cash-flow analysis, a balance sheet as of the beginning of the
 225 reporting period, and a pro forma balance sheet as of the end of
 226 the reporting period. These documents must be prepared in
 227 accordance with generally accepted accounting principles;

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

231 3. A contingency plan that demonstrates the ability of the
 232 applicant to handle extraordinary occurrences that would have a

HB 0809

2004

233 financial impact, such as major repairs, purchase of capital
 234 equipment, or decrease in paid children's days. An applicant
 235 meets this requirement if necessary contingency funds are
 236 guaranteed from within the applicant's organization or from
 237 proprietors, partners, or stockholders, or are evidenced as
 238 available from commitments from lending institutions, a line of
 239 credit, a letter of credit, or similar evidence. If the
 240 contingency funds are guaranteed by the applicant's
 241 organization, a proprietor, partners, or stockholders, the
 242 guarantors must submit a signed statement that the required
 243 funds shall be made available when necessary. The applicant must
 244 have a positive cash flow, including contingency funding, for
 245 each of the first 12 months of operation and must have a
 246 contingency plan for an amount not less than 80 percent of the
 247 total expenses detailed in the operating budget for the first 12
 248 months of operation. If a line of credit exists, a letter from
 249 the lending institution must be submitted which states:

- 250 a. The amount;
- 251 b. The terms and conditions;
- 252 c. The interest rate;
- 253 d. The repayment schedule;
- 254 e. The collateral;
- 255 f. The guarantors; and
- 256 g. The balance available on the date of license
 257 application;

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

- 260 a. The applicant;
- 261 b. The lessor;

HB 0809

2004

262 c. The management company; and

263 d. The seller.

264

265 The financial information submitted by the applicant for
 266 compliance with requirements for proof of financial ability must
 267 be prepared in accordance with generally accepted accounting
 268 principles. The financial information must be reviewed by the
 269 agency, and a decision shall be made regarding the applicant's
 270 financial ability to operate a SPPEAC center. All financial
 271 statements, other than projections, must be certified as true
 272 and correct by a corporate officer, all partners of a
 273 partnership, or an individual delegated by the owner to do so,
 274 as appropriate.

275 (f) For new construction or new operations:

276 1. Certificates of zoning approval from the county or the
 277 municipality if the facility is located within municipal limits;
 278 and

279 2. Proof of approval for occupancy.

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

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

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

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

288 (b) The information required by paragraph (4)(b) for each
 289 of the new personnel, if there has been a change of
 290 administrator, executive director, manager, supervisor, medical

HB 0809

2004

291 director, director of nursing services, or any licensed nurse
 292 during the preceding year.

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

296 (a) Provide certificates of approval from the local zoning
 297 authority indicating that the location of the facility conforms
 298 to local zoning ordinances as to capacity; and

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

301 (7) Each applicant for a license to operate a facility,
 302 whether for initial licensure or for renewal, and the
 303 administrator, executive director, manager, or supervisor of the
 304 facility must:

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

306 (b) Be of good moral character; and

307 (c) Have not been convicted or found guilty, regardless of
 308 adjudication, in any jurisdiction, of any felony involving
 309 fraud, embezzlement, fraudulent conversion, misappropriation of
 310 property, violence against a person, or moral turpitude.

311 (8) Documentation for the agency showing compliance with
 312 subsection (7), whether for initial licensure or for renewal,
 313 must be submitted with the application and must include:

314 (a) Three character references for the applicant and for
 315 the administrator, executive director, manager, or supervisor of
 316 the facility, except on renewal if previously provided to the
 317 department;

318 (b) The criminal record, if any, of the applicant and of
 319 the administrator, executive director, manager, or supervisor of

HB 0809

2004

320 the facility listing the court, the date of conviction, the
 321 offense, and the penalty imposed for each conviction regardless
 322 of adjudication; and

323 (c) A copy of any injunctive or restrictive order or
 324 federal or state administrative order relating to business
 325 activity or health care services as a result of an action
 326 brought by a public agency or department, including, without
 327 limitation, an action affecting a licensee under chapter 391,
 328 Florida Statutes, which is currently in effect with respect to
 329 the applicant or the administrator, executive director, manager,
 330 or supervisor of the facility.

