$\mathbf{B}\mathbf{y}$ the Committee on Children and Families; and Senator Argenziano

586-1999-05

1	A bill to be entitled
2	An act relating to assisted care communities;
3	creating ch. 429, F.S., and transferring pt.
4	III of ch. 400, F.S., relating to assisted
5	living facilities, to pt. I of ch. 429, F.S.,
6	and pt. VII of ch. 400, F.S., relating to adult
7	family-care homes, to pt. II of ch. 429, F.S.,
8	and pt. V of ch. 400, F.S., relating to adult
9	day care centers, to pt. III of ch. 429, F.S.;
10	amending ss. 101.655, 189.428, 196.1975,
11	202.125, 205.1965, 212.031, 212.08, 296.02,
12	381.0035, 394.455, 394.4574, 394.463, 400.0063,
13	400.0069, 400.0073, 400.0077, 400.0239,
14	400.119, 400.141, 400.142, 400.191, 400.215,
15	400.23, 400.232, 400.401, 400.402, 400.404,
16	400.407, 400.408, 400.411, 400.412, 400.414,
17	400.415, 400.417, 400.4174, 400.4176, 400.4177,
18	400.4178, 400.418, 400.419, 400.4195, 400.42,
19	400.421, 400.422, 400.423, 400.424, 400.4255,
20	400.4256, 400.426, 400.427, 400.4275, 400.428,
21	400.429, 400.4293, 400.4294, 400.4295,
22	400.4296, 400.4297, 400.431, 400.434, 400.441,
23	400.442, 400.444, 400.4445, 400.447, 400.451,
24	400.452, 400.453, 400.462, 400.464, 400.497,
25	400.55, 400.551, 400.552, 400.553, 400.554,
26	400.555, 400.556, 400.5565, 400.557, 400.5571,
27	400.5572, 400.5575, 400.558, 400.559, 400.56,
28	400.562, 400.563, and 400.564, 400.601,
29	400.616, 400.617, 400.618, 400.619, 400.6194,
30	400.6196, 400.621, 400.6211, 400.622, 400.625,
31	400.6255, 400.628, 400.629, 400.93, 400.962,

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400.980, 400.9905, 400.9935, 401.23, 402.164,
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           408.033, 408.831, 409.212, 409.907, 410.031,
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           410.034, 415.1111, 430.601, 430.703, 435.03,
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           435.04, 440.13, 456.0375, 465.0235, 468.505,
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           477.025, 509.032, 509.241, 627.732, 651.011,
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           651.022, 651.023, 651.055, 651.095, 651.118,
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           765.1103, 765.205, 768.735, and 943.0585, F.S.;
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           conforming references to changes made by the
           act; providing a directive to the Division of
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           Statutory Revision to make necessary conforming
           changes to the Florida Statutes; providing an
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           effective date.
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   Be It Enacted by the Legislature of the State of Florida:
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           Section 1. Sections 400.401, 400.402, 400.404,
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    400.407, 400.4075, 400.408, 400.411, 400.412, 400.414,
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    400.415, 400.417, 400.4174, 400.4176, 400.4177, 400.4178,
    400.418, 400.419, 400.4195, 400.42, 400.421, 400.422, 400.423,
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    400.424, 400.4255, 400.4256, 400.426, 400.427, 400.4275,
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    400.428, 400.429, 400.4293, 400.4294, 400.4295, 400.4296,
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    400.4297, 400.4298, 400.431, 400.434, 400.435, 400.441,
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    400.442, 400.444, 400.4445, 400.447, 400.449, 400.451,
    400.452, 400.453, and 400.454, Florida Statutes, are
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    renumbered as sections 429.01, 429.02, 429.04, 429.07,
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    429.075, 429.08, 429.11, 429.12, 429.14, 429.15, 429.17,
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    429.174, 429.176, 429.177, 429.178, 429.18, 429.19, 429.195,
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    429.20, 429.21, 429.22, 429.23, 429.24, 429.255, 429.256,
    429.26, 429.27, 429.275, 429.28, 429.29, 429.293, 429.294,
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    429.295, 429.296, 429.297, 429.298, 429.31, 429.34, 429.35,
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    429.41, 429.42, 429.44, 429.445, 429.47, 429.49, 429.51,
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429.52, 429.53, and 429.54, Florida Statutes, respectively, and designated as part I of chapter 429, Florida Statutes, 2 entitled "ASSISTED CARE COMMUNITIES." 3 4 Section 2. Sections 400.616, 400.617, 400.618, 400.619, 400.6194, 400.6196, 400.621, 400.6211, 400.622, 5 6 400.625, 400.6255, 400.628, 400.629, Florida Statutes, are renumbered as sections 429.60, 429.63, 429.65, 429.67, 429.69, 8 429.71, 429.73, 429.75, 429.77, 429.81, 429.83, and 429.85, Florida Statutes, respectively, and designated as part II of 9 10 chapter 429, Florida Statutes, entitled "ASSISTED CARE COMMUNITIES." 11 12 Section 3. Sections 400.55, 400.551, 400.552, 400.553, 13 400.554, 400.555, 400.556, 400.5565, 400.557, 400.5571, 400.5572, 400.5575, 400.558, 400.559, 400.56, 400.562, 14 400.563, and 400.564, Florida Statutes, are renumbered as 15 Sections 429.90, 429.901, 429.903, 429.905, 429.907, 429.909, 16 429.911, 429.913, 429.915, 429.917, 429.919, 429.921, 429.923, 18 429.925, 429.927, 429.929, 429.931, and 429.933, Florida Statutes, and designated as part III of Chapter 429, Florida 19 Statutes, entitled "ASSISTED CARE COMMUNITIES." 2.0 21 Section 4. Subsection (1) of section 101.655, Florida 22 Statutes, is amended to read: 23 101.655 Supervised voting by absent electors in certain facilities .--2.4 25 (1) The supervisor of elections of a county shall provide supervised voting for absent electors residing in any 26 27 assisted living facility, as defined in s. 429.02 400.402, or 2.8 nursing home facility, as defined in s. 400.021, within that county at the request of any administrator of such a facility. 29 Such request for supervised voting in the facility shall be 30 made by submitting a written request to the supervisor of

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elections no later than 21 days prior to the election for which that request is submitted. The request shall specify the name and address of the facility and the name of the electors who wish to vote absentee in that election. If the request contains the names of fewer than five voters, the supervisor of elections is not required to provide supervised voting.

Section 5. Subsection (9) of section 189.428, Florida Statutes, is amended to read:

189.428 Special districts; oversight review process.--

(9) This section does not apply to a deepwater port listed in s. 311.09(1) which is in compliance with a port master plan adopted pursuant to s. 163.3178(2)(k), or to an airport authority operating in compliance with an airport master plan approved by the Federal Aviation Administration, or to any special district organized to operate health systems and facilities licensed under chapter 395, or chapter 400, or chapter 429.

Section 6. Paragraph (b) of subsection (2) of section 196.1975, Florida Statutes, is amended to read:

196.1975 Exemption for property used by nonprofit homes for the aged.--Nonprofit homes for the aged are exempt to the extent that they meet the following criteria:

- (2) A facility will not qualify as a "home for the aged" unless at least 75 percent of the occupants are over the age of 62 years or totally and permanently disabled. For homes for the aged which are exempt from paying income taxes to the United States as specified in subsection (1), licensing by the Agency for Health Care Administration is required for ad valorem tax exemption hereunder only if the home:
- (b) Qualifies as an assisted living facility under $\frac{1}{2}$ part III of chapter $\frac{429}{2}$

Section 7. Paragraph (c) of subsection (4) of section 202.125, Florida Statutes, is amended to read:

202.125 Sales of communications services; specified exemptions.--

- (4) The sale of communications services to a home for the aged, religious institution or educational institution that is exempt from federal income tax under s. 501(c)(3) of the Internal Revenue Code, or by a religious institution that is exempt from federal income tax under s. 501(c)(3) of the Internal Revenue Code having an established physical place for worship at which nonprofit religious services and activities are regularly conducted and carried on, is exempt from the taxes imposed or administered pursuant to ss. 202.12 and 202.19. As used in this subsection, the term:
- (c) "Home for the aged" includes any nonprofit
 corporation:
- 1. In which at least 75 percent of the occupants are 62 years of age or older or totally and permanently disabled; which qualifies for an ad valorem property tax exemption under s. 196.196, s. 196.197, or s. 196.1975; and which is exempt from the sales tax imposed under chapter 212.
- 2. Licensed as a nursing home <u>under chapter 400</u> or an assisted living facility under chapter <u>429</u> 400 and which is exempt from the sales tax imposed under chapter 212.
- Section 8. Section 205.1965, Florida Statutes, is amended to read:
 - 205.1965 Assisted living facilities.--A county or municipality may not issue an occupational license for the operation of an assisted living facility pursuant to part III of chapter 429 400 without first ascertaining that the applicant has been licensed by the Agency for Health Care

Administration to operate such facility at the specified location or locations. The Agency for Health Care Administration shall furnish to local agencies responsible for 3 issuing occupational licenses sufficient instructions for 4 making the above required determinations. 5 6 Section 9. Paragraph (b) of subsection (1) of section 7 212.031, Florida Statutes, is amended to read: 8 212.031 Tax on rental or license fee for use of real 9 property.--10 (1)(b) When a lease involves multiple use of real 11 property wherein a part of the real property is subject to the 13 tax herein, and a part of the property would be excluded from the tax under subparagraph (a)1., subparagraph (a)2., 14 subparagraph (a)3., or subparagraph (a)5., the department 15 shall determine, from the lease or license and such other 16 information as may be available, that portion of the total rental charge which is exempt from the tax imposed by this 18 section. The portion of the premises leased or rented by a 19 for-profit entity providing a residential facility for the 20 21 aged will be exempt on the basis of a pro rata portion 22 calculated by combining the square footage of the areas used 23 for residential units by the aged and for the care of such residents and dividing the resultant sum by the total square 2.4 footage of the rented premises. For purposes of this section, 25 the term "residential facility for the aged" means a facility 26 27 that is licensed or certified in whole or in part under 2.8 chapter 400, chapter 429, or chapter 651; or that provides residences to the elderly and is financed by a mortgage or 29 loan made or insured by the United States Department of 30

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subsidy, s. 221(d)(3) or (4), s. 232, or s. 236 of the
National Housing Act; or other such similar facility that
provides residences primarily for the elderly.

Section 10. Paragraph (i) of subsection (7) of section 212.08, Florida Statutes, is amended to read:

212.08 Sales, rental, use, consumption, distribution, and storage tax; specified exemptions.—The sale at retail, the rental, the use, the consumption, the distribution, and the storage to be used or consumed in this state of the following are hereby specifically exempt from the tax imposed by this chapter.

(7) MISCELLANEOUS EXEMPTIONS. -- Exemptions provided to any entity by this chapter do not inure to any transaction that is otherwise taxable under this chapter when payment is made by a representative or employee of the entity by any means, including, but not limited to, cash, check, or credit card, even when that representative or employee is subsequently reimbursed by the entity. In addition, exemptions provided to any entity by this subsection do not inure to any transaction that is otherwise taxable under this chapter unless the entity has obtained a sales tax exemption certificate from the department or the entity obtains or provides other documentation as required by the department. Eligible purchases or leases made with such a certificate must be in strict compliance with this subsection and departmental rules, and any person who makes an exempt purchase with a certificate that is not in strict compliance with this subsection and the rules is liable for and shall pay the tax. The department may adopt rules to administer this subsection.

(i) Hospital meals and rooms.--Also exempt from payment of the tax imposed by this chapter on rentals and

meals are patients and inmates of any hospital or other 2 physical plant or facility designed and operated primarily for the care of persons who are ill, aged, infirm, mentally or 3 physically incapacitated, or otherwise dependent on special 4 care or attention. Residents of a home for the aged are exempt 5 from payment of taxes on meals provided through the 7 facility. A home for the aged is defined as a facility that 8 is licensed or certified in part or in whole under chapter 400, chapter 429, or chapter 651, or that is financed by a 9 mortgage loan made or insured by the United States Department 10 of Housing and Urban Development under s. 202, s. 202 with a 11 s. 8 subsidy, s. 221(d)(3) or (4), s. 232, or s. 236 of the 13 National Housing Act, or other such similar facility designed and operated primarily for the care of the aged. 14 Section 11. Subsection (5) of section 296.02, Florida 15 Statutes, is amended to read: 16 17 296.02 Definitions.--For the purposes of this part, 18 except where the context clearly indicates otherwise: (5) "Extended congregate care" has the meaning given 19 to that term under s. $\underline{429.02}$ $\underline{400.402}$. 20 21 Section 12. Subsections (1) and (3) of section 22 381.0035, Florida Statutes, are amended to read: 23 381.0035 Educational course on HIV and AIDS; employees and clients of certain health care facilities .--2.4 (1) The Department of Health shall require all 25 employees and clients of facilities licensed under chapters 26 27 393, 394, and 397 and employees of facilities licensed under 2.8 chapter 395, and parts II, III, IV, and VI of chapter 400, and chapter 429 to complete, biennially, a continuing educational 29 course on the modes of transmission, infection control 30 procedures, clinical management, and prevention of human

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immunodeficiency virus and acquired immune deficiency syndrome
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    with an emphasis on appropriate behavior and attitude change.
    Such instruction shall include information on current Florida
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   law and its impact on testing, confidentiality of test
   results, and treatment of patients and any protocols and
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   procedures applicable to human immunodeficiency counseling and
    testing, reporting, the offering of HIV testing to pregnant
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    women, and partner notification issues pursuant to ss. 381.004
    and 384.25.
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           (3) Facilities licensed under chapters 393, 394, 395,
   and 397, and parts II, HII, IV, and VI of chapter 400, and
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    chapter 429 shall maintain a record of employees and dates of
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    attendance at human immunodeficiency virus and acquired immune
   deficiency syndrome educational courses.
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           Section 13. Subsection (10) of section 394.455,
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    Florida Statutes, is amended to read:
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           394.455 Definitions.--As used in this part, unless the
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    context clearly requires otherwise, the term:
           (10) "Facility" means any hospital, community
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    facility, public or private facility, or receiving or
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    treatment facility providing for the evaluation, diagnosis,
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    care, treatment, training, or hospitalization of persons who
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    appear to have a mental illness or have been diagnosed as
   having a mental illness. "Facility" does not include any
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   program or entity licensed pursuant to chapter 400 or chapter
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    <u>429</u>.
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           Section 14. Paragraphs (b), (c), and (e) of subsection
    (2) of section 394.4574, Florida Statutes, are amended to
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   read:
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394.4574 Department responsibilities for a mental health resident who resides in an assisted living facility that holds a limited mental health license.--

- (2) The department must ensure that:
- (b) A cooperative agreement, as required in s. 429.075 400.4075, is developed between the mental health care services provider that serves a mental health resident and the administrator of the assisted living facility with a limited mental health license in which the mental health resident is living. Any entity that provides Medicaid prepaid health plan services shall ensure the appropriate coordination of health care services with an assisted living facility in cases where a Medicaid recipient is both a member of the entity's prepaid health plan and a resident of the assisted living facility. If the entity is at risk for Medicaid targeted case management and behavioral health services, the entity shall inform the assisted living facility of the procedures to follow should an emergent condition arise.
- (c) The community living support plan, as defined in s. 429.02 400.402, has been prepared by a mental health resident and a mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. The plan must be provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives. The support plan and the agreement may be in one document.
- (e) The mental health services provider assigns a case manager to each mental health resident who lives in an assisted living facility with a limited mental health license. The case manager is responsible for coordinating the

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development of and implementation of the community living support plan defined in s. $\underline{429.02}$ $\underline{400.402}$. The plan must be updated at least annually.

Section 15. Paragraph (b) of subsection (2) of section 394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination. --

- (2) INVOLUNTARY EXAMINATION. --
- (b) A person shall not be removed from any program or residential placement licensed under chapter 400 or chapter 429 and transported to a receiving facility for involuntary examination unless an ex parte order, a professional certificate, or a law enforcement officer's report is first prepared. If the condition of the person is such that preparation of a law enforcement officer's report is not practicable before removal, the report shall be completed as soon as possible after removal, but in any case before the person is transported to a receiving facility. A receiving facility admitting a person for involuntary examination who is not accompanied by the required ex parte order, professional certificate, or law enforcement officer's report shall notify the Agency for Health Care Administration of such admission by certified mail no later than the next working day. provisions of this paragraph do not apply when transportation is provided by the patient's family or guardian.