331 (9)(a) Each facility must obtain and keep in force
 332 liability insurance. Proof of liability insurance must be
 333 submitted at the time of application. Liability insurance is
 334 insurance against legal liability for death, injury, or
 335 disability of any human being, or for damage to property, with
 336 provision for medical, hospital, and surgical benefits to the
 337 injured person, irrespective of the legal disability of the
 338 insured, when issued as a part of a liability insurance
 339 contract.

340 (b) Minimum liability insurance coverage shall be at least
 341 \$50,000 per child for bodily injury and \$150,000 per occurrence
 342 for the center, and \$50,000 per child for bodily injury and
 343 \$150,000 per occurrence for the vehicles if transportation
 344 services are provided by the center.

345 Section 5. Administration and management.--

346 (1) The licensee of each SPPEAC center has full legal
 347 authority and responsibility for operating the facility.
 348 Responsibilities of the licensee include, but are not limited

HB 0809

2004

349 to:

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

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

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

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

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

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

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

370 (2) The licensee shall manage the center on a sound
 371 financial basis and shall have the financial ability to operate
 372 the facility in accordance with the requirements of this act. A
 373 violation of this standard includes issuing bad checks, failing
 374 to make timely tax and payroll deposits, or failing to meet
 375 financial obligations for food, shelter, care, and utilities
 376 when due.

377 (3) Each SPPEAC center shall be organized in accordance

HB 0809

2004

378 with a written table of organization which describes the lines
379 of authority and communication down to the child-care level. The
380 organizational structure must be designed to ensure an
381 integrated continuum of services to the clients.

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

385 (b) The center executive director shall designate, in
386 writing or per organizational chart, a person who is responsible
387 for operating the center when the executive director is absent
388 from the center for 24 hours or longer.

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

391 1. Maintaining or causing to be maintained the following
392 written records and any other records required by this act. The
393 records must be kept in a place, form, and system ordinarily
394 employed in acceptable medical and business practices, must be
395 available in the center for inspection by the agency during
396 normal business hours, and must include:.

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

399 b. A record of all accidents or unusual incidents
400 involving any child or staff member which caused, or had the
401 potential to cause, injury or harm to any person or property
402 within the center. Such records must contain a clear description
403 of each accident or incident, the names of the persons involved,
404 a description of all medical or other services provided to these
405 persons, the names of those who provided such services, and the
406 steps taken, if any, to prevent recurrence of such accident or

HB 0809

2004

407 incidents in the future;

408 c. A copy of current agreements with third-party
409 providers;

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

413 e. A personnel record, drug testing, and criminal
414 background check for each employee, including the employee's
415 current license or certificate number, as applicable, the
416 original employment application and references furnished from
417 the most recent health care employer and employment history for
418 the preceding 5 years, and a copy of all job performance
419 evaluations; and

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

421 2. Ensuring the development and maintenance of a current
422 job description for each employee.

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

426 4. Ensuring that each employee receives at least a yearly
427 written job-performance evaluation that is discussed with the
428 employee, notes job performance strengths and weaknesses, and
429 discusses plans to correct any weaknesses in job performance.

430 5. Ensuring that each employee is assigned duties that are
431 consistent with the employee's job description and with the
432 employee's level of education, preparation, and experience.

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

435 (b) Each center shall use an accrual or cash system of

HB 0809

2004

436 accounting which reflects transactions of the business. Records
 437 and accounts of transactions, general ledgers, or disbursement
 438 journals must be posted at least quarterly and must be available
 439 for review by the agency.