Section 16. Paragraph (b) of subsection (3) of section 400.0063, Florida Statutes, is amended to read:

400.0063 Establishment of Office of State Long-Term Care Ombudsman; designation of ombudsman and legal advocate.--

(3)

30 (b) The duties of the legal advocate shall include, 31 but not be limited to:

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- 1. Assisting the ombudsman in carrying out the duties of the office with respect to the abuse, neglect, or violation of rights of residents of long-term care facilities.
- 2. Assisting the state and local ombudsman councils in carrying out their responsibilities under this part.
- 3. Initiating and prosecuting legal and equitable actions to enforce the rights of long-term care facility residents as defined in this chapter or chapter 429.
- 4. Serving as legal counsel to the state and local ombudsman councils, or individual members thereof, against whom any suit or other legal action is initiated in connection with the performance of the official duties of the councils or an individual member.
- Section 17. Subsection (3) of section 400.0069, Florida Statutes, is amended to read:
- 400.0069 Local long-term care ombudsman councils; duties; membership.--
- (3) In order to carry out the duties specified in subsection (2), the local ombudsman council is authorized, pursuant to ss. 400.19(1) and $\underline{429.34}$ $\underline{400.434}$, to enter any long-term care facility without notice or first obtaining a warrant, subject to the provisions of s. 400.0073(5).
- Section 18. Paragraphs (c) and (f) of subsection (5) and subsection (6) of section 400.0073, Florida Statutes, are amended to read:
- 26 400.0073 State and local ombudsman council 27 investigations.--
 - (5) Any onsite administrative inspection conducted by an ombudsman council shall be subject to the following:
- 30 (c) Inspections shall be conducted in a manner which 31 will impose no unreasonable burden on nursing homes or

long-term care facilities, consistent with the underlying purposes of this part <u>and chapter 429</u>. Unnecessary duplication of efforts among council members or the councils shall be reduced to the extent possible.

- (f) All inspections shall be limited to compliance with <u>part parts</u> II, III, and VII of this chapter, chapter 429, and 42 U.S.C. ss. 1396(a) et seq., and any rules or regulations promulgated pursuant to such laws.
- (6) An inspection may not be accomplished by forcible entry. Refusal of a long-term care facility to allow entry of any ombudsman council member constitutes a violation of part III, or part VII of this chapter or chapter 429.
- Section 19. Subsection (4) of section 400.0077, Florida Statutes, is amended to read:

400.0077 Confidentiality.--

(4) Members of any state or local ombudsman council shall not be required to testify in any court with respect to matters held to be confidential under s. $\underline{429.14}$ $\underline{400.414}$ except as may be necessary to enforce the provisions of this act.

Section 20. Subsection (1) of section 400.0239, Florida Statutes, is amended to read:

400.0239 Quality of Long-Term Care Facility Improvement Trust Fund.--

(1) There is created within the Agency for Health Care Administration a Quality of Long-Term Care Facility
Improvement Trust Fund to support activities and programs directly related to improvement of the care of nursing home and assisted living facility residents. The trust fund shall be funded through proceeds generated pursuant to ss. 400.0238 and 429.298 400.4298, through funds specifically appropriated by the Legislature, through gifts, endowments, and other

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charitable contributions allowed under federal and state law, and through federal nursing home civil monetary penalties collected by the Centers for Medicare and Medicaid Services and returned to the state. These funds must be utilized in accordance with federal requirements.

Section 21. Subsections (1) and (4) of section 400.119, Florida Statutes, are amended to read:

400.119 Confidentiality of records and meetings of risk management and quality assurance committees.--

- (1) Records of meetings of the risk management and quality assurance committee of a long-term care facility licensed under this part or part III of this chapter 429, as well as incident reports filed with the facility's risk manager and administrator, notifications of the occurrence of an adverse incident, and adverse incident reports from the facility are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. However, if the Agency for Health Care Administration has a reasonable belief that conduct by a staff member or employee of a facility is criminal activity or grounds for disciplinary action by a regulatory board, the agency may disclose such records to the appropriate law enforcement agency or regulatory board.
- (4) The meetings of an internal risk management and quality assurance committee of a long-term care facility licensed under this part or part III of this chapter 429 are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution and are not open to the public.

Section 22. Subsections (4) and (7) of section 400.141, Florida Statutes, are amended to read:

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400.141 Administration and management of nursing home facilities.--Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(4) Provide for resident use of a community pharmacy as specified in s. 400.022(1)(q). Any other law to the contrary notwithstanding, a registered pharmacist licensed in Florida, that is under contract with a facility licensed under this chapter or chapter 429, shall repackage a nursing facility resident's bulk prescription medication which has been packaged by another pharmacist licensed in any state in the United States into a unit dose system compatible with the system used by the nursing facility, if the pharmacist is requested to offer such service. In order to be eligible for the repackaging, a resident or the resident's spouse must receive prescription medication benefits provided through a former employer as part of his or her retirement benefits, a qualified pension plan as specified in s. 4972 of the Internal Revenue Code, a federal retirement program as specified under 5 C.F.R. s. 831, or a long-term care policy as defined in s. 627.9404(1). A pharmacist who correctly repackages and relabels the medication and the nursing facility which correctly administers such repackaged medication under the provisions of this subsection shall not be held liable in any civil or administrative action arising from the repackaging. In order to be eligible for the repackaging, a nursing facility resident for whom the medication is to be repackaged shall sign an informed consent form provided by the facility which includes an explanation of the repackaging process and which notifies the resident of the immunities from liability provided herein. A pharmacist who repackages and relabels prescription medications, as authorized under this subsection,

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may charge a reasonable fee for costs resulting from the implementation of this provision.

(7) If the facility has a standard license or is a Gold Seal facility, exceeds the minimum required hours of licensed nursing and certified nursing assistant direct care per resident per day, and is part of a continuing care facility licensed under chapter 651 or a retirement community that offers other services pursuant to part III, part IV, or part V of this chapter or chapter 429 on a single campus, be allowed to share programming and staff. At the time of inspection and in the semiannual report required pursuant to subsection (15), a continuing care facility or retirement community that uses this option must demonstrate through staffing records that minimum staffing requirements for the facility were met. Licensed nurses and certified nursing assistants who work in the nursing home facility may be used to provide services elsewhere on campus if the facility exceeds the minimum number of direct care hours required per resident per day and the total number of residents receiving direct care services from a licensed nurse or a certified nursing assistant does not cause the facility to violate the staffing ratios required under s. 400.23(3)(a). Compliance with the minimum staffing ratios shall be based on total number of residents receiving direct care services, regardless of where they reside on campus. If the facility receives a conditional license, it may not share staff until the conditional license status ends. This subsection does not restrict the agency's authority under federal or state law to require additional staff if a facility is cited for deficiencies in care which are caused by an insufficient number of certified nursing assistants or licensed nurses. The

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nursing home facilities.

agency may adopt rules for the documentation necessary to 2 determine compliance with this provision. 3 4 Facilities that have been awarded a Gold Seal under the program established in s. 400.235 may develop a plan to 5 provide certified nursing assistant training as prescribed by federal regulations and state rules and may apply to the 8 agency for approval of their program. Section 23. Subsection (1) of section 400.142, Florida 9 Statutes, is amended to read: 10 400.142 Emergency medication kits; orders not to 11 12 resuscitate.--13 (1) Other provisions of this chapter or of chapter 429, chapter 465, chapter 499, or chapter 893 to the contrary 14 notwithstanding, each nursing home operating pursuant to a 15 license issued by the agency may maintain an emergency 16 medication kit for the purpose of storing medicinal drugs to be administered under emergency conditions to residents 18 residing in such facility. 19 Section 24. Paragraph (a) of subsection (2) of section 20 21 400.191, Florida Statutes, is amended to read: 22 400.191 Availability, distribution, and posting of 23 reports and records. --(2) The agency shall provide additional information in 2.4 consumer-friendly printed and electronic formats to assist 2.5 consumers and their families in comparing and evaluating 26

(a) The agency shall provide an Internet site which

directly or indirectly through a link to another established

shall include at least the following information either

site or sites of the agency's choosing:

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- 1. A list by name and address of all nursing home facilities in this state.
- 2. Whether such nursing home facilities are proprietary or nonproprietary.
- 3. The current owner of the facility's license and the year that that entity became the owner of the license.
- 4. The name of the owner or owners of each facility and whether the facility is affiliated with a company or other organization owning or managing more than one nursing facility in this state.
- 11 5. The total number of beds in each facility.
- 12 6. The number of private and semiprivate rooms in each 13 facility.
- 7. The religious affiliation, if any, of each facility.
- 16 8. The languages spoken by the administrator and staff
 17 of each facility.
- 9. Whether or not each facility accepts Medicare or
 Medicaid recipients or insurance, health maintenance
 organization, Veterans Administration, CHAMPUS program, or
 workers' compensation coverage.
- 22 10. Recreational and other programs available at each 23 facility.
- 24 11. Special care units or programs offered at each 25 facility.
- 12. Whether the facility is a part of a retirement community that offers other services pursuant to part III, part IV, or part V of this chapter or chapter 429.
- 29 13. Survey and deficiency information contained on the 30 Online Survey Certification and Reporting (OSCAR) system of 31 the federal Health Care Financing Administration, including

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annual survey, revisit, and complaint survey information, for each facility for the past 45 months. For noncertified nursing homes, state survey and deficiency information, including annual survey, revisit, and complaint survey information for the past 45 months shall be provided.

Reporting (OSCAR) data for each facility over the past 45 months. Such summary may include a score, rating, or comparison ranking with respect to other facilities based on the number of citations received by the facility of annual, revisit, and complaint surveys; the severity and scope of the citations; and the number of annual recertification surveys the facility has had during the past 45 months. The score, rating, or comparison ranking may be presented in either numeric or symbolic form for the intended consumer audience.

Section 25. Paragraph (b) of subsection (2) of section 400.215, Florida Statutes, is amended to read:

400.215 Personnel screening requirement.--

- (2) Employers and employees shall comply with the requirements of s. 435.05.
- (b) Employees qualified under the provisions of paragraph (a) who have not maintained continuous residency within the state for the 5 years immediately preceding the date of request for background screening must complete level 2 screening, as provided in chapter 435. Such employees may work in a conditional status up to 180 days pending the receipt of written findings evidencing the completion of level 2 screening. Level 2 screening shall not be required of employees or prospective employees who attest in writing under penalty of perjury that they meet the residency requirement. Completion of level 2 screening shall require the employee or

prospective employee to furnish to the nursing facility a full 2 set of fingerprints to enable a criminal background investigation to be conducted. The nursing facility shall 3 submit the completed fingerprint card to the agency. The 4 agency shall establish a record of the request in the database 5 provided for in paragraph (c) and forward the request to the Department of Law Enforcement, which is authorized to submit 8 the fingerprints to the Federal Bureau of Investigation for a national criminal history records check. The results of the 9 national criminal history records check shall be returned to 10 the agency, which shall maintain the results in the database 11 12 provided for in paragraph (c). The agency shall notify the 13 administrator of the requesting nursing facility or the administrator of any other facility licensed under chapter 14 393, chapter 394, chapter 395, chapter 397, chapter 429, or 15 this chapter, as requested by such facility, as to whether or 16 not the employee has qualified under level 1 or level 2 18 screening. An employee or prospective employee who has qualified under level 2 screening and has maintained such 19 continuous residency within the state shall not be required to 20 21 complete a subsequent level 2 screening as a condition of 22 employment at another facility. 23 Section 26. Paragraph (f) of subsection (2) of section 400.23, Florida Statutes, is amended to read: 2.4 400.23 Rules; evaluation and deficiencies; licensure 25 status.--26 27 (2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules 29 to implement this part, which shall include reasonable and 30 fair criteria in relation to:

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(f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof, based on rules developed under this chapter or chapter 429 and the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended.

Section 27. Section 400.232, Florida Statutes, is amended to read:

400.232 Review and approval of plans; fees and costs.—The design, construction, erection, alteration, modification, repair, and demolition of all public and private health care facilities are governed by the Florida Building Code and the Florida Fire Prevention Code under ss. 553.73 and 633.022. In addition to the requirements of ss. 553.79 and 553.80, the agency shall review the facility plans and survey the construction of facilities licensed under this chapter or chapter 429.

- (1) The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the final plans and specifications. The agency may be granted one 15-day extension for the review period, if the director of the agency so approves. If the agency fails to act within the specified time, it shall be deemed to have approved the plans and specifications. When the agency disapproves plans and specifications, it shall set forth in writing the reasons for disapproval. Conferences and consultations may be provided as necessary.
- (2) The agency is authorized to charge an initial fee of \$2,000 for review of plans and construction on all projects, no part of which is refundable. The agency may also

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collect a fee, not to exceed 1 percent of the estimated construction cost or the actual cost of review, whichever is less, for the portion of the review which encompasses initial review through the initial revised construction document review. The agency is further authorized to collect its actual costs on all subsequent portions of the review and construction inspections. Initial fee payment shall accompany the initial submission of plans and specifications. Any subsequent payment that is due is payable upon receipt of the invoice from the agency. Notwithstanding any other provisions of law to the contrary, all money received by the agency pursuant to the provisions of this section shall be deemed to be trust funds, to be held and applied solely for the operations required under this section.

Section 28. Section 400.401, Florida Statutes, is renumbered as section 429.01, Florida Statutes, and subsection (3) is amended to read:

429.01 400.401 Popular name Short title; purpose.--

(3) The principle that a license issued under this chapter part is a public trust and a privilege and is not an entitlement should guide the finder of fact or trier of law at any administrative proceeding or in a court action initiated by the Agency for Health Care Administration to enforce this chapter part.

Section 29. Section 400.402, Florida Statutes, is renumbered as section 429.02, Florida Statutes, and amended to read:

 $\underline{429.02}$ $\underline{400.402}$ Definitions.--When used in this $\underline{chapter}$ \underline{part} , the term:

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- (1) "Activities of daily living" means functions and tasks for self-care, including ambulation, bathing, dressing, eating, grooming, and toileting, and other similar tasks.
- (2) "Administrator" means an individual at least 21 years of age who is responsible for the operation and maintenance of an assisted living facility.
- $\begin{tabular}{lll} (3) & "Agency" means the Agency for Health Care \\ Administration. \end{tabular}$
- (4) "Aging in place" or "age in place" means the process of providing increased or adjusted services to a person to compensate for the physical or mental decline that may occur with the aging process, in order to maximize the person's dignity and independence and permit them to remain in a familiar, noninstitutional, residential environment for as long as possible. Such services may be provided by facility staff, volunteers, family, or friends, or through contractual arrangements with a third party.
- (5) "Applicant" means an individual owner, corporation, partnership, firm, association, or governmental entity that applies for a license.
- (6) "Assisted living facility" means any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.
- (7) "Chemical restraint" means a pharmacologic drug that physically limits, restricts, or deprives an individual of movement or mobility, and is used for discipline or

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convenience and not required for the treatment of medical symptoms.

- document prepared by a mental health resident and the resident's mental health case manager in consultation with the administrator of an assisted living facility with a limited mental health license or the administrator's designee. A copy must be provided to the administrator. The plan must include information about the supports, services, and special needs of the resident which enable the resident to live in the assisted living facility and a method by which facility staff can recognize and respond to the signs and symptoms particular to that resident which indicate the need for professional services.
- (9) "Cooperative agreement" means a written statement of understanding between a mental health care provider and the administrator of the assisted living facility with a limited mental health license in which a mental health resident is living. The agreement must specify directions for accessing emergency and after-hours care for the mental health resident. A single cooperative agreement may service all mental health residents who are clients of the same mental health care provider.
- 24 (10) "Department" means the Department of Elderly 25 Affairs.
 - (11) "Emergency" means a situation, physical condition, or method of operation which presents imminent danger of death or serious physical or mental harm to facility residents.
 - (12) "Extended congregate care" means acts beyond those authorized in subsection (17) that may be performed

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pursuant to part I of chapter 464 by persons licensed thereunder while carrying out their professional duties, and other supportive services which may be specified by rule. The purpose of such services is to enable residents to age in place in a residential environment despite mental or physical limitations that might otherwise disqualify them from residency in a facility licensed under this chapter part.