440 Section 6. Advisory board.--

441 (1) Each SPPEAC center must have an advisory board.

442 Membership on the advisory board must include, but need not be
 443 limited to:

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

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

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

450 (d) A social worker who has experience in the care of
 451 medically fragile or technologically dependent children and
 452 their families; and

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

455 (2) The advisory board shall:

456 (a) Review the policy and procedure components of the
 457 SPPEAC center to assure conformance with the standards for
 458 licensure; and

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

461 Section 7. Admission, transfer, and discharge policies.--

462 (1) Each SPPEAC center must have written policies and
 463 procedures governing the admission, transfer, and discharge of
 464 children.

HB 0809

2004

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

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

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

475 (a) The child must be medically fragile or technologically
476 dependent.

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

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

484 (5) If the child meets the criteria specified in
485 paragraphs (4)(a), (b), and (c), the medical director or nursing
486 director of the SPPEAC center shall implement a preadmission
487 plan that delineates services to be provided and appropriate
488 sources for such services.

489 (a) If the child is hospitalized at the time of referral,
490 preadmission planning must include the participation of the
491 child's parent or guardian and relevant medical, nursing, social
492 services, and developmental staff to ensure that the hospital's
493 discharge plans will be implemented following the child's

HB 0809

2004

494 placement in the SPPEAC center.

495 (b) A consent form, outlining the purpose of a SPPEAC
 496 center, family responsibilities, authorized treatment,
 497 appropriate release of liability, and emergency disposition
 498 plans must be signed by the parent or guardian and witnessed
 499 before the child is admitted to a SPPEAC center. The parent or
 500 guardian shall be provided a copy of the consent form.

501 Confidentiality of SPPEAC records shall be maintained in
 502 accordance with section 456.057, Florida Statutes.

503 Section 8. Child care policies.--

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

507 (2) A group of professional staff from the SPPEAC center
 508 shall develop and maintain child care policies and procedures.
 509 The group shall include the medical director or medical
 510 consultant, the center administrator or executive director, and
 511 the director of nursing services. All child care policies and
 512 procedures must be reviewed annually and revised as needed.

513 (3) The child care policies and procedures developed
 514 shall, at a minimum, ensure client care in compliance with
 515 chapter 400, Florida Statutes, and the standards contained in
 516 this act.

517 Section 9. Medical director.--A board-certified
 518 pediatrician shall serve as the medical director for a SPPEAC
 519 center. Responsibilities of the medical director include:

520 (1) Periodically reviewing services in order to assure
 521 acceptable levels of quality;

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

HB 0809

2004

523 (3) Advising center personnel of the development of new
 524 programs and modifications of existing programs;

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

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

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

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

534 (8) Ensuring the development of a policy and procedure for
 535 delivering emergency services and regular services when a
 536 child's attending physician or designated alternate is not
 537 available.

538 Section 10. Nursing services.--

539 (1) A registered nurse shall serve full time as the
 540 director of nursing at each SPPEAC center. The director of
 541 nursing must:

542 (a) Hold a baccalaureate degree in nursing;

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

544 (c) Have a current health care provider basic life support
 545 biennial certification;

546 (d) Have successfully completed a certification course in
 547 pediatric basic cardiac life support and advanced cardiac life
 548 support, with biennial recertification; and

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

HB 0809

2004

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

554 (a) Ensuring that qualified personnel and ancillary
 555 services are available as necessary to ensure the health,
 556 safety, and proper care of children; and

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

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

562 (b) A registered nurse must:

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

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

565 3. Have successfully completed a preceptor program in
 566 pediatric specialty care; and

567 4. Receive biennial certification in health care provider
 568 basic life support, pediatric basic cardiac life support, and
 569 pediatric advanced life support.

570 (c) A licensed respiratory therapist must:

571 1. Be licensed in this state as a licensed respiratory
 572 therapist;

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

576 3. Receive biennial certification in health care provider
 577 basic life support, pediatric basic cardiac life support, and
 578 pediatric advanced life support.

579 (d) A licensed practical nurse must:

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

HB 0809

2004

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

584 3. Receive biennial certification in health care provider
 585 basic life support, pediatric basic cardiac life support, and
 586 pediatric advanced life support.

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

589 1. Providing nursing interventions, providing educational
 590 services to increase the family's confidence and competence in
 591 caring for the child with special needs, providing assistance to
 592 facilitate coping with the effects of chronic illness on the
 593 child and family, supporting effective relationships among
 594 siblings and the ill child, and providing interventions to
 595 foster normal development and psychosocial adaptation;

596 2. Possessing knowledge of the availability of and
 597 requirements for accessing community resources; and

598 3. Fostering and maintaining a collaborative relationship
 599 with the interdisciplinary health team. An interdisciplinary
 600 health team is a group of health care professionals consisting
 601 of an occupational therapist, a physical therapist, a speech
 602 therapist, and a physician.

603 (4)(a) If nursing assistants, emergency medical
 604 technicians, and paramedics are used to augment licensed nurse
 605 staff, each nursing assistant, emergency medical technician, and
 606 paramedic must:

607 1. Be certified as a nursing assistant, emergency medical
 608 technician, or paramedic;

609 2. Have successfully completed a 3-month preceptor program

HB 0809

2004

610 in caring for infants and toddlers;

611 3. Provide references documenting his or her skill in
 612 caring for infants and children; and

613 4. Receive certification every 2 years in basic cardiac
 614 life support.

615 (b) Each nursing assistant, emergency medical technician,
 616 and paramedic must work under the supervision of a licensed
 617 nurse and may provide direct care to children in the SPPEAC
 618 center.

619 (5) At least three staff members, including at least one
 620 respiratory therapist, one registered nurse, and one other, must
 621 be on duty at all times and at least one staff member per three
 622 children must be on duty at all times. As used in this
 623 subsection, the term "other" means a nursing assistant, an
 624 emergency medical technician, a paramedic, a certified
 625 respiratory therapist, or a respiratory therapist technician.
 626 Total staffing for nursing services shall be, at a minimum, in
 627 the following ratios:

628 (a) One to three children - one registered nurse and one
 629 other.

630 (b) Four to six children - one registered nurse and two
 631 others.

632 (c) Seven to nine children - one registered nurse, one
 633 licensed practical nurse, and one other.

634 (d) Ten to 12 children - two registered nurses, and two
 635 others; or one registered nurse, two licensed practical nurses,
 636 and one other.

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

HB 0809

2004

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

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

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

645 (i) Twenty-five children to 28 children - three registered
 646 nurses, three licensed practical nurses, and three others.

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

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

652 Section 11. Ancillary professional staffing standards.--
 653 Each SPPEAC center shall have available on at least a consulting
 654 basis:

655 (1) A child development specialist who shall:

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

658 (b) Evaluate the developmental status of children using
 659 standardized and nonstandardized procedures.

660 (2) A child life specialist who has a baccalaureate degree
 661 in child life, early childhood education, or a related field,
 662 and at least 1 year of experience in planning and implementing
 663 developmental stimulation programs for children. The child life
 664 specialist shall:

665 (a) Plan and conduct individualized child development and
 666 play programs; and

667 (b) Serve as a resource for SPPEAC center staff and

HB 0809

2004

668 parents of children served.

669 (3) An occupational therapist who is licensed under
 670 chapter 468, Florida Statutes, is registered with the American
 671 Occupational Therapy Association, and has at least 1 year of
 672 experience in evaluating and planning treatment for children
 673 with neuromuscular and developmental needs. The occupational
 674 therapist shall:

675 (a) Evaluate a child following referral by a physician to
 676 determine neuromuscular status, developmental level, perceptual
 677 motor functioning, need for adaptive equipment or appliances,
 678 abilities for self-care, and the plan of care;

679 (b) Design and implement a therapeutic program to meet the
 680 basic needs of each individual child;

681 (c) Maintain records documenting a child's therapy program
 682 and progress; and

683 (d) Serve as a resource for SPPEAC center staff.