- (13) "Guardian" means a person to whom the law has entrusted the custody and control of the person or property, or both, of a person who has been legally adjudged incapacitated.
- (14) "Limited nursing services" means acts that may be performed pursuant to part I of chapter 464 by persons licensed thereunder while carrying out their professional duties but limited to those acts which the department specifies by rule. Acts which may be specified by rule as allowable limited nursing services shall be for persons who meet the admission criteria established by the department for assisted living facilities and shall not be complex enough to require 24-hour nursing supervision and may include such services as the application and care of routine dressings, and care of casts, braces, and splints.
- (15) "Managed risk" means the process by which the facility staff discuss the service plan and the needs of the resident with the resident and, if applicable, the resident's representative or designee or the resident's surrogate, guardian, or attorney in fact, in such a way that the consequences of a decision, including any inherent risk, are explained to all parties and reviewed periodically in conjunction with the service plan, taking into account changes

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in the resident's status and the ability of the facility to respond accordingly.

- (16) "Mental health resident" means an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.
- assistance with or supervision of the activities of daily living and the self-administration of medication and other similar services which the department may define by rule. "Personal services" shall not be construed to mean the provision of medical, nursing, dental, or mental health services.
- (18) "Physical restraint" means a device which physically limits, restricts, or deprives an individual of movement or mobility, including, but not limited to, a half-bed rail, a full-bed rail, a geriatric chair, and a posey restraint. The term "physical restraint" shall also include any device which was not specifically manufactured as a restraint but which has been altered, arranged, or otherwise used for this purpose. The term shall not include bandage material used for the purpose of binding a wound or injury.
- (19) "Relative" means an individual who is the father, mother, stepfather, stepmother, son, daughter, brother, sister, grandmother, grandfather, great-grandmother, great-grandfather, grandson, granddaughter, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law,

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sister-in-law, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister of an owner or administrator.

- (20) "Resident" means a person 18 years of age or older, residing in and receiving care from a facility.
- (21) "Resident's representative or designee" means a person other than the owner, or an agent or employee of the facility, designated in writing by the resident, if legally competent, to receive notice of changes in the contract executed pursuant to s. 429.24 400.424; to receive notice of and to participate in meetings between the resident and the facility owner, administrator, or staff concerning the rights of the resident; to assist the resident in contacting the ombudsman council if the resident has a complaint against the facility; or to bring legal action on behalf of the resident pursuant to s. 400.429.
- and agreed upon by the resident and, if applicable, the resident's representative or designee or the resident's surrogate, guardian, or attorney in fact, if any, and the administrator or designee representing the facility, which addresses the unique physical and psychosocial needs, abilities, and personal preferences of each resident receiving extended congregate care services. The plan shall include a brief written description, in easily understood language, of what services shall be provided, who shall provide the services, when the services shall be rendered, and the purposes and benefits of the services.
- (23) "Shared responsibility" means exploring the options available to a resident within a facility and the risks involved with each option when making decisions pertaining to the resident's abilities, preferences, and

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service needs, thereby enabling the resident and, if applicable, the resident's representative or designee, or the resident's surrogate, guardian, or attorney in fact, and the facility to develop a service plan which best meets the resident's needs and seeks to improve the resident's quality of life.

- (24) "Supervision" means reminding residents to engage in activities of daily living and the self-administration of medication, and, when necessary, observing or providing verbal cuing to residents while they perform these activities.
- (25) "Supplemental security income," Title XVI of the Social Security Act, means a program through which the Federal Government guarantees a minimum monthly income to every person who is age 65 or older, or disabled, or blind and meets the income and asset requirements.
- (26) "Supportive services" means services designed to encourage and assist aged persons or adults with disabilities to remain in the least restrictive living environment and to maintain their independence as long as possible.
- services that are ordered by a physician for a resident whose condition requires the supervision of a physician and continued monitoring of vital signs and physical status. Such services shall be: medically complex enough to require constant supervision, assessment, planning, or intervention by a nurse; required to be performed by or under the direct supervision of licensed nursing personnel or other professional personnel for safe and effective performance; required on a daily basis; and consistent with the nature and severity of the resident's condition or the disease state or stage.

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Section 30. Section 400.404, Florida Statutes, is renumbered as section 429.04, Florida Statutes, and amended to read:

429.04 400.404 Facilities to be licensed; exemptions.--

- (1) For the administration of this <u>chapter</u> part, facilities to be licensed by the agency shall include all assisted living facilities as defined in this <u>chapter</u> part.
- (2) The following are exempt from licensure under this chapter part:
- (a) Any facility, institution, or other place operated by the Federal Government or any agency of the Federal Government.
- (b) Any facility or part of a facility licensed under chapter 393 or chapter 394.
- (c) Any facility licensed as an adult family-care home under part VII $of\ chapter\ 400$.
- (d) Any person who provides housing, meals, and one or more personal services on a 24-hour basis in the person's own home to not more than two adults who do not receive optional state supplementation. The person who provides the housing, meals, and personal services must own or rent the home and reside therein.
- (e) Any home or facility approved by the United States

 Department of Veterans Affairs as a residential care home

 wherein care is provided exclusively to three or fewer

 veterans.
- (f) Any facility that has been incorporated in this
 state for 50 years or more on or before July 1, 1983, and the
 board of directors of which is nominated or elected by the
 residents, until the facility is sold or its ownership is

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transferred; or any facility, with improvements or additions
thereto, which has existed and operated continuously in this
state for 60 years or more on or before July 1, 1989, is
directly or indirectly owned and operated by a nationally
recognized fraternal organization, is not open to the public,
and accepts only its own members and their spouses as
residents.

(g) Any facility certified under chapter 651, or a retirement community, may provide services authorized under this chapter part or part IV of this chapter 400 to its residents who live in single-family homes, duplexes, quadruplexes, or apartments located on the campus without obtaining a license to operate an assisted living facility if residential units within such buildings are used by residents who do not require staff supervision for that portion of the day when personal services are not being delivered and the owner obtains a home health license to provide such services. However, any building or distinct part of a building on the campus that is designated for persons who receive personal services and require supervision beyond that which is available while such services are being rendered must be licensed in accordance with this chapter part. If a facility provides personal services to residents who do not otherwise require supervision and the owner is not licensed as a home health agency, the buildings or distinct parts of buildings where such services are rendered must be licensed under this chapter part. A resident of a facility that obtains a home health license may contract with a home health agency of his or her choice, provided that the home health agency provides liability insurance and workers' compensation coverage for its employees. Facilities covered by this

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exemption may establish policies that give residents the option of contracting for services and care beyond that which is provided by the facility to enable them to age in place. For purposes of this section, a retirement community consists of a facility licensed under this <u>chapter part</u> or under part II <u>of chapter 400</u>, and apartments designed for independent living located on the same campus.

(h) Any residential unit for independent living which is located within a facility certified under chapter 651, or any residential unit which is colocated with a nursing home licensed under part II of chapter 400 or colocated with a facility licensed under this chapter part in which services are provided through an outpatient clinic or a nursing home on an outpatient basis.

Section 31. Section 400.407, Florida Statutes, is renumbered as section 429.07, Florida Statutes, and paragraphs (a), (b), and (c) of subsection (3), paragraphs (b) and (c) of subsection (4), and subsection (5) are amended to read:

429.07 400.407 License required; fee, display.--

- (3) Any license granted by the agency must state the maximum resident capacity of the facility, the type of care for which the license is granted, the date the license is issued, the expiration date of the license, and any other information deemed necessary by the agency. Licenses shall be issued for one or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited mental health.
- (a) A standard license shall be issued to facilities providing one or more of the personal services identified in s. $\underline{429.02}$ $\underline{400.402}$. Such facilities may also employ or contract with a person licensed under part I of chapter 464 to

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administer medications and perform other tasks as specified in s. 429.255 $\frac{400.4255}{100.4255}$.

- (b) An extended congregate care license shall be issued to facilities providing, directly or through contract, services beyond those authorized in paragraph (a), including acts performed pursuant to part I of chapter 464 by persons licensed thereunder, and supportive services defined by rule to persons who otherwise would be disqualified from continued residence in a facility licensed under this <u>chapter part</u>.
- 1. In order for extended congregate care services to be provided in a facility licensed under this chapter part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of a facility. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this chapter part. Notification of approval or denial of such request shall be made within 90 days after receipt of such request and all necessary documentation. Existing facilities qualifying to provide extended congregate care services must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:
 - a. A class I or class II violation;
- b. Three or more repeat or recurring class III violations of identical or similar resident care standards as specified in rule from which a pattern of noncompliance is found by the agency;

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- c. Three or more class III violations that were not corrected in accordance with the corrective action plan approved by the agency;
- d. Violation of resident care standards resulting in a requirement to employ the services of a consultant pharmacist or consultant dietitian;
- e. Denial, suspension, or revocation of a license for another facility under this <u>chapter</u> part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or
- f. Imposition of a moratorium on admissions or initiation of injunctive proceedings.
- 2. Facilities that are licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such services, which report describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit such facilities at least quarterly to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this **chapter** part and with rules that relate to extended congregate care. One of these visits may be in conjunction with the regular survey. monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects such facility. The agency may waive one of the required yearly monitoring visits for a facility that has been licensed for at least 24 months to provide extended congregate care services, if, during the inspection, the registered nurse determines

that extended congregate care services are being provided
appropriately, and if the facility has no class I or class II
violations and no uncorrected class III violations. Before
such decision is made, the agency shall consult with the
long-term care ombudsman council for the area in which the
facility is located to determine if any complaints have been
made and substantiated about the quality of services or
care. The agency may not waive one of the required yearly
monitoring visits if complaints have been made and
substantiated.

- 3. Facilities that are licensed to provide extended congregate care services shall:
- a. Demonstrate the capability to meet unanticipated resident service needs.
- b. Offer a physical environment that promotes a homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space as defined by rule.
- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency, as necessary.
- d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place to the extent possible, so that moves due to changes in functional status are minimized or avoided.
- e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in

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developing service plans, and share responsibility in decisionmaking.

- f. Implement the concept of managed risk.
- g. Provide, either directly or through contract, the services of a person licensed pursuant to part I of chapter 464.
- h. In addition to the training mandated in s. $\underline{429.52}$ $\underline{400.452}$, provide specialized training as defined by rule for facility staff.
- 4. Facilities licensed to provide extended congregate care services are exempt from the criteria for continued residency as set forth in rules adopted under s. 429.41 400.441. Facilities so licensed shall adopt their own requirements within guidelines for continued residency set forth by the department in rule. However, such facilities may not serve residents who require 24-hour nursing supervision. Facilities licensed to provide extended congregate care services shall provide each resident with a written copy of facility policies governing admission and retention.
- 5. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the individual is determined appropriate for admission to the extended congregate care facility.
- 6. Before admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in

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- s. $\underline{429.26}$ $\underline{400.426}(4)$ and the facility must develop a preliminary service plan for the individual.
- 7. When a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility shall make arrangements for relocating the person in accordance with s. 429.28 400.428(1)(k).
- 8. Failure to provide extended congregate care services may result in denial of extended congregate care license renewal.
- 9. No later than January 1 of each year, the department, in consultation with the agency, shall prepare and submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairs of appropriate legislative committees, a report on the status of, and recommendations related to, extended congregate care services. The status report must include, but need not be limited to, the following information:
- a. A description of the facilities licensed to provide such services, including total number of beds licensed under this <u>chapter part</u>.
- b. The number and characteristics of residents receiving such services.
- c. The types of services rendered that could not be provided through a standard license.
- d. An analysis of deficiencies cited during licensure inspections.
- e. The number of residents who required extended congregate care services at admission and the source of admission.

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- $\hbox{f. Recommendations for statutory or regulatory} \\$ $\hbox{changes.}$
- g. The availability of extended congregate care to state clients residing in facilities licensed under this chapter part and in need of additional services, and recommendations for appropriations to subsidize extended congregate care services for such persons.
- h. Such other information as the department considers appropriate.
- (c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.
- 1. In order for limited nursing services to be provided in a facility licensed under this chapter part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this chapter part. Notification of approval or denial of such request shall be made within 90 days after receipt of such request and all necessary documentation. Existing facilities qualifying to provide limited nursing services shall have maintained a standard license and may not have been subject to administrative sanctions that affect the health, safety, and welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.
- 2. Facilities that are licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services, which report

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describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse representing the agency shall visit such facilities at least twice a year to monitor residents who are receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this chapter part and with related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that inspects such facility.

3. A person who receives limited nursing services under this <u>chapter part</u> must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this <u>chapter part</u>, arrangements for relocating the person shall be made in accordance with s. <u>429.28</u> 400.428(1)(k), unless the facility is licensed to provide extended congregate care services.

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(b) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are licensed to provide extended congregate care services under this chapter part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$400 per license, with an additional fee of \$10 per resident based on the total licensed resident capacity of the facility. No part of this fee shall be returned to the facility. The agency may adjust the per bed license fee and the annual license fee once each year by not more than the average rate of inflation for the 12 months immediately preceding the increase.

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- paragraph (a), the agency shall require facilities that are licensed to provide limited nursing services under this chapter part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$250 per license, with an additional fee of \$10 per resident based on the total licensed resident capacity of the facility. No part of this fee shall be returned to the facility. The agency may adjust the per bed license fee and the biennial license fee once each year by not more than the average rate of inflation for the 12 months immediately preceding the increase.
- (5) Counties or municipalities applying for licenses under this <u>chapter</u> part are exempt from the payment of license fees.

Section 32. Section 400.408, Florida Statutes, is renumbered as section 429.08, Florida Statutes, and paragraphs (a), (d), (e), (f), and (g) of subsection (1) and paragraph (f) of subsection (2) are amended to read:

429.08 400.408 Unlicensed facilities; referral of person for residency to unlicensed facility; penalties; verification of licensure status.--

- (1)(a) It is unlawful to own, operate, or maintain an assisted living facility without obtaining a license under this <u>chapter</u> part.
- (d) Any person who owns, operates, or maintains an unlicensed assisted living facility due to a change in this chapter part or a modification in department rule within 6 months after the effective date of such change and who, within 10 working days after receiving notification from the agency, fails to cease operation or apply for a license under this chapter part commits a felony of the third degree, punishable

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as provided in s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate offense.

- (e) Any facility that fails to cease operation after agency notification may be fined for each day of noncompliance pursuant to s. $429.19 \, \frac{400.419}{100.419}$.
- (f) When a licensee has an interest in more than one assisted living facility, and fails to license any one of these facilities, the agency may revoke the license, impose a moratorium, or impose a fine pursuant to s. 429.19 400.419, on any or all of the licensed facilities until such time as the unlicensed facility is licensed or ceases operation.
- operating or maintaining an assisted living facility without obtaining a license and determines that a condition exists in the facility that poses a threat to the health, safety, or welfare of a resident of the facility, the owner is subject to the same actions and fines imposed against a licensed facility as specified in ss. 429.14 and 429.19 400.414 and 400.419.
- (2) It is unlawful to knowingly refer a person for residency to an unlicensed assisted living facility; to an assisted living facility the license of which is under denial or has been suspended or revoked; or to an assisted living facility that has a moratorium on admissions. Any person who violates this subsection commits a noncriminal violation, punishable by a fine not exceeding \$500 as provided in s. 775.083.
- (f) At least annually, the agency shall notify, in appropriate trade publications, physicians licensed under chapter 458 or chapter 459, hospitals licensed under chapter 395, nursing home facilities licensed under part II of this chapter 400, and employees of the agency or the department, or

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the Department of Children and Family Services, who are 2 responsible for referring persons for residency, that it is unlawful to knowingly refer a person for residency to an 3 unlicensed assisted living facility and shall notify them of 4 the penalty for violating such prohibition. The department and 5 6 the Department of Children and Family Services shall, in turn, 7 notify service providers under contract to the respective 8 departments who have responsibility for resident referrals to facilities. Further, the notice must direct each noticed 9 facility and individual to contact the appropriate agency 10 office in order to verify the licensure status of any facility 11 prior to referring any person for residency. Each notice must 13 include the name, telephone number, and mailing address of the appropriate office to contact. 14

Section 33. Section 400.411, Florida Statutes, is renumbered as section 429.11, Florida Statutes, and paragraph (c) of subsection (3) and subsections (4), (11), and (13) are amended to read:

429.11 400.411 Initial application for license; provisional license.--

- (3) The application must be signed by the applicant under oath and must contain the following:
- (c) The name and address of any long-term care facility with which the applicant, administrator, or financial officer has been affiliated through ownership or employment within 5 years of the date of this license application; and a signed affidavit disclosing any financial or ownership interest that the applicant, or any person listed in paragraph (a), holds or has held within the last 5 years in any facility licensed under this <u>chapter</u> part, or in any other entity licensed by this state or another state to provide health or

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residential care, which facility or entity closed or ceased to operate as a result of financial problems, or has had a receiver appointed or a license denied, suspended or revoked, or was subject to a moratorium on admissions, or has had an injunctive proceeding initiated against it.