684 (4) A physical therapist who is licensed under chapter
 685 486, Florida Statutes, is a graduate of a program approved by
 686 the American Physical Therapy Association, and has at least 1
 687 year of experience in evaluating and designing therapeutic
 688 programs for children with developmental disabilities. The
 689 physical therapist shall:

690 (a) Evaluate a child referred by a physician to determine
 691 the child's neuromuscular status, including the child's
 692 developmental level, gait, posture, and necessary adaptive
 693 equipment;

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

696 (c) Maintain records documenting a child's therapy program

HB 0809

2004

697 and progress, as approved by the attending physician; and

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

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

705 (a) Perform evaluations, including evaluation of a child's
 706 prespeech, feeding, respiration, language, speech,
 707 communication, and play, using formal and informal tests and
 708 observations;

709 (b) Design and implement individualized therapeutic
 710 programs for each child, including recommendations for
 711 communication devices;

712 (c) Maintain records documenting the child's therapy
 713 programs and progress; and

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

716 (6) A respiratory therapist who shall:

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

719 (b) Perform diagnostic monitoring;

720 (c) Deliver aerosolized medications, bronchial hygiene
 721 therapy, chest physiotherapy, pulmonary lung-expansion therapy,
 722 and oxygen therapy;

723 (d) Monitor ventilator-dependent children;

724 (e) Maintain records documenting a child's therapy
 725 programs and progress; and

HB 0809

2004

726 (f) Serve as a resource for SPPEAC center staff and
 727 parents of children served.

728 (7) A social worker who is licensed under chapter 490,
 729 Florida Statutes, or chapter 491, Florida Statutes; holds a
 730 master's degree in social work; and has at least 1 year of
 731 experience in assessing, counseling, and planning interventions
 732 for children and their families or guardians. The social worker
 733 shall:

734 (a) Conduct family psychosocial assessments, as requested
 735 by the medical or nursing director;

736 (b) Provide counseling, including emotional support and
 737 grief resolution, as requested by the medical or nursing
 738 director or family;

739 (c) Perform family advocacy and coordinate SPPEAC services
 740 with community resources;

741 (d) Maintain records documenting social work intervention;

742 (e) Conduct home visits and home evaluations, as requested
 743 by the medical director or nursing director; and

744 (f) Serve as a resource for SPPEAC center staff and
 745 parents of children served.

746 (8) A licensed psychologist who has a doctoral degree in
 747 child-development counseling, psychology, or a related field and
 748 at least 1 year of experience in evaluating and managing
 749 children. The licensed psychologist must be available to the
 750 center as a consultant.

751 (9) A dietitian who is registered with the American
 752 Dietetic Association. The dietitian must be available to the
 753 center as a consultant.

754 Section 12. Educational services.--Each SPPEAC center

HB 0809

2004

755 shall develop a cooperative program with the local school system
 756 to provide a planned educational program appropriate to meet the
 757 needs of the individual child, or to provide a board-certified
 758 instructor and planned educational program appropriate to meet
 759 the basic needs of the individual child.

760 Section 13. Inservice training for all caregivers.--

761 (1) Each SPPEAC center shall develop a comprehensive
 762 training program that is available to all caregivers and
 763 includes:

764 (a) Inservice training for all family members; and

765 (b) Quarterly staff-development programs, appropriate to
 766 the category of personnel for which the programs are conducted,
 767 for the purpose of maintaining quality patient care.

768 (2) All staff development programs must be documented.

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

772 (4) At the time of the child's placement in the SPPEAC
 773 center, the center shall provide a comprehensive orientation to
 774 acquaint all family members with the philosophy and services of
 775 the center.

776 Section 14. Medical records.--A medical record shall be
 777 maintained for each child. The medical records must contain:

778 (1) All details of the referral, admission,
 779 correspondence, and papers concerning the child. Entries in the
 780 medical record must be in ink and signed by authorized personnel
 781 and include:

782 (a) Orders of the physician;

783 (b) Flow chart of medications and treatments administered;

HB 0809

2004

784 (c) Concise, accurate information and initialed case notes
 785 reflecting progress toward plan-of-care goals and the child's
 786 progress or reasons for lack of progress;

787 (d) Documentation of nutritional management and special
 788 diets, as appropriate; and

789 (e) Documentation of physical, occupational, speech, and
 790 other special therapies.

791 (2) An individualized plan of care developed within 10
 792 working days after admission and revised to include recommended
 793 changes in the therapeutic plans. The disposition to be followed
 794 in the event of emergency situations must be specified in the
 795 plan of care.

796 (3) The medical history, including allergies and special
 797 precautions.

798 (4) The immunization record.

799 (5) The quarterly review of the plan of care, which is
 800 performed in consultation with other professionals involved in
 801 the child's care.

802 (6) A discharge order written by the primary physician.
 803 The discharge order must be documented and entered in the
 804 child's record. A discharge summary that includes the reason for
 805 discharge must also be included.

806 Section 15. Quality assurance committee.--All SPPEAC
 807 centers must have a quality assurance program and conduct
 808 quarterly reviews of the SPPEAC center's medical records for at
 809 least half of the children served by the SPPEAC center at the
 810 time of the review.

811 (1) The quality assurance review shall be conducted by two
 812 members of the quality assurance committee. The responsibilities

HB 0809

2004

813 for conducting quality assurance review shall rotate among the
 814 members of the quality assurance committee members at least
 815 annually. Within 15 working days after its review, the quality
 816 assurance committee shall furnish copies of its report to the
 817 medical and nursing directors of the SPPEAC center.

818 (2)(a) Each quarterly quality assurance review must
 819 include:

820 1. A review of the goals in each child's plan of care;

821 2. A review of the steps, process, and success in
 822 achieving the goals; and

823 3. Identification of goals not being achieved as expected,
 824 reasons for lack of achievement, and plans to promote
 825 achievement of goals.

826 (b) Evidence that the plan of care has been revised to
 827 accommodate the findings of a quality assurance report shall be
 828 forwarded to the quality assurance committee within 10 working
 829 days after receipt of the report by the quality assurance
 830 committee.

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

833 (3) The quality assurance committee shall also ascertain
 834 the presence of the following documents in each child's medical
 835 record:

836 (a) A properly executed consent form;

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

839 (c) Immunization records, documentation of allergies, and
 840 special precautions.

841 Section 16. Dietary services.--A registered dietitian

HB 0809

2004

842 shall be available for consultation regarding the nutritional
843 needs and special diets of individual children. If food is
844 prepared onsite, the center is subject to routine inspections by
845 the Department of Health and must conform to food service
846 standards for child care facilities adopted by the Department of
847 Health.

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

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

854 (2) Specifications for a SPPEAC center include:

855 (a) Compliance with part II of chapter 553, Florida
856 Statutes, for accessibility of public buildings for handicapped
857 persons; and

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

860 (3) Requirements for building space allocation include:

861 (a) An isolation room with anteroom, a private bathroom
862 with shower or raised tub, and an individual air conditioning
863 and heating unit.

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

866 (c) A kitchen area that includes standard kitchen
867 equipment of stove, oven, refrigerator, dishwasher, and double
868 sink with disposal.