- (4) The applicant shall furnish satisfactory proof of financial ability to operate and conduct the facility in accordance with the requirements of this <u>chapter part</u>. A certificate of authority, pursuant to chapter 651, may be provided as proof of financial ability.
- (11) The applicant must furnish proof of compliance with level 2 background screening as required under s. $\underline{429.174}$ $\underline{400.4174}$.
- occupational license that is being obtained for the purpose of operating a facility regulated under this <u>chapter</u> part without first ascertaining that the applicant has been licensed to operate such facility at the specified location or locations by the agency. The agency shall furnish to local agencies responsible for issuing occupational licenses sufficient instruction for making such determinations.

Section 34. Section 400.412, Florida Statutes, is renumbered as section 429.12, Florida Statutes, and subsection (1) is amended to read:

429.12 400.412 Sale or transfer of ownership of a facility.—It is the intent of the Legislature to protect the rights of the residents of an assisted living facility when the facility is sold or the ownership thereof is transferred. Therefore, whenever a facility is sold or the ownership thereof is transferred, including leasing:

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(1) The transferee shall make application to the agency for a new license at least 60 days before the date of transfer of ownership. The application must comply with the provisions of s. 429.11 400.411.

Section 35. Section 400.414, Florida Statutes, is renumbered as section 429.14, Florida Statutes, and subsections (1), (3), and (5) are amended to read:

429.14 400.414 Denial, revocation, or suspension of license; imposition of administrative fine; grounds.--

- (1) The agency may deny, revoke, or suspend any license issued under this <u>chapter</u> part, or impose an administrative fine in the manner provided in chapter 120, for any of the following actions by an assisted living facility, for the actions of any person subject to level 2 background screening under s. <u>429.174</u> 400.4174, or for the actions of any facility employee:
- (a) An intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.
- (b) The determination by the agency that the owner lacks the financial ability to provide continuing adequate care to residents.
- (c) Misappropriation or conversion of the property of a resident of the facility.
- (d) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary examination of a facility resident.
- (e) A citation of any of the following deficiencies as defined in s. $\underline{429.19}$ $\underline{400.419}$:
 - 1. One or more cited class I deficiencies.

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- 2. Three or more cited class II deficiencies.
- 3. Five or more cited class III deficiencies that have been cited on a single survey and have not been corrected within the times specified.
- (f) A determination that a person subject to level 2 background screening under s. 429.174 400.4174(1) does not meet the screening standards of s. 435.04 or that the facility is retaining an employee subject to level 1 background screening standards under s. 429.174 400.4174(2) who does not meet the screening standards of s. 435.03 and for whom exemptions from disqualification have not been provided by the agency.
- (g) A determination that an employee, volunteer, administrator, or owner, or person who otherwise has access to the residents of a facility does not meet the criteria specified in s. 435.03(2), and the owner or administrator has not taken action to remove the person. Exemptions from disqualification may be granted as set forth in s. 435.07. No administrative action may be taken against the facility if the person is granted an exemption.
 - (h) Violation of a moratorium.
- (i) Failure of the license applicant, the licensee during relicensure, or a licensee that holds a provisional license to meet the minimum license requirements of this chapter part, or related rules, at the time of license application or renewal.
- (j) A fraudulent statement or omission of any material fact on an application for a license or any other document required by the agency, including the submission of a license application that conceals the fact that any board member, officer, or person owning 5 percent or more of the facility

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may not meet the background screening requirements of s. 2 429.174 400.4174, or that the applicant has been excluded, permanently suspended, or terminated from the Medicaid or Medicare programs.

- (k) An intentional or negligent life-threatening act in violation of the uniform firesafety standards for assisted living facilities or other firesafety standards that threatens the health, safety, or welfare of a resident of a facility, as communicated to the agency by the local authority having jurisdiction or the State Fire Marshal.
- (1) Exclusion, permanent suspension, or termination from the Medicare or Medicaid programs.
- (m) Knowingly operating any unlicensed facility or providing without a license any service that must be licensed under this chapter or chapter 400.
- (n) Any act constituting a ground upon which application for a license may be denied.

Administrative proceedings challenging agency action under this subsection shall be reviewed on the basis of the facts and conditions that resulted in the agency action.

(3) The agency may deny a license to any applicant or to any officer or board member of an applicant who is a firm, corporation, partnership, or association or who owns 5 percent or more of the facility, if the applicant, officer, or board member has or had a 25-percent or greater financial or ownership interest in any other facility licensed under this chapter part, or in any entity licensed by this state or another state to provide health or residential care, which facility or entity during the 5 years prior to the application for a license closed due to financial inability to operate;

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had a receiver appointed or a license denied, suspended, or revoked; was subject to a moratorium on admissions; had an injunctive proceeding initiated against it; or has an outstanding fine assessed under this chapter or chapter 400.

(5) An action taken by the agency to suspend, deny, or revoke a facility's license under this <u>chapter part</u>, in which the agency claims that the facility owner or an employee of the facility has threatened the health, safety, or welfare of a resident of the facility be heard by the Division of Administrative Hearings of the Department of Management Services within 120 days after receipt of the facility's request for a hearing, unless that time limitation is waived by both parties. The administrative law judge must render a decision within 30 days after receipt of a proposed recommended order.

Section 36. Section 400.415, Florida Statutes, is renumbered as section 429.15, Florida Statutes, and subsection (1) is amended to read:

429.15 400.415 Moratorium on admissions; notice.--The agency may impose an immediate moratorium on admissions to any assisted living facility if the agency determines that any condition in the facility presents a threat to the health, safety, or welfare of the residents in the facility.

(1) A facility the license of which is denied, revoked, or suspended pursuant to s. $\underline{429.14}$ $\underline{400.414}$ may be subject to immediate imposition of a moratorium on admissions to run concurrently with licensure denial, revocation, or suspension.

Section 37. Section 400.417, Florida Statutes, is renumbered as section 429.17, Florida Statutes, and subsections (2) and (3) are amended to read:

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429.17 400.417 Expiration of license; renewal; conditional license.--

- (2) A license shall be renewed within 90 days upon the timely filing of an application on forms furnished by the agency and the provision of satisfactory proof of ability to operate and conduct the facility in accordance with the requirements of this <u>chapter part</u> and adopted rules, including proof that the facility has received a satisfactory firesafety inspection, conducted by the local authority having jurisdiction or the State Fire Marshal, within the preceding 12 months and an affidavit of compliance with the background screening requirements of s. <u>429.174</u> 400.4174.
- (3) An applicant for renewal of a license who has complied with the provisions of s. 429.11 400.411 with respect to proof of financial ability to operate shall not be required to provide further proof unless the facility or any other facility owned or operated in whole or in part by the same person has demonstrated financial instability as provided under s. 429.47 400.447(2) or unless the agency suspects that the facility is not financially stable as a result of the annual survey or complaints from the public or a report from the State Long-Term Care Ombudsman Council. Each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. A license for the operation of a facility shall not be renewed if the licensee has any outstanding fines assessed pursuant to this chapter part which are in final order status.

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Section 38. Section 400.4174, Florida Statutes, is renumbered as section 429.174, Florida Statutes, and subsection (2) is amended to read:

429.174 400.4174 Background screening; exemptions.--

- (2) The owner or administrator of an assisted living facility must conduct level 1 background screening, as set forth in chapter 435, on all employees hired on or after October 1, 1998, who perform personal services as defined in s. 429.02 400.402(17). The agency may exempt an individual from employment disqualification as set forth in chapter 435. Such persons shall be considered as having met this requirement if:
- (a) Proof of compliance with level 1 screening requirements obtained to meet any professional license requirements in this state is provided and accompanied, under penalty of perjury, by a copy of the person's current professional license and an affidavit of current compliance with the background screening requirements.
- (b) The person required to be screened has been continuously employed in the same type of occupation for which the person is seeking employment without a breach in service which exceeds 180 days, and proof of compliance with the level 1 screening requirement which is no more than 2 years old is provided. Proof of compliance shall be provided directly from one employer or contractor to another, and not from the person screened. Upon request, a copy of screening results shall be provided by the employer retaining documentation of the screening to the person screened.
- (c) The person required to be screened is employed by a corporation or business entity or related corporation or business entity that owns, operates, or manages more than one

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facility or agency licensed under this chapter or chapter 400, and for whom a level 1 screening was conducted by the corporation or business entity as a condition of initial or continued employment.

Section 39. Section 400.4176, Florida Statutes, is renumbered as section 429.176, Florida Statutes, and amended to read:

429.176 400.4176 Notice of change of administrator.--If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52 400.452. Background screening shall be completed on any new administrator as specified in s. 429.174 400.4174.

Section 40. Section 400.4177, Florida Statutes, is renumbered as section 429.177, Florida Statutes, and amended to read:

429.177 400.4177 Patients with Alzheimer's disease or other related disorders; certain disclosures.—A facility licensed under this chapter part which claims that it provides special care for persons who have Alzheimer's disease or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The facility must give a copy of all such advertisements or a copy of the document to each person who requests information about programs and services for persons with Alzheimer's disease or other related disorders offered by the facility and must maintain a copy of all such

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examine all such advertisements and documents in the facility's records as part of the license renewal procedure.

Section 41. Section 400.4178, Florida Statutes, is renumbered as section 429.178, Florida Statutes, and paragraphs (a) and (b) of subsection (2) are amended to read:

 $\underline{429.178}$ $\underline{400.4178}$ Special care for persons with Alzheimer's disease or other related disorders.--

- (2)(a) An individual who is employed by a facility that provides special care for residents with Alzheimer's disease or other related disorders, and who has regular contact with such residents, must complete up to 4 hours of initial dementia-specific training developed or approved by the department. The training shall be completed within 3 months after beginning employment and shall satisfy the core training requirements of s. 429.52 400.452(2)(g).
- (b) A direct caregiver who is employed by a facility that provides special care for residents with Alzheimer's disease or other related disorders, and who provides direct care to such residents, must complete the required initial training and 4 additional hours of training developed or approved by the department. The training shall be completed within 9 months after beginning employment and shall satisfy the core training requirements of s. 429.52 400.452(2)(g).

Section 42. Section 400.418, Florida Statutes, is renumbered as section 429.18, Florida Statutes, and amended to read:

- $\underline{429.18}$ $\underline{400.418}$ Disposition of fees and administrative fines.--
- 29 (1) Income from license fees, inspection fees, late 30 fees, and administrative fines generated pursuant to ss. 31 429.07, 429.08, 429.17, 429.19, and 429.31 400.407, 400.408,

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400.417, 400.419, and 400.431 shall be deposited in the Health Care Trust Fund administered by the agency. Such funds shall be directed to and used by the agency for the following purposes:

- (a) Up to 50 percent of the trust funds accrued each fiscal year under this <u>chapter</u> part may be used to offset the expenses of receivership, pursuant to s. <u>429.22</u> 400.422, if the court determines that the income and assets of the facility are insufficient to provide for adequate management and operation.
- each year under this <u>chapter</u> part shall be allocated to pay for inspection-related physical and mental health examinations requested by the agency pursuant to s. <u>429.26</u> 400.426 for residents who are either recipients of supplemental security income or have monthly incomes not in excess of the maximum combined federal and state cash subsidies available to supplemental security income recipients, as provided for in s. 409.212. Such funds shall only be used where the resident is ineligible for Medicaid.
- (c) Any trust funds accrued each year under this chapter part and not used for the purposes specified in paragraphs (a) and (b) shall be used to offset the costs of the licensure program, including the costs of conducting background investigations, verifying information submitted, defraying the costs of processing the names of applicants, and conducting inspections and monitoring visits pursuant to this chapter part.
- (2) Income from fees generated pursuant to s. $\underline{429.41}$ $\underline{400.441}$ (5) shall be deposited in the Health Care Trust Fund and used to offset the costs of printing and postage.

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Section 43. Section 400.419, Florida Statutes, is renumbered as section 429.19, Florida Statutes, and subsections (1), (2), (9), (10), (11), and (12) are amended to read:

429.19 400.419 Violations; imposition of administrative fines; grounds.--

- (1) The agency shall impose an administrative fine in the manner provided in chapter 120 for any of the actions or violations as set forth within this section by an assisted living facility, for the actions of any person subject to level 2 background screening under s. 429.174 400.4174, for the actions of any facility employee, or for an intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.
- (2) Each violation of this <u>chapter</u> part and adopted rules shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. The agency shall indicate the classification on the written notice of the violation as follows:
- (a) Class "I" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the agency determines present an imminent danger to the residents or guests of the facility or a substantial probability that death or serious physical or emotional harm would result therefrom. The condition or practice constituting a class I violation shall be abated or eliminated within 24 hours, unless a fixed period, as determined by the agency, is required for correction. The agency shall impose an administrative fine for a cited class I violation in an amount not less than \$5,000

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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 occurrences related to the operation and maintenance of a facility or to the personal care of residents which the agency determines directly threaten the physical or emotional health, safety, or security of the facility residents, other than class I violations. The agency shall impose an administrative fine for a cited class II violation in an amount not less than \$1,000 and not exceeding \$5,000 for each violation. A fine shall be levied notwithstanding the correction of the violation.
- (c) Class "III" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the agency determines indirectly or potentially threaten the physical or emotional health, safety, or security of facility residents, other than class I or class II violations. The agency shall impose an administrative fine for a cited class III violation in an amount not less than \$500 and not exceeding \$1,000 for each violation. A citation for a class III violation must specify the time within which the violation is required to be corrected. If a class III violation is corrected within the time specified, no fine may be imposed, unless it is a repeated offense.
- (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 not threaten the health, safety, or security of residents of

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the facility. The agency shall impose an administrative fine for a cited class IV violation in an amount not less than \$100 and not exceeding \$200 for each violation. A citation for a class IV violation must specify the time within which the violation is required to be corrected. If a class IV violation is corrected within the time specified, no fine shall be imposed. Any class IV violation that is corrected during the time an agency survey is being conducted will be identified as an agency finding and not as a violation.

- (9) Any facility whose owner fails to apply for a change-of-ownership license in accordance with s. $\underline{429.12}$ $\underline{400.412}$ and operates the facility under the new ownership is subject to a fine of \$5,000.
- (10) In addition to any administrative fines imposed, the agency may assess a survey fee, equal to the lesser of one half of the facility's biennial license and bed fee or \$500, to cover the cost of conducting initial complaint investigations that result in the finding of a violation that was the subject of the complaint or monitoring visits conducted under s. 429.28 400.428(3)(c) to verify the correction of the violations.
- (11) The agency, as an alternative to or in conjunction with an administrative action against a facility for violations of this <u>chapter part</u> and adopted rules, shall make a reasonable attempt to discuss each violation and recommended corrective action with the owner or administrator of the facility, prior to written notification. The agency, instead of fixing a period within which the facility shall enter into compliance with standards, may request a plan of corrective action from the facility which demonstrates a good

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faith effort to remedy each violation by a specific date, subject to the approval of the agency.

(12) Administrative fines paid by any facility under this section shall be deposited into the Health Care Trust Fund and expended as provided in s. $\underline{429.18}$ $\underline{400.418}$.

Section 44. Section 400.4195, Florida Statutes, is renumbered as section 429.195, Florida Statutes, and subsection (1) is amended to read:

429.195 400.4195 Rebates prohibited; penalties.--

(1) It is unlawful for any assisted living facility licensed under this <u>chapter part</u> to contract or promise to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement in any form whatsoever with any physician, surgeon, organization, agency, or person, either directly or indirectly, for residents referred to an assisted living facility licensed under this <u>chapter part</u>. A facility may employ or contract with persons to market the facility, provided the employee or contract provider clearly indicates that he or she represents the facility. A person or agency independent of the facility may provide placement or referral services for a fee to individuals seeking assistance in finding a suitable facility; however, any fee paid for placement or referral services must be paid by the individual looking for a facility, not by the facility.