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

HB 0809

2004

- 871 (e) An outdoor play area, fenced and free of safety
872 hazards, with appropriate playground equipment and toys.
- 873 (f) Sleep rooms that comply with the following
874 requirements:
- 875 1. One appropriate bed or crib assigned per child;
876 2. A maximum of three children assigned to each sleep
877 room;
- 878 3. A minimum of 28 square feet per child;
879 4. Hanging closet space with drawers;
880 5. Direct access to a bathroom with shower or standard
881 tub;
- 882 6. A changing area with sink; and
883 7. Adequate seating with a minimum of one chair per child.
- 884 (g) A laundry room with washer and dryer or daily linen
885 service.
- 886 (h) A business office.
- 887 (i) A children's bathroom in the common area which has one
888 toilet, one basin, and one standard bathtub or shower.
- 889 (j) An adult bathroom that has one toilet and one basin.
- 890 (k) A staff lounge that includes:
- 891 1. A bathroom, with one toilet, one basin, and one shower
892 stall with private changing area per 15 staff members; and
893 2. Secure lockers for personal items.
- 894 (l) A nurses station and medication area that includes a
895 locked cabinet and emergency kit.
- 896 (m) An education room, including one area within this room
897 designated for children 2 years of age or younger.
- 898 (n) A gymnasium area for therapies, with a minimum of one
899 private speech room.

HB 0809

2004

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

908 Section 19. Equipment.--Each SPPEAC center shall provide
 909 safety, medical, and emergency equipment as described in this
 910 section. All equipment must be maintained in a safe, usable, and
 911 sanitary condition.

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

914 (a) Extinguishers, alarms, and smoke detectors, as
 915 required by the Life Safety Code, NFPA-101, 2003 edition;

916 (b) Circuit interrupters;

917 (c) Flush door openers;

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

919 (e) Safety straps on all highchairs, swings, and infant
 920 seats;

921 (f) Locks on specific storage cabinets;

922 (g) Bumper pads on infant cribs; and

923 (h) Covers for electric outlets.

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

926 (a) Suction machines - one per child requiring daily
 927 suctioning, plus one suction machine for emergency use;

928 (b) Lockable narcotics cabinet;

HB 0809

2004

- 929 (c) Mechanical percussors and hand percussors as
 930 prescribed;
- 931 (d) Oxygen in two portable tanks, or piped in with
 932 appropriate tubing, pediatric manual resuscitation, and masks
 933 for faces and tracheostomies;
- 934 (e) Ventilator with provision for mixing gases to provide
 935 prescribed oxygen concentration as specifically prescribed or to
 936 be used as a backup unit when a ventilator-dependent child is in
 937 the center;
- 938 (f) Thermometers, excluding glass thermometers;
- 939 (g) Sphygmomanometers, stethoscopes, osteoscopes, and
 940 ophthalmoscopes; and
- 941 (h) Supplies of disposable equipment as needed.
- 942 (3) The following items of emergency equipment and
 943 supplies must be available on the premises:
- 944 (a) An emergency power-generator system, with adequate
 945 generating power to maintain medical equipment in the center in
 946 case of power failure.
- 947 (b) Basic emergency equipment, including:
- 948 1. Airways, in a range of appropriate pediatric sizes;
 949 2. Suction catheters, in a range of appropriate pediatric
 950 sizes;
- 951 3. Pediatric manual resuscitator, self-inflating, with
 952 premature infant, infant, and pediatric masks;
- 953 4. Infant oxygen masks;
- 954 5. Child oxygen masks;
- 955 6. Oxygen regulator with mist bottle and heating element;
- 956 7. Flashlight with extra batteries in each room;
- 957 8. Stethoscope;