Section 45. Section 400.42, Florida Statutes, is renumbered as section 429.20, Florida Statutes, and subsection (3) is amended to read:

429.20 400.42 Certain solicitation prohibited; third-party supplementation.--

(3) The admission or maintenance of assisted living facility residents whose care is supported, in whole or in

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part, by state funds may not be conditioned upon the receipt of any manner of contribution or donation from any person. The solicitation or receipt of contributions in violation of this subsection is grounds for denial, suspension, or revocation of license, as provided in s. 429.14 400.414, for any assisted living facility by or on behalf of which such contributions were solicited.

Section 46. Section 400.421, Florida Statutes, is renumbered as section 429.21, Florida Statutes, and subsection (1) is amended to read:

429.21 400.421 Injunctive proceedings.--

- (1) The agency may institute injunctive proceedings in a court of competent jurisdiction to:
- (a) Enforce the provisions of this <u>chapter</u> part or any minimum standard, rule, or order issued or entered into pursuant thereto when the attempt by the agency to correct a violation through administrative fines has failed or when the violation materially affects the health, safety, or welfare of residents; or
- (b) Terminate the operation of a facility when violations of any provisions of this <u>chapter</u> part or of any standard or rule promulgated pursuant thereto exist which materially affect the health, safety, or welfare of residents.

Section 47. Section 400.422, Florida Statutes, is renumbered as section 429.22, Florida Statutes, and paragraph (a) of subsection (1) and subsection (9) are amended to read:

429.22 400.422 Receivership proceedings.--

(1) As an alternative to or in conjunction with an injunctive proceeding, the agency may petition a court of competent jurisdiction for the appointment of a receiver, if

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suitable alternate placements are not available, when any of the following conditions exist:

- (a) The facility is operating without a license and refuses to make application for a license as required by ss. $429.07 \, \frac{400.407}{400.407}$ and $429.08 \, \frac{400.408}{400.408}$.
- (9) The court may direct the agency to allocate funds from the Health Care Trust Fund to the receiver, subject to the provisions of s. $\underline{429.18}$ $\underline{400.418}(1)$.

Section 48. Section 400.423, Florida Statutes, is renumbered as section 429.23, Florida Statutes, and subsections (1), (2), (5), and (8) are amended to read:

429.23 400.423 Internal risk management and quality assurance program; adverse incidents and reporting requirements.--

- (1) Every facility licensed under this <u>chapter part</u> may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.
- (2) Every facility licensed under this <u>chapter</u> part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:
- (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:
 - 1. Death;
 - 2. Brain or spinal damage;
- 31 3. Permanent disfigurement;

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- 4. Fracture or dislocation of bones or joints;
- 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
- 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident.
- (b) Abuse, neglect, or exploitation as defined in s.
 415.102;
 - (c) Events reported to law enforcement; or
 - (d) Elopement.
 - any liability claim filed against it. The report must include the name of the resident, the dates of the incident leading to the claim, if applicable, and the type of injury or violation of rights alleged to have occurred. This report is not discoverable in any civil or administrative action, except in such actions brought by the agency to enforce the provisions of this <u>chapter part</u>.
 - (8) If the agency, through its receipt of the adverse incident reports prescribed in this <u>chapter part</u> or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
 - Section 49. Section 400.424, Florida Statutes, is renumbered as section 429.24, Florida Statutes, and subsection (2), paragraph (a) of subsection (3), and subsection (5) are amended to read:
- 31 <u>429.24</u> 400.424 Contracts.--

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- specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and obligations of the residents, other than those specified in s. 429.28 400.428; and other matters that the parties deem appropriate. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period:
- (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident.
- (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits.
- (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or death. The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from

circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and 3 cleared of all personal belongings. If the amount of 4 belongings does not preclude renting the unit, the facility 5 6 may clear the unit and charge the resident or his or her 7 estate for moving and storing the items at a rate equal to the 8 actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance 9 written notification is given. If the resident's possessions 10 are not claimed within 45 days after notification, the 11 12 facility may dispose of them. The contract shall also specify 13 any other conditions under which claims will be made against the refund due the resident. Except in the case of death or a 14 discharge due to medical reasons, the refunds shall be 15 computed in accordance with the notice of relocation 16 17 requirements specified in the contract. However, a resident 18 may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is 19 terminated, the facility intends to make a claim against a 20 21 refund due the resident, the facility shall notify the 22 resident or responsible party in writing of the claim and 23 shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall 2.4 provide a refund to the resident or responsible party within 25 45 days after the transfer, discharge, or death of the 26 27 resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, 29 which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the 30 resident or his or her estate, and the other half to the

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Health Care Trust Fund to be used for the purpose specified in s. $429.18 \ \frac{400.418}{100.418}$.

(5) Neither the contract nor any provision thereof relieves any licensee of any requirement or obligation imposed upon it by this <u>chapter</u> part or rules adopted under this <u>chapter</u> part.

Section 50. Section 400.4255, Florida Statutes, is renumbered as section 429.255, Florida Statutes, and paragraphs (a) and (b) of subsection (1) and subsection (2) are amended to read:

<u>429.255</u> 400.4255 Use of personnel; emergency care.--

(1)(a) Persons under contract to the facility, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), and others as defined by rule, may administer medications to residents, take residents' vital signs, manage individual weekly pill organizers for residents who self-administer medication, give prepackaged enemas ordered by a physician, observe residents, document observations on the appropriate resident's record, report observations to the resident's physician, and contract or allow residents or a resident's representative, designee, surrogate, guardian, or attorney in fact to contract with a third party, provided residents meet the criteria for appropriate placement as defined in s. 429.26 400.426. Nursing assistants certified pursuant to part II of chapter 464 may take residents' vital signs as directed by a licensed nurse or physician.

(b) All staff in facilities licensed under this chapter part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident's record, and to report the observations

to the resident's physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility.

(2) In facilities licensed to provide extended congregate care, persons under contract to the facility, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), or those persons certified as nursing assistants pursuant to part II of chapter 464, may also perform all duties within the scope of their license or certification, as approved by the facility administrator and pursuant to this chapter part.

Section 51. Section 400.4256, Florida Statutes, is renumbered as section 429.256, Florida Statutes, and paragraph (b) of subsection (1) is amended to read:

 $\underline{429.256}$ $\underline{400.4256}$ Assistance with self-administration of medication.--

- (1) For the purposes of this section, the term:
- (b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to an assisted living facility and who has received training with respect to assisting with the self-administration of medication in an assisted living facility as provided under s. $\underline{429.52}$ $\underline{400.452}$ prior to providing such assistance as described in this section.

Section 52. Section 400.426, Florida Statutes, is renumbered as section 429.26, Florida Statutes, and subsections (1), (4), (5), (9), and (12) are amended to read:

30 <u>429.26</u> 400.426 Appropriateness of placements;

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- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this chapter part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Family Services, the administrator must notify the appropriate contact person in the applicable department.
- examined by a licensed physician or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program

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fulfills the requirements for a medical examination under this subsection and s. $\underline{429.07}$ $\underline{400.407}(3)(b)6$.

- (5) Except as provided in s. 429.07 400.407, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.
- (9) If, at any time after admission to a facility, a resident appears to need care beyond that which the facility is licensed to provide, the agency shall require the resident to be physically examined by a licensed physician or licensed nurse practitioner. This examination shall, to the extent possible, be performed by the resident's preferred physician or nurse practitioner and shall be paid for by the resident with personal funds, except as provided in s. 429.18 400.418(1)(b). Following this examination, the examining physician or licensed nurse practitioner shall complete and sign a medical form provided by the agency. The completed medical form shall be submitted to the agency within 30 days after the date the facility owner or administrator is notified by the agency that the physical examination is required. After consultation with the physician or licensed nurse practitioner who performed the examination, a medical review team designated by the agency shall then determine whether the resident is appropriately residing in the facility. The

medical review team shall base its decision on a comprehensive 2 review of the resident's physical and functional status, including the resident's preferences, and not on an isolated 3 health-related problem. In the case of a mental health 4 resident, if the resident appears to have needs in addition to 5 6 those identified in the community living support plan, the 7 agency may require an evaluation by a mental health 8 professional, as determined by the Department of Children and Family Services. A facility may not be required to retain a 9 resident who requires more services or care than the facility 10 is able to provide in accordance with its policies and 11 12 criteria for admission and continued residency. Members of the 13 medical review team making the final determination may not include the agency personnel who initially questioned the 14 appropriateness of a resident's placement. Such determination 15 is final and binding upon the facility and the resident. Any 16 17 resident who is determined by the medical review team to be inappropriately residing in a facility shall be given 30 days' 18 written notice to relocate by the owner or administrator, 19 unless the resident's continued residence in the facility 20 presents an imminent danger to the health, safety, or welfare 2.1 22 of the resident or a substantial probability exists that death 23 or serious physical harm would result to the resident if allowed to remain in the facility. 2.4 (12) No resident who requires 24-hour nursing 25 supervision, except for a resident who is an enrolled hospice 26 patient pursuant to part VI of this chapter 400, shall be 27 2.8 retained in a facility licensed under this chapter part. Section 53. Section 400.427, Florida Statutes, is 29 renumbered as section 429.27, Florida Statutes, and paragraph 30

(a) of subsection (6) is amended to read:

 $\underline{429.27}$ $\underline{400.427}$ Property and personal affairs of residents.--

- (6)(a) In addition to any damages or civil penalties to which a person is subject, any person who:
- 1. Intentionally withholds a resident's personal funds, personal property, or personal needs allowance, or who demands, beneficially receives, or contracts for payment of all or any part of a resident's personal property or personal needs allowance in satisfaction of the facility rate for supplies and services; or
- 2. Borrows from or pledges any personal funds of a resident, other than the amount agreed to by written contract under s. $\underline{429.24}$ $\underline{400.424}$,

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commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 54. Section 400.4275, Florida Statutes, is renumbered as section 429.275, Florida Statutes, and subsection (2) is amended to read:

429.275 400.4275 Business practice; personnel records; liability insurance.—The assisted living facility shall be administered on a sound financial basis that is consistent with good business practices.

(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this <u>chapter part</u> or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this <u>chapter part</u> or rule.

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Section 55. Section 400.428, Florida Statutes, is renumbered as section 429.28, Florida Statutes, and paragraph (f) of subsection (1), subsection (2), paragraph (e) of subsection (3), paragraph (c) of subsection (5), and subsection (7) are amended to read:

429.28 400.428 Resident bill of rights.--

- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
- (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27 400.427.
- (2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this <u>chapter part</u> is posted in a prominent place in each facility and read or explained to residents who cannot read. This notice shall include the name, address, and telephone numbers of the local ombudsman council and central abuse hotline and, when applicable, the Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council, where complaints may be lodged. The facility must ensure a resident's access to a telephone to call the local ombudsman council, central abuse hotline, Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council.

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- guardian, or by the personal representative of the estate of a

(e) The agency may conduct complaint investigations as

warranted to investigate any allegations of noncompliance with requirements required under this <u>chapter</u> part or rules adopted

notice upon a resident to leave the premises or take any other

provisions of this chapter part or notifies a state attorney

(7) Any person who submits or reports a complaint

facilities, or who testifies in any administrative or judicial

proceeding arising from such a complaint, shall have immunity

person has acted in bad faith or with malicious purpose or the

court finds that there was a complete absence of a justiciable

Section 56. Section 400.429, Florida Statutes, is

429.29 400.429 Civil actions to enforce rights.--

(1) Any person or resident whose rights as specified

from any civil or criminal liability therefor, unless such

issue of either law or fact raised by the losing party.

in this chapter part are violated shall have a cause of

action. The action may be brought by the resident or his or

her guardian, or by a person or organization acting on behalf of a resident with the consent of the resident or his or her

renumbered as section 429.29, Florida Statutes, and

subsections (1), (2), and (7) are amended to read:

or the Attorney General of a possible violation of such

concerning a suspected violation of the provisions of this

chapter part or concerning services and conditions in

retaliatory action against any person who:

(5) No facility or employee of a facility may serve

(c) Files a civil action alleging a violation of the

deceased resident regardless of the cause of death. If the

action alleges a claim for the resident's rights or for 2 negligence that caused the death of the resident, the claimant shall be required to elect either survival damages pursuant to 3 s. 46.021 or wrongful death damages pursuant to s. 768.21. If 4 the action alleges a claim for the resident's rights or for 5 6 negligence that did not cause the death of the resident, the 7 personal representative of the estate may recover damages for 8 the negligence that caused injury to the resident. The action may be brought in any court of competent jurisdiction to 9 enforce such rights and to recover actual damages, and 10 punitive damages for violation of the rights of a resident or 11 12 negligence. Any resident who prevails in seeking injunctive 13 relief or a claim for an administrative remedy is entitled to recover the costs of the action and a reasonable attorney's 14 fee assessed against the defendant not to exceed \$25,000. Fees 15 shall be awarded solely for the injunctive or administrative 16 17 relief and not for any claim or action for damages whether such claim or action is brought together with a request for an 18 injunction or administrative relief or as a separate action, 19 except as provided under s. 768.79 or the Florida Rules of 20 21 Civil Procedure. Sections <u>429.29-429.298</u> 400.429 400.4303 22 provide the exclusive remedy for a cause of action for 23 recovery of damages for the personal injury or death of a resident arising out of negligence or a violation of rights 2.4 specified in s. 429.28 400.428. This section does not preclude 25 26 theories of recovery not arising out of negligence or s. 27 429.28 400.428 which are available to a resident or to the 2.8 agency. The provisions of chapter 766 do not apply to any cause of action brought under ss. 429.29-429.298 29 400.429 400.4303. 30

- (2) In any claim brought pursuant to this <u>chapter part</u> alleging a violation of resident's rights or negligence causing injury to or the death of a resident, the claimant shall have the burden of proving, by a preponderance of the evidence, that:
 - (a) The defendant owed a duty to the resident;
 - (b) The defendant breached the duty to the resident;
- (c) The breach of the duty is a legal cause of loss, injury, death, or damage to the resident; and
- (d) The resident sustained loss, injury, death, or damage as a result of the breach.

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Nothing in this <u>chapter</u> part shall be interpreted to create strict liability. A violation of the rights set forth in s.

429.28 400.428 or in any other standard or guidelines specified in this <u>chapter</u> part or in any applicable administrative standard or guidelines of this state or a federal regulatory agency shall be evidence of negligence but shall not be considered negligence per se.

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representative shall serve a copy of any complaint alleging in whole or in part a violation of any rights specified in this chapter part to the Agency for Health Care Administration at the time of filing the initial complaint with the clerk of the court for the county in which the action is pursued. The requirement of providing a copy of the complaint to the agency does not impair the resident's legal rights or ability to seek relief for his or her claim.

Section 57. Section 400.4293, Florida Statutes, is renumbered as section 429.293, Florida Statutes, and paragraph

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(a) of subsection (1) and subsections (2) and (10) are amended to read:

429.293 400.4293 Presuit notice; investigation; notification of violation of residents' rights or alleged negligence; claims evaluation procedure; informal discovery; review; settlement offer; mediation.--

- (1) As used in this section, the term:
- (a) "Claim for residents' rights violation or negligence" means a negligence claim alleging injury to or the death of a resident arising out of an asserted violation of the rights of a resident under s. 429.28 400.428 or an asserted deviation from the applicable standard of care.
- resident's rights or a claim for negligence, a claimant alleging injury to or the death of a resident shall notify each prospective defendant by certified mail, return receipt requested, of an asserted violation of a resident's rights provided in s. 429.28 400.428 or deviation from the standard of care. Such notification shall include an identification of the rights the prospective defendant has violated and the negligence alleged to have caused the incident or incidents and a brief description of the injuries sustained by the resident which are reasonably identifiable at the time of notice. The notice shall contain a certificate of counsel that counsel's reasonable investigation gave rise to a good faith belief that grounds exist for an action against each prospective defendant.
- (10) To the extent not inconsistent with this <u>chapter</u> part, the provisions of the Florida Mediation Code, Florida Rules of Civil Procedure, shall be applicable to such proceedings.

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Section 58. Section 400.4294, Florida Statutes, is renumbered as section 429.294, Florida Statutes, and subsection (1) is amended to read:

429.294 400.4294 Availability of facility records for investigation of resident's rights violations and defenses; penalty.--

(1) Failure to provide complete copies of a resident's records, including, but not limited to, all medical records and the resident's chart, within the control or possession of the facility within 10 days, in accordance with the provisions of s. 400.145, shall constitute evidence of failure of that party to comply with good faith discovery requirements and shall waive the good faith certificate and presuit notice requirements under this <u>chapter</u> part by the requesting party.

Section 59. Section 400.4295, Florida Statutes, is renumbered as section 429.295, Florida Statutes, and amended to read:

429.295 400.4295 Certain provisions not applicable to actions under this <u>chapter</u> part.—An action under this <u>chapter</u> part for a violation of rights or negligence recognized herein is not a claim for medical malpractice, and the provisions of s. 768.21(8) do not apply to a claim alleging death of the resident.

Section 60. Section 400.4296, Florida Statutes, is renumbered as section 429.296, Florida Statutes, and subsection (1) is amended to read:

429.296 400.4296 Statute of limitations.--

(1) Any action for damages brought under this <u>chapter</u> part shall be commenced within 2 years from the time the incident giving rise to the action occurred or within 2 years from the time the incident is discovered, or should have been

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discovered with the exercise of due diligence; however, in no event shall the action be commenced later than 4 years from the date of the incident or occurrence out of which the cause of action accrued.

Section 61. Section 400.4297, Florida Statutes, is renumbered as section 429.297, Florida Statutes, and subsection (1) is amended to read:

429.297 400.4297 Punitive damages; pleading; burden of proof.--

chapter part, no claim for punitive damages shall be permitted unless there is a reasonable showing by evidence in the record or proffered by the claimant which would provide a reasonable basis for recovery of such damages. The claimant may move to amend her or his complaint to assert a claim for punitive damages as allowed by the rules of civil procedure. The rules of civil procedure shall be liberally construed so as to allow the claimant discovery of evidence which appears reasonably calculated to lead to admissible evidence on the issue of punitive damages. No discovery of financial worth shall proceed until after the pleading concerning punitive damages is permitted.

Section 62. Section 400.431, Florida Statutes, is renumbered as section 429.31, Florida Statutes, and subsections (1) and (5) are amended to read:

429.31 400.431 Closing of facility; notice; penalty.--

(1) Whenever a facility voluntarily discontinues operation, it shall inform the agency in writing at least 90 days prior to the discontinuance of operation. The facility shall also inform each resident or the next of kin, legal representative, or agency acting on each resident's behalf, of

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the fact and the proposed time of such discontinuance, following the notification requirements provided in s. 429.28 400.428(1)(k). In the event a resident has no person to represent him or her, the facility shall be responsible for referral to an appropriate social service agency for placement.

than \$5,000 upon each person or business entity that owns any interest in a facility that terminates operation without providing notice to the agency and the residents of the facility at least 30 days before operation ceases. This fine shall not be levied against any facility involuntarily closed at the initiation of the agency. The agency shall use the proceeds of the fines to operate the facility until all residents of the facility are relocated and shall deposit any balance of the proceeds into the Health Care Trust Fund established pursuant to s. 429.18 400.418.

Section 63. Section 400.434, Florida Statutes, is renumbered as section 429.34, Florida Statutes, and amended to read:

429.34 400.434 Right of entry and inspection.--Any duly designated officer or employee of the department, the Department of Children and Family Services, the agency, the Medicaid Fraud Control Unit of the Department of Legal Affairs, the state or local fire marshal, or a member of the state or local long-term care ombudsman council shall have the right to enter unannounced upon and into the premises of any facility licensed pursuant to this chapter part in order to determine the state of compliance with the provisions of this chapter part and of rules or standards in force pursuant thereto. The right of entry and inspection shall also extend

to any premises which the agency has reason to believe is being operated or maintained as a facility without a license; but no such entry or inspection of any premises may be made 3 without the permission of the owner or person in charge 4 thereof, unless a warrant is first obtained from the circuit 5 court authorizing such entry. The warrant requirement shall extend only to a facility which the agency has reason to 8 believe is being operated or maintained as a facility without a license. Any application for a license or renewal thereof 9 made pursuant to this **chapter** part shall constitute permission 10 for, and complete acquiescence in, any entry or inspection of 11 12 the premises for which the license is sought, in order to 13 facilitate verification of the information submitted on or in connection with the application; to discover, investigate, and 14 determine the existence of abuse or neglect; or to elicit, 15 receive, respond to, and resolve complaints. Any current valid 16 license shall constitute unconditional permission for, and 18 complete acquiescence in, any entry or inspection of the premises by authorized personnel. The agency shall retain the 19 right of entry and inspection of facilities that have had a 20 21 license revoked or suspended within the previous 24 months, to 22 ensure that the facility is not operating unlawfully. However, 23 before entering the facility, a statement of probable cause must be filed with the director of the agency, who must 2.4 approve or disapprove the action within 48 hours. Probable 25 cause shall include, but is not limited to, evidence that the 26 27 facility holds itself out to the public as a provider of 2.8 personal care services or the receipt of a complaint by the 29 long-term care ombudsman council about the facility. Data collected by the state or local long-term care ombudsman 30 councils or the state or local advocacy councils may be used

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by the agency in investigations involving violations of regulatory standards.

Section 64. Section 400.441, Florida Statutes, is renumbered as section 429.41, Florida Statutes, and subsections (1) and (2), paragraph (b) of subsection (3), and subsection (5) are amended to read:

429.41 400.441 Rules establishing standards.--

- (1) It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, the Department of Children and Family Services, and the Department of Health, shall adopt rules, policies, and procedures to administer this chapter part, which must include reasonable and fair minimum standards in relation to:
- (a) The requirements for and maintenance of facilities, not in conflict with the provisions of chapter 553, relating to plumbing, heating, cooling, lighting, ventilation, living space, and other housing conditions, which will ensure the health, safety, and comfort of residents and protection from fire hazard, including adequate provisions for fire alarm and other fire protection suitable to the size of

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the structure. Uniform firesafety standards shall be established and enforced by the State Fire Marshal in cooperation with the agency, the department, and the Department of Health.

- 1. Evacuation capability determination .--
- a. The provisions of the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, shall be used for determining the ability of the residents, with or without staff assistance, to relocate from or within a licensed facility to a point of safety as provided in the fire codes adopted herein. An evacuation capability evaluation for initial licensure shall be conducted within 6 months after the date of licensure. For existing licensed facilities that are not equipped with an automatic fire sprinkler system, the administrator shall evaluate the evacuation capability of residents at least annually. The evacuation capability 16 evaluation for each facility not equipped with an automatic fire sprinkler system shall be validated, without liability, by the State Fire Marshal, by the local fire marshal, or by the local authority having jurisdiction over firesafety, before the license renewal date. If the State Fire Marshal, local fire marshal, or local authority having jurisdiction over firesafety has reason to believe that the evacuation capability of a facility as reported by the administrator may have changed, it may, with assistance from the facility 25 26 administrator, reevaluate the evacuation capability through timed exiting drills. Translation of timed fire exiting drills to evacuation capability may be determined:
 - (I) Three minutes or less: prompt.
- 30 (II) More than 3 minutes, but not more than 13 minutes: slow. 31

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- (III) More than 13 minutes: impractical.
- b. The Office of the State Fire Marshal shall provide or cause the provision of training and education on the proper application of Chapter 5, NFPA 101A, 1995 edition, to its employees, to staff of the Agency for Health Care Administration who are responsible for regulating facilities under this chapter part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset its costs. The initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.
- c. The Office of the State Fire Marshal, in cooperation with provider associations, shall provide or cause the provision of a training program designed to inform facility operators on how to properly review bid documents relating to the installation of automatic fire sprinklers. The Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for this training to offset its costs. The initial training must be delivered within 6 months after July 1, 1995, and as needed thereafter.
- d. The administrator of a licensed facility shall sign an affidavit verifying the number of residents occupying the facility at the time of the evacuation capability evaluation.
 - 2. Firesafety requirements. --
- a. Except for the special applications provided herein, effective January 1, 1996, the provisions of the National Fire Protection Association, Life Safety Code, NFPA 101, 1994 edition, Chapter 22 for new facilities and Chapter 23 for existing facilities shall be the uniform fire code

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applied by the State Fire Marshal for assisted living facilities, pursuant to s. 633.022.

- b. Any new facility, regardless of size, that applies for a license on or after January 1, 1996, must be equipped with an automatic fire sprinkler system. The exceptions as provided in section 22-2.3.5.1, NFPA 101, 1994 edition, as adopted herein, apply to any new facility housing eight or fewer residents. On July 1, 1995, local governmental entities responsible for the issuance of permits for construction shall inform, without liability, any facility whose permit for construction is obtained prior to January 1, 1996, of this automatic fire sprinkler requirement. As used in this chapter part, the term "a new facility" does not mean an existing facility that has undergone change of ownership.
- c. Notwithstanding any provision of s. 633.022 or of the National Fire Protection Association, NFPA 101A, Chapter 5, 1995 edition, to the contrary, any existing facility housing eight or fewer residents is not required to install an automatic fire sprinkler system, nor to comply with any other requirement in Chapter 23, NFPA 101, 1994 edition, that exceeds the firesafety requirements of NFPA 101, 1988 edition, that applies to this size facility, unless the facility has been classified as impractical to evacuate. Any existing facility housing eight or fewer residents that is classified as impractical to evacuate must install an automatic fire sprinkler system within the timeframes granted in this section.
- d. Any existing facility that is required to install an automatic fire sprinkler system under this paragraph need not meet other firesafety requirements of Chapter 23, NFPA 101, 1994 edition, which exceed the provisions of NFPA 101,

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1988 edition. The mandate contained in this paragraph which requires certain facilities to install an automatic fire sprinkler system supersedes any other requirement.

- e. This paragraph does not supersede the exceptions granted in NFPA 101, 1988 edition or 1994 edition.
- f. This paragraph does not exempt facilities from other firesafety provisions adopted under s. 633.022 and local building code requirements in effect before July 1, 1995.
- g. A local government may charge fees only in an amount not to exceed the actual expenses incurred by local government relating to the installation and maintenance of an automatic fire sprinkler system in an existing and properly licensed assisted living facility structure as of January 1, 1996.
- h. If a licensed facility undergoes major reconstruction or addition to an existing building on or after January 1, 1996, the entire building must be equipped with an automatic fire sprinkler system. Major reconstruction of a building means repair or restoration that costs in excess of 50 percent of the value of the building as reported on the tax rolls, excluding land, before reconstruction. Multiple reconstruction projects within a 5-year period the total costs of which exceed 50 percent of the initial value of the building at the time the first reconstruction project was permitted are to be considered as major reconstruction. Application for a permit for an automatic fire sprinkler system is required upon application for a permit for a reconstruction project that creates costs that go over the 50-percent threshold.

is required to install an automatic fire sprinkler system

i. Any facility licensed before January 1, 1996, that

shall ensure that the installation is completed within the following timeframes based upon evacuation capability of the facility as determined under subparagraph 1.:

- (I) Impractical evacuation capability, 24 months.
- (II) Slow evacuation capability, 48 months.
- (III) Prompt evacuation capability, 60 months.

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The beginning date from which the deadline for the automatic fire sprinkler installation requirement must be calculated is upon receipt of written notice from the local fire official that an automatic fire sprinkler system must be installed. The local fire official shall send a copy of the document indicating the requirement of a fire sprinkler system to the Agency for Health Care Administration.

- j. It is recognized that the installation of an automatic fire sprinkler system may create financial hardship for some facilities. The appropriate local fire official shall, without liability, grant two 1-year extensions to the timeframes for installation established herein, if an automatic fire sprinkler installation cost estimate and proof of denial from two financial institutions for a construction loan to install the automatic fire sprinkler system are submitted. However, for any facility with a class I or class II, or a history of uncorrected class III, firesafety deficiencies, an extension must not be granted. The local fire official shall send a copy of the document granting the time extension to the Agency for Health Care Administration.
- k. A facility owner whose facility is required to be equipped with an automatic fire sprinkler system under Chapter 23, NFPA 101, 1994 edition, as adopted herein, must disclose to any potential buyer of the facility that an installation of

an automatic fire sprinkler requirement exists. The sale of the facility does not alter the timeframe for the installation of the automatic fire sprinkler system.

- 1. Existing facilities required to install an automatic fire sprinkler system as a result of construction-type restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted herein, or evacuation capability requirements shall be notified by the local fire official in writing of the automatic fire sprinkler requirement, as well as the appropriate date for final compliance as provided in this subparagraph. The local fire official shall send a copy of the document to the Agency for Health Care Administration.
- m. Except in cases of life-threatening fire hazards, if an existing facility experiences a change in the evacuation capability, or if the local authority having jurisdiction identifies a construction-type restriction, such that an automatic fire sprinkler system is required, it shall be afforded time for installation as provided in this subparagraph.

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Facilities that are fully sprinkled and in compliance with other firesafety standards are not required to conduct more than one of the required fire drills between the hours of 11 p.m. and 7 a.m., per year. In lieu of the remaining drills, staff responsible for residents during such hours may be required to participate in a mock drill that includes a review of evacuation procedures. Such standards must be included or referenced in the rules adopted by the State Fire Marshal. Pursuant to s. 633.022(1)(b), the State Fire Marshal is the final administrative authority for firesafety standards established and enforced pursuant to this section. All

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licensed facilities must have an annual fire inspection conducted by the local fire marshal or authority having jurisdiction.

- 3. Resident elopement requirements.—Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures.
- (b) The preparation and annual update of a comprehensive emergency management plan. Such standards must be included in the rules adopted by the department after consultation with the Department of Community Affairs. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including provision of emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; communication with families; and responses to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations

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must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

- (c) The number, training, and qualifications of all personnel having responsibility for the care of residents. The rules must require adequate staff to provide for the safety of all residents. Facilities licensed for 17 or more residents are required to maintain an alert staff for 24 hours per day.
- (d) All sanitary conditions within the facility and its surroundings which will ensure the health and comfort of residents. The rules must clearly delineate the responsibilities of the agency's licensure and survey staff, the county health departments, and the local authority having jurisdiction over fire safety and ensure that inspections are not duplicative. The agency may collect fees for food service inspections conducted by the county health departments and transfer such fees to the Department of Health.
- (e) License application and license renewal, transfer of ownership, proper management of resident funds and personal property, surety bonds, resident contracts, refund policies, financial ability to operate, and facility and staff records.
- (f) Inspections, complaint investigations, moratoriums, classification of deficiencies, levying and enforcement of penalties, and use of income from fees and fines.
- 28 (g) The enforcement of the resident bill of rights
 29 specified in s. 429.28 400.428.
- (h) The care and maintenance of residents, which mustinclude, but is not limited to:

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- 1. The supervision of residents;
 - 2. The provision of personal services;
 - 3. The provision of, or arrangement for, social and leisure activities;
 - 4. The arrangement for appointments and transportation to appropriate medical, dental, nursing, or mental health services, as needed by residents;
 - 5. The management of medication;
 - 6. The nutritional needs of residents;
 - 7. Resident records; and
 - 8. Internal risk management and quality assurance.
 - (i) Facilities holding a limited nursing, extended congregate care, or limited mental health license.
 - (j) The establishment of specific criteria to define appropriateness of resident admission and continued residency in a facility holding a standard, limited nursing, extended congregate care, and limited mental health license.
 - (k) The use of physical or chemical restraints. The use of physical restraints is limited to half-bed rails as prescribed and documented by the resident's physician with the consent of the resident or, if applicable, the resident's representative or designee or the resident's surrogate, guardian, or attorney in fact. The use of chemical restraints is limited to prescribed dosages of medications authorized by the resident's physician and must be consistent with the resident's diagnosis. Residents who are receiving medications that can serve as chemical restraints must be evaluated by their physician at least annually to assess:
 - 1. The continued need for the medication.
 - 2. The level of the medication in the resident's blood.