HB 0809

2004

- 958 9. Feeding tubes in a range of appropriate pediatric
 959 sizes;
- 960 10. Disposable plastic syringes and needles in a range of
 961 appropriate pediatric sizes;
- 962 11. Intravenous catheter, angiocatheter, and scalp vein
 963 needles in a range of appropriate pediatric sizes;
- 964 12. Tourniquets; armboards in premature infant, infant,
 965 and child sizes; and adhesive tape of various sizes;
- 966 13. Two-way stopcocks;
- 967 14. One electrical outlet adapter for three-prong outlets;
 968 and
- 969 15. Antiseptic preps and alcohol preps.
- 970 (c) Basic drugs and solutions, including:
- 971 1. Epinephrine ampules, two each of 1:1,000 and 1:10,000;
 972 2. Dextrose in 25-percent solution and 50-percent
 973 solution;
- 974 3. Ipecac, one 30cc bottle;
- 975 4. Sterile water, two vials;
- 976 5. Normal saline, two vials;
- 977 6. Dextrose 5 percent in water, one 500cc bag; and
- 978 7. Dextrose 5 percent in Lactated Ringer's, two 500cc
 979 bags.
- 980 (4) Emergency equipment must be checked daily for
 981 expiration, contamination, or damage, and a log must be
 982 maintained and signed every day by the nurse responsible for
 983 verifying the examining of emergency equipment.
- 984 Section 20. Infection control.--
- 985 (1) Each SPPEAC center must have an isolation room with a
 986 patient monitoring system for observing the child.

HB 0809

2004

987 (2) Isolation procedures must be used to prevent cross-
 988 infections.

989 (3) All cribs and beds must be labeled with the individual
 990 child's name. Linens may be removed from cribs only for
 991 laundrying purposes.

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

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

995 (6) Children suspected of having a communicable disease
 996 that may be transmitted through casual contact, as determined by
 997 the facility's medical director, must be isolated and the
 998 parents notified of the condition. Isolation must be continued
 999 until a physician determines communicability has passed.

1000 (7) SPPEAC center staff members suspected of having a
 1001 communicable disease may not return to the SPPEAC center until
 1002 the signs and symptoms that relate to the communicable disease
 1003 are no longer present, as evidenced by a written statement from
 1004 a physician.

1005 Section 21. Transportation services.--If transportation is
 1006 provided by a SPPEAC center and prescribed by the primary
 1007 physician, a procedure delineating personnel and equipment to
 1008 accompany the child must be included in the procedure manual of
 1009 the SPPEAC center.

1010 Section 22. Emergency procedures.--

1011 (1) Each SPPEAC center shall conform to the minimum
 1012 standards for child care facilities adopted by the State Fire
 1013 Marshal and shall be inspected annually by a certified fire
 1014 inspector. The center must maintain a copy of the current annual
 1015 fire inspection report at the center.

HB 0809

2004

1016 (2) The center must have a working telephone that is not
 1017 locked and that is not a pay telephone.

1018 (3) Emergency telephone numbers must be posted on or in
 1019 the immediate vicinity of all telephones.

1020 (4) Each center must have an emergency power-generator
 1021 system with adequate generating power to maintain medical
 1022 equipment in the center in case of power failure. The emergency
 1023 generator must be tested every 30 days and satisfactory
 1024 mechanical operation must be documented on a log designed for
 1025 that purpose.

1026 (5) Emergency transportation of a child must be performed
 1027 by a licensed emergency medical services provider, with a SPPEAC
 1028 center staff member accompanying the child.

1029 (6) Facility staff may withhold or withdraw
 1030 cardiopulmonary resuscitation if presented with an order not to
 1031 resuscitate executed pursuant to s. 401.45, Florida Statutes.
 1032 Facility staff and facilities are not subject to criminal
 1033 prosecution or civil liability and are not considered to have
 1034 engaged in negligent or unprofessional conduct for withholding
 1035 or withdrawing cardiopulmonary resuscitation pursuant to such an
 1036 order and rules adopted by the agency. The absence of an order
 1037 not to resuscitate executed pursuant to s. 401.45, Florida
 1038 Statutes, does not preclude a physician from withholding or
 1039 withdrawing cardiopulmonary resuscitation as otherwise permitted
 1040 by law.

1041 Section 23. This act shall take effect upon becoming a
 1042 law.