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- 3. The need for adjustments in the prescription.
- (1) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills.
- (2) In adopting any rules pursuant to this chapter part, the department, in conjunction with the agency, shall make distinct standards for facilities based upon facility size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and the staffing characteristics of the facility. Rules developed pursuant to this section shall not restrict the use of shared staffing and shared programming in facilities that are part of retirement communities that provide multiple levels of care and otherwise meet the requirements of law and rule. Except for uniform firesafety standards, the department shall adopt by rule separate and distinct standards for facilities with 16 or fewer beds and for facilities with 17 or more beds. The standards for facilities with 16 or fewer beds shall be appropriate for a noninstitutional residential environment, provided that the structure is no more than two stories in height and all persons who cannot exit the facility unassisted in an emergency reside on the first floor. The department, in conjunction with the agency, may make other distinctions among types of facilities as necessary to enforce the provisions of this chapter part. Where appropriate, the agency shall offer alternate solutions for complying with established standards, based on distinctions made by the department and the agency

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relative to the physical characteristics of facilities and the types of care offered therein.

- (3) The department shall submit a copy of proposed rules to the Speaker of the House of Representatives, the President of the Senate, and appropriate committees of substance for review and comment prior to the promulgation thereof.
- 8 (b) The agency, in consultation with the department, may waive rules promulgated pursuant to this chapter part in 9 10 order to demonstrate and evaluate innovative or cost-effective congregate care alternatives which enable individuals to age 11 12 in place. Such waivers may be granted only in instances where 13 there is reasonable assurance that the health, safety, or welfare of residents will not be endangered. To apply for a 14 waiver, the licensee shall submit to the agency a written 15 description of the concept to be demonstrated, including 16 17 goals, objectives, and anticipated benefits; the number and types of residents who will be affected, if applicable; a 18 brief description of how the demonstration will be evaluated; 19 and any other information deemed appropriate by the 20 21 agency. Any facility granted a waiver shall submit a report 22 of findings to the agency and the department within 12 23 months. At such time, the agency may renew or revoke the waiver or pursue any regulatory or statutory changes necessary 2.4 to allow other facilities to adopt the same practices. The 25 26 department may by rule clarify terms and establish waiver 27 application procedures, criteria for reviewing waiver proposals, and procedures for reporting findings, as necessary 29 to implement this subsection.
 - (5) A fee shall be charged by the department to any person requesting a copy of this <u>chapter</u> part or rules

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promulgated under this <u>chapter</u> part. Such fees shall not exceed the actual cost of duplication and postage.

Section 65. Section 400.442, Florida Statutes, is renumbered as section 429.42, Florida Statutes, and subsections (1) and (3) are amended to read:

429.42 400.442 Pharmacy and dietary services.--

- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19 400.419, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.
- (3) The agency shall employ at least two pharmacists licensed pursuant to chapter 465 among its personnel who biennially inspect assisted living facilities licensed under this <u>chapter part</u>, to participate in biennial inspections or consult with the agency regarding deficiencies relating to medicinal drugs or over-the-counter preparations.

Section 66. Section 400.444, Florida Statutes, is renumbered as section 429.44, Florida Statutes, and subsection (2) is amended to read:

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429.44 400.444 Construction and renovation; requirements.--

(2) Upon notification by the local authority having jurisdiction over life-threatening violations which seriously threaten the health, safety, or welfare of a resident of a facility, the agency shall take action as specified in s. 429.14 400.414.

Section 67. Section 400.4445, Florida Statutes, is renumbered as section 429.445, Florida Statutes, and amended to read:

429.445 400.4445 Compliance with local zoning requirements.—No facility licensed under this chapter part may commence any construction which will expand the size of the existing structure unless the licensee first submits to the agency proof that such construction will be in compliance with applicable local zoning requirements. Facilities with a licensed capacity of less than 15 persons shall comply with the provisions of chapter 419.

Section 68. Section 400.447, Florida Statutes, is renumbered as section 429.47, Florida Statutes, and subsections (2), (5), and (7) are amended to read:

 $\underline{429.47}$ $\underline{400.447}$ Prohibited acts; penalties for violation.--

(2) It is unlawful for any holder of a license issued pursuant to the provisions of this act to withhold from the agency any evidence of financial instability, including, but not limited to, bad checks, delinquent accounts, nonpayment of withholding taxes, unpaid utility expenses, nonpayment for essential services, or adverse court action concerning the financial viability of the facility or any other facility

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licensed under part II of chapter 400 or under part III of this chapter which is owned by the licensee.

- (5) A freestanding facility shall not advertise or imply that any part of it is a nursing home. For the purpose of this subsection, "freestanding facility" means a facility that is not operated in conjunction with a nursing home to which residents of the facility are given priority when nursing care is required. A person who violates this subsection is subject to fine as specified in s. 429.19 400.419.
- (7) A facility licensed under this <u>chapter</u> part which is not part of a facility authorized under chapter 651 shall include the facility's license number as given by the agency in all advertising. A company or person owning more than one facility shall include at least one license number per advertisement. All advertising shall include the term "assisted living facility" before the license number.

Section 69. Section 400.451, Florida Statutes, is renumbered as section 429.51, Florida Statutes, and amended to read:

429.51 400.451 Existing facilities to be given reasonable time to comply with rules and standards.--Any facility as defined in this <u>chapter</u> part which is in operation at the time of promulgation of any applicable rules or standards adopted or amended pursuant to this <u>chapter</u> part may be given a reasonable time, not to exceed 6 months, within which to comply with such rules and standards.

Section 70. Section 400.452, Florida Statutes, is renumbered as section 429.52, Florida Statutes, and subsections (3) and (5) are amended to read:

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429.52 400.452 Staff training and educational programs; core educational requirement.--

- (3) Effective January 1, 2004, a new facility administrator must complete the required training and education, including the competency test, within a reasonable time after being employed as an administrator, as determined by the department. Failure to do so is a violation of this chapter part and subjects the violator to an administrative fine as prescribed in s. 429.19 400.419. Administrators licensed in accordance with chapter 468, part II, are exempt from this requirement. Other licensed professionals may be exempted, as determined by the department by rule.
- (5) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 400.4256 must complete a minimum of 4 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training.

Section 71. Section 400.453, Florida Statutes, is renumbered as section 429.53, Florida Statutes, and paragraph (b) of subsection (1) and paragraphs (a), (e), and (f) of subsection (2) are amended to read:

429.53 400.453 Consultation by the agency.--

- (1) The area offices of licensure and certification of the agency shall provide consultation to the following upon request:
- (b) A person interested in obtaining a license to operate a facility under this <u>chapter</u> part.
 - (2) As used in this section, "consultation" includes:

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- (a) An explanation of the requirements of this <u>chapter</u> part and rules adopted pursuant thereto;
- (e) Any other information which the agency deems
 necessary to promote compliance with the requirements of this
 chapter part; and
- (f) A preconstruction review of a facility to ensure compliance with agency rules and this <u>chapter</u> part.
- Section 72. Subsections (1), (7), and (15) of section 400.462, Florida Statutes, are amended to read:
 - 400.462 Definitions.--As used in this part, the term:
- (1) "Administrator" means a direct employee of the home health agency or a related organization, or of a management company that has a contract to manage the home health agency, to whom the governing body has delegated the responsibility for day-to-day administration of the home health agency. The administrator must be a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home health care or in a facility licensed under chapter 395, or under part II or part III of this chapter, or under chapter 429. An administrator may manage a maximum of five licensed home health agencies located within one agency service district or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may administer the home health agency and up to a maximum of four entities licensed under this chapter or chapter 429 that are owned, operated, or managed by the same corporate entity. An administrator shall designate, in writing, for each licensed

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entity, a qualified alternate administrator to serve during absences.

- (7) "Director of nursing" means a registered nurse and direct employee of the agency or related business entity who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory experience as a registered nurse in a licensed home health agency, a facility licensed under chapter 395, or a facility licensed under part II or part III of this chapter or under chapter 429; and who is responsible for overseeing the professional nursing and home health aid delivery of services of the agency. An employee may be the director of nursing of a maximum of five licensed home health agencies operated by a related business entity and located within one agency service district or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may serve as the director of nursing of the home health agency and of up to four entities licensed under this chapter or chapter 429 which are owned, operated, or managed by the same corporate entity. A director of nursing shall designate, in writing, for each licensed entity, a qualified alternate registered nurse to serve during the absence of the director of nursing.
- (15) "Nurse registry" means any person that procures, offers, promises, or attempts to secure health-care-related contracts for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, or homemakers, who are compensated by fees as independent contractors, including, but not limited to, contracts for the provision of services to patients and contracts to provide

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private duty or staffing services to health care facilities licensed under chapter 395, or this chapter, or chapter 429, or other business entities.

Section 73. Paragraph (h) of subsection (5) of section 400.464, Florida Statutes, is amended to read:

400.464 Home health agencies to be licensed; expiration of license; exemptions; unlawful acts; penalties.--

- (5) The following are exempt from the licensure requirements of this part:
- (h) The delivery of assisted living facility services for which the assisted living facility is licensed under part III of this chapter 429, to serve its residents in its facility.

Section 74. Subsection (2) of section 400.497, Florida Statutes, is amended to read:

400.497 Rules establishing minimum standards.--The agency shall adopt, publish, and enforce rules to implement this part, including, as applicable, ss. 400.506 and 400.509, which must provide reasonable and fair minimum standards relating to:

(2) Shared staffing. The agency shall allow shared staffing if the home health agency is part of a retirement community that provides multiple levels of care, is located on one campus, is licensed under this chapter or chapter 429, and otherwise meets the requirements of law and rule.

Section 75. Paragraph (c) of subsection (2) of section 400.556, Florida Statutes, is amended to read:

400.556 Denial, suspension, revocation of license; administrative fines; investigations and inspections.--

(2) Each of the following actions by the owner of an adult day care center or by its operator or employee is a

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ground for action by the agency against the owner of the center or its operator or employee:

(c) A failure of persons subject to level 2 background screening under s. 429.174 400.4174(1) to meet the screening standards of s. 435.04, or the retention by the center of an employee subject to level 1 background screening standards under s. 429.174 400.4174(2) who does not meet the screening standards of s. 435.03 and for whom exemptions from disqualification have not been provided by the agency.

Section 76. Paragraph (c) of subsection (2) of section 400.5572, Florida Statutes, is amended to read:

400.5572 Background screening. --

- (2) The owner or administrator of an adult day care center must conduct level 1 background screening as set forth in chapter 435 on all employees hired on or after October 1, 1998, who provide basic services or supportive and optional services to the participants. Such persons satisfy this requirement if:
- (c) The person required to be screened is employed by a corporation or business entity or related corporation or business entity that owns, operates, or manages more than one facility or agency licensed under this chapter or chapter 429, and for whom a level 1 screening was conducted by the corporation or business entity as a condition of initial or continued employment.

Section 77. Subsection (5) of section 400.601, Florida Statutes, is amended to read:

400.601 Definitions.--As used in this part, the term:

(5) "Hospice residential unit" means a homelike living facility, other than a facility licensed under other parts of this chapter, or under chapter 395, or under chapter 429, that

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2 is considered by a patient who lives there to be his or her primary residence. 3 Section 78. Paragraph (c) of subsection (2) of section 4 400.618, Florida Statutes, is amended to read: 5 6 400.618 Definitions.--As used in this part, the term: 7 (2) "Adult family-care home" means a full-time, 8 family-type living arrangement, in a private home, under which 9 a person who owns or rents the home provides room, board, and 10 personal care, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives. The 11 following family-type living arrangements are not required to 13 be licensed as an adult family-care home: (c) An establishment that is licensed as an assisted 14 living facility under chapter 429 part III. 15 Section 79. Paragraph (f) of subsection (1) of section 16 17 400.628, Florida Statutes, is amended to read: 400.628 Residents' bill of rights.--18 (1) A resident of an adult family-care home may not be 19 20 deprived of any civil or legal rights, benefits, or privileges

is operated by a hospice for the benefit of its patients and

(f) Manage the resident's own financial affairs unless the resident or the resident's guardian authorizes the provider to provide safekeeping for funds in accordance with procedures equivalent to those provided in s. 429.27 400.427.

guaranteed by law, the State Constitution, or the Constitution

of the United States solely by reason of status as a resident

of the home. Each resident has the right to:

Section 80. Paragraph (c) of subsection (5) of section 400.93, Florida Statutes, is amended to read: 29

400.93 Licensure required; exemptions; unlawful acts; penalties.--

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- (5) The following are exempt from home medical equipment provider licensure, unless they have a separate company, corporation, or division that is in the business of providing home medical equipment and services for sale or rent to consumers at their regular or temporary place of residence pursuant to the provisions of this part:
- (c) Assisted living facilities licensed under <u>chapter</u> $\frac{429}{1}$ part III, when serving their residents.

Section 81. Subsection (3) and paragraph (c) of subsection (10) of section 400.962, Florida Statutes, are amended to read:

400.962 License required; license application.--

(3) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for carrying out the purposes of this chapter or chapter 429.

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(c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other licensure requirements under this chapter or chapter 429 satisfies the requirements of paragraph (a). Proof of compliance with background screening which has been submitted within the previous 5 years to fulfill the requirements of the Financial Services Commission and the Office of Insurance Regulation under chapter 651 as part of an application for a certificate of authority to operate a continuing care retirement community satisfies the requirements for the Department of Law Enforcement and Federal Bureau of Investigation background checks.

Section 82. Paragraph (b) of subsection (1) of section

400.980, Florida Statutes, is amended to read:

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400.980 Health care services pools.--

- (1) As used in this section, the term:
- (b) "Health care services pool" means any person, firm, corporation, partnership, or association engaged for hire in the business of providing temporary employment in health care facilities, residential facilities, and agencies for licensed, certified, or trained health care personnel including, without limitation, nursing assistants, nurses' aides, and orderlies. However, the term does not include nursing registries, a facility licensed under this chapter or chapter 429 400, a health care services pool established within a health care facility to provide services only within the confines of such facility, or any individual contractor directly providing temporary services to a health care facility without use or benefit of a contracting agent. Section 83. Paragraphs (a), (b), (c), and (d) of subsection (4) of section 400.9905, Florida Statutes, are

amended to read:

400.9905 Definitions.--

- (4) "Clinic" means an entity at which health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. For purposes of this part, the term does not include and the licensure requirements of this part do not apply to:
- (a) Entities licensed or registered by the state under chapter 395; or entities licensed or registered by the state and providing only health care services within the scope of services authorized under their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part XIII, chapter 429, chapter 463,

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chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.

- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapter 395; or entities that own, directly or indirectly, entities licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part XIII, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483, chapter 484, chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.
- (c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapter 395; or entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except part XIII, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, part I of

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chapter 483, chapter 484, or chapter 651; end-stage renal 2 disease providers authorized under 42 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B 3 or subpart H; or any entity that provides neonatal or 4 pediatric hospital-based health care services by licensed 5 practitioners solely within a hospital under chapter 395. 7 (d) Entities that are under common ownership, directly 8 or indirectly, with an entity licensed or registered by the state pursuant to chapter 395; or entities that are under 9 common ownership, directly or indirectly, with an entity 10 licensed or registered by the state and providing only health 11 12 care services within the scope of services authorized pursuant 13 to their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 397, this chapter except 14 part XIII, chapter 429, chapter 463, chapter 465, chapter 466, 15 chapter 478, part I of chapter 483, chapter 484, or chapter 16 17 651; end-stage renal disease providers authorized under 42 18 C.F.R. part 405, subpart U; or providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that 19 provides neonatal or pediatric hospital-based health care 20 21 services by licensed practitioners solely within a hospital 22 licensed under chapter 395. 23 Section 84. Subsection (6) of section 400.9935, Florida Statutes, is amended to read: 24 400.9935 Clinic responsibilities.--25 (6) Any licensed health care provider who violates 26 27 this part is subject to discipline in accordance with this 2.8 chapter or chapter 429 and his or her respective practice act.

Statutes, is amended to read:

Section 85. Subsection (12) of section 401.23, Florida

401.23 Definitions.--As used in this part, the term:

(12) "Interfacility transfer" means the transportation 2 by ambulance of a patient between two facilities licensed under chapter 393, chapter 395, or chapter 400, or chapter 3 429, pursuant to this part. 4 5 Section 86. Paragraph (b) of subsection (2) of section 6 402.164, Florida Statutes, is amended to read: 7 402.164 Legislative intent; definitions.--8 (2) As used in ss. 402.164-402.167, the term: 9 (b) "Client" means a client as defined in s. 393.063, s. 394.67, s. 397.311, or s. 400.960, a forensic client or 10 client as defined in s. 916.106, a child or youth as defined 11 in s. 39.01, a child as defined in s. 827.01, a family as 13 defined in s. 414.0252, a participant as defined in s. 400.551, a resident as defined in s. 429.02 400.402, a 14 Medicaid recipient or recipient as defined in s. 409.901, a 15 child receiving child care as defined in s. 402.302, a 16 disabled adult as defined in s. 410.032 or s. 410.603, or a victim as defined in s. 39.01 or s. 415.102 as each definition 18 applies within its respective chapter. 19 Section 87. Paragraph (b) of subsection (2) of section 20 21 408.033, Florida Statutes, is amended to read: 22 408.033 Local and state health planning .--23 (2) FUNDING.--(b)1. A hospital licensed under chapter 395, a nursing 2.4 home licensed under chapter 400, and an assisted living 25 facility licensed under chapter 429 400 shall be assessed an 26 27 annual fee based on number of beds. 2.8 2. All other facilities and organizations listed in 29 paragraph (a) shall each be assessed an annual fee of \$150. 30 3. Facilities operated by the Department of Children and Family Services, the Department of Health, or the

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Department of Corrections and any hospital which meets the definition of rural hospital pursuant to s. 395.602 are exempt from the assessment required in this subsection.

Section 88. Subsection (3) of section 408.831, Florida Statutes, is amended to read:

408.831 Denial, suspension, or revocation of a license, registration, certificate, or application.--

(3) This section provides standards of enforcement applicable to all entities licensed or regulated by the Agency for Health Care Administration. This section controls over any conflicting provisions of chapters 39, 381, 383, 390, 391, 393, 394, 395, 400, 408, 429, 468, 483, and 641 or rules adopted pursuant to those chapters.

Section 89. Subsection (2) of section 409.212, Florida Statutes, is amended to read:

409.212 Optional supplementation .--

(2) The base rate of payment for optional state supplementation shall be established by the department within funds appropriated. Additional amounts may be provided for mental health residents in facilities designed to provide limited mental health services as provided for in s. 429.075 400.4075. The base rate of payment does not include the personal needs allowance.

Section 90. Subsection (7) and paragraph (a) of subsection (8) of section 409.907, Florida Statutes, are amended to read:

409.907 Medicaid provider agreements.—The agency may make payments for medical assistance and related services rendered to Medicaid recipients only to an individual or entity who has a provider agreement in effect with the agency, who is performing services or supplying goods in accordance

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with federal, state, and local law, and who agrees that no person shall, on the grounds of handicap, race, color, or national origin, or for any other reason, be subjected to discrimination under any program or activity for which the provider receives payment from the agency.

(7) The agency may require, as a condition of participating in the Medicaid program and before entering into the provider agreement, that the provider submit information, in an initial and any required renewal applications, concerning the professional, business, and personal background of the provider and permit an onsite inspection of the provider's service location by agency staff or other personnel designated by the agency to perform this function. The agency shall perform a random onsite inspection, within 60 days after receipt of a fully complete new provider's application, of the provider's service location prior to making its first payment to the provider for Medicaid services to determine the applicant's ability to provide the services that the applicant is proposing to provide for Medicaid reimbursement. The agency is not required to perform an onsite inspection of a provider or program that is licensed by the agency, that provides services under waiver programs for home and community-based services, or that is licensed as a medical foster home by the Department of Children and Family Services. As a continuing condition of participation in the Medicaid program, a provider shall immediately notify the agency of any current or pending bankruptcy filing. Before entering into the provider agreement, or as a condition of continuing participation in the Medicaid program, the agency may also require that Medicaid providers reimbursed on a fee-for-services basis or fee schedule basis which is not cost-based, post a surety bond

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by the Federal Government.

not to exceed \$50,000 or the total amount billed by the 2 provider to the program during the current or most recent calendar year, whichever is greater. For new providers, the 3 amount of the surety bond shall be determined by the agency 4 based on the provider's estimate of its first year's billing. 5 6 If the provider's billing during the first year exceeds the 7 bond amount, the agency may require the provider to acquire an 8 additional bond equal to the actual billing level of the provider. A provider's bond shall not exceed \$50,000 if a 9 physician or group of physicians licensed under chapter 458, 10 chapter 459, or chapter 460 has a 50 percent or greater 11 12 ownership interest in the provider or if the provider is an 13 assisted living facility licensed under part III of chapter 429 400. The bonds permitted by this section are in addition 14 to the bonds referenced in s. 400.179(4)(d). If the provider 15 is a corporation, partnership, association, or other entity, 16 17 the agency may require the provider to submit information 18 concerning the background of that entity and of any principal of the entity, including any partner or shareholder having an 19 ownership interest in the entity equal to 5 percent or 20 21 greater, and any treating provider who participates in or 22 intends to participate in Medicaid through the entity. The 23 information must include:

(b) Information concerning any prior violation, fine, suspension, termination, or other administrative action taken under the Medicaid laws, rules, or regulations of this state or of any other state or the Federal Government; any prior

(a) Proof of holding a valid license or operating

certificate, as applicable, if required by the state or local

jurisdiction in which the provider is located or if required

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violation of the laws, rules, or regulations relating to the Medicare program; any prior violation of the rules or regulations of any other public or private insurer; and any prior violation of the laws, rules, or regulations of any regulatory body of this or any other state.

- (c) Full and accurate disclosure of any financial or ownership interest that the provider, or any principal, partner, or major shareholder thereof, may hold in any other Medicaid provider or health care related entity or any other entity that is licensed by the state to provide health or residential care and treatment to persons.
- (d) If a group provider, identification of all members of the group and attestation that all members of the group are enrolled in or have applied to enroll in the Medicaid program.
- (8)(a) Each provider, or each principal of the provider if the provider is a corporation, partnership, association, or other entity, seeking to participate in the Medicaid program must submit a complete set of his or her fingerprints to the agency for the purpose of conducting a criminal history record check. Principals of the provider include any officer, director, billing agent, managing employee, or affiliated person, or any partner or shareholder who has an ownership interest equal to 5 percent or more in the provider. However, a director of a not-for-profit corporation or organization is not a principal for purposes of a background investigation as required by this section if the director: serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration from the not-for-profit corporation or organization for his or her service on the

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board of directors, has no financial interest in the not-for-profit corporation or organization, and has no family members with a financial interest in the not-for-profit corporation or organization; and if the director submits an affidavit, under penalty of perjury, to this effect to the agency and the not-for-profit corporation or organization submits an affidavit, under penalty of perjury, to this effect to the agency as part of the corporation's or organization's Medicaid provider agreement application. Notwithstanding the above, the agency may require a background check for any person reasonably suspected by the agency to have been convicted of a crime. This subsection shall not apply to:

- 1. A hospital licensed under chapter 395;
- 2. A nursing home licensed under chapter 400;
- 3. A hospice licensed under chapter 400;
- 4. An assisted living facility licensed under chapter 429 400.
 - 5. A unit of local government, except that requirements of this subsection apply to nongovernmental providers and entities when contracting with the local government to provide Medicaid services. The actual cost of the state and national criminal history record checks must be borne by the nongovernmental provider or entity; or
 - 6. Any business that derives more than 50 percent of its revenue from the sale of goods to the final consumer, and the business or its controlling parent either is required to file a form 10-K or other similar statement with the Securities and Exchange Commission or has a net worth of \$50 million or more.
- 30 Section 91. Section 410.031, Florida Statutes, is amended to read:

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410.031 Legislative intent.--It is the intent of the Legislature to encourage the provision of care for disabled adults in family-type living arrangements in private homes as an alternative to institutional or nursing home care for such persons. The provisions of ss. 410.031-410.036 are intended to be supplemental to the provisions of chapters chapter 400 and 429, relating to the licensing and regulation of nursing homes and assisted living facilities, and do not exempt any person who is otherwise subject to regulation under chapter 400 or chapter 429.

Section 92. Section 410.034, Florida Statutes, is amended to read:

410.034 Department determination of fitness to provide home care.—In accordance with s. 429.02 400.402, a person caring for an adult who is related to such person by blood or marriage is not subject to the Assisted Living Facilities Act. If, however, the person who plans to provide home care under this act is found by the department to be unable to provide this care, the department shall notify the person wishing to provide home care of this determination, and the person shall not be eligible for subsidy payments under ss. 410.031-410.036.

Section 93. Section 415.1111, Florida Statutes, is amended to read:

415.1111 Civil actions.—A vulnerable adult who has been abused, neglected, or exploited as specified in this chapter has a cause of action against any perpetrator and may recover actual and punitive damages for such abuse, neglect, or exploitation. The action may be brought by the vulnerable adult, or that person's guardian, by a person or organization acting on behalf of the vulnerable adult with the consent of

that person or that person's quardian, or by the personal 2 representative of the estate of a deceased victim without regard to whether the cause of death resulted from the abuse, 3 neglect, or exploitation. The action may be brought in any court of competent jurisdiction to enforce such action and to 5 recover actual and punitive damages for any deprivation of or 7 infringement on the rights of a vulnerable adult. A party who 8 prevails in any such action may be entitled to recover reasonable attorney's fees, costs of the action, and damages. 9 The remedies provided in this section are in addition to and 10 cumulative with other legal and administrative remedies 11 12 available to a vulnerable adult. Notwithstanding the 13 foregoing, any civil action for damages against any licensee or entity who establishes, controls, conducts, manages, or 14 operates a facility licensed under part II of chapter 400 15 relating to its operation of the licensed facility shall be 16 17 brought pursuant to s. 400.023, or against any licensee or 18 entity who establishes, controls, conducts, manages, or operates a facility licensed under part III of chapter 429 400 19 relating to its operation of the licensed facility shall be 20 21 brought pursuant to s. 429.29 400.429. Such licensee or entity 22 shall not be vicariously liable for the acts or omissions of 23 its employees or agents or any other third party in an action brought under this section. 2.4 Section 94. Section 430.601, Florida Statutes, is 25 amended to read: 26 27 430.601 Home care for the elderly; legislative 2.8 intent. -- It is the intent of the Legislature to encourage the 29 provision of care for the elderly in family-type living arrangements in private homes as an alternative to 30 institutional or nursing home care for such persons. The

provisions of ss. 430.601-430.606 are intended to be 2 supplemental to the provisions of chapters chapter 400 and 429, relating to the licensing and regulation of nursing homes 3 and assisted living facilities, and do not exempt any person 4 who is otherwise subject to regulation under those chapters 5 the provisions of that chapter. 7 Section 95. Subsection (7) of section 430.703, Florida 8 Statutes, is amended to read: 430.703 Definitions.--As used in this act, the term: 9 10 (7) "Other qualified provider" means an entity licensed under chapter 400 or chapter 429 that demonstrates a 11 12 long-term care continuum and meets all requirements pursuant 13 to an interagency agreement between the agency and the 14 department. Section 96. Paragraph (a) of subsection (3) of section 15 435.03, Florida Statutes, is amended to read: 16 435.03 Level 1 screening standards.--18 (3) Standards must also ensure that the person: 19 (a) For employees and employers licensed or registered pursuant to chapter 400 or chapter 429, and for employees and 20 21 employers of developmental services institutions as defined in 22 s. 393.063, intermediate care facilities for the 23 developmentally disabled as defined in s. 393.063, and mental health treatment facilities as defined in s. 394.455, meets 2.4 the requirements of this chapter. 25 Section 97. Paragraph (a) of subsection (4) of section 26 27 435.04, Florida Statutes, is amended to read: 2.8 435.04 Level 2 screening standards.--29 (4) Standards must also ensure that the person: 30 (a) For employees or employers licensed or registered

31 pursuant to chapter 400 or chapter 429, does not have a

confirmed report of abuse, neglect, or exploitation as defined 2 in s. 415.102(6), which has been uncontested or upheld under s. 415.103. 3 4 Section 98. Paragraph (g) of subsection (1) of section 440.13, Florida Statutes, is amended to read: 5 6 440.13 Medical services and supplies; penalty for 7 violations; limitations.--(1) DEFINITIONS.--As used in this section, the term: 8 9 "Health care facility" means any hospital licensed under chapter 395 and any health care institution licensed 10 under chapter 400 or chapter 429. 11 12 Section 99. Paragraph (b) of subsection (1) of section 13 456.0375, Florida Statutes, is amended to read: 456.0375 Registration of certain clinics; 14 requirements; discipline; exemptions. --15 16 (1)17 (b) For purposes of this section, the term "clinic" 18 does not include and the registration requirements herein do 19 not apply to: 1. Entities licensed or registered by the state 20 21 pursuant to chapter 390, chapter 394, chapter 395, chapter 22 397, chapter 400, chapter 429, chapter 463, chapter 465, 23 chapter 466, chapter 478, chapter 480, chapter 484, or chapter 651. 2.4 25 2. Entities that own, directly or indirectly, entities 26 licensed or registered by the state pursuant to chapter 390, 27 chapter 394, chapter 395, chapter 397, chapter 400, chapter 2.8 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 480, chapter 484, or chapter 651. 29 30 3. Entities that are owned, directly or indirectly, by

an entity licensed or registered by the state pursuant to

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chapter 390, chapter 394, chapter 395, chapter 397, chapter 400, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 480, chapter 484, or chapter 651.

- 4. Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapter 390, chapter 394, chapter 395, chapter 397, chapter 400, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 480, chapter 484, or chapter 651.
- 5. Entities exempt from federal taxation under 26 U.S.C. s. 501(c)(3) and community college and university clinics.
 - 6. Sole proprietorships, group practices, partnerships, or corporations that provide health care services by licensed health care practitioners pursuant to chapters 457, 458, 459, 460, 461, 462, 463, 466, 467, 484, 486, 490, 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, which are wholly owned by licensed health care practitioners or the licensed health care practitioner and the spouse, parent, or child of a licensed health care practitioner, so long as one of the owners who is a licensed health care practitioner is supervising the services performed therein and is legally responsible for the entity's compliance with all federal and state laws. However, no health care practitioner may supervise services beyond the scope of the practitioner's license.
 - 7. Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.
- 30 Section 100. Subsection (1) of section 465.0235, 31 Florida Statutes, is amended to read:

465.0235 Automated pharmacy systems used by long-term care facilities, hospices, or state correctional institutions.--

(1) A pharmacy may provide pharmacy services to a long-term care facility or hospice licensed under chapter 400 or chapter 429 or a state correctional institution operated under chapter 944 through the use of an automated pharmacy system that need not be located at the same location as the pharmacy.

Section 101. Paragraph (k) of subsection (1) of section 468.505, Florida Statutes, is amended to read:

468.505 Exemptions; exceptions.--

- (1) Nothing in this part may be construed as prohibiting or restricting the practice, services, or activities of:
- (k) A person employed by a hospital licensed under chapter 395, or by a nursing home or assisted living facility licensed under part II or part III of chapter 400 or under chapter 429, or by a continuing care facility certified under chapter 651, if the person is employed in compliance with the laws and rules adopted thereunder regarding the operation of its dietetic department.

23 Section 102. Subsection (11) of section 477.025, 24 Florida Statutes, is amended to read:

477.025 Cosmetology salons; specialty salons; requisites; licensure; inspection; mobile cosmetology salons.--

(11) Facilities licensed under part II $\frac{1}{1}$ of chapter 400 or under chapter 429 shall be exempt from the provisions of this section and a cosmetologist licensed

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pursuant to s. 477.019 may provide salon services exclusively for facility residents.

Section 103. Paragraph (a) of subsection (2) of section 509.032, Florida Statutes, is amended to read:

509.032 Duties.--

- (2) INSPECTION OF PREMISES. --
- (a) The division has responsibility and jurisdiction for all inspections required by this chapter. The division has responsibility for quality assurance. Each licensed establishment shall be inspected at least biannually, except for transient and nontransient apartments, which shall be inspected at least annually, and shall be inspected at such other times as the division determines is necessary to ensure the public's health, safety, and welfare. The division shall establish a system to determine inspection frequency. Public lodging units classified as resort condominiums or resort dwellings are not subject to this requirement, but shall be made available to the division upon request. If, during the inspection of a public lodging establishment classified for renting to transient or nontransient tenants, an inspector identifies vulnerable adults who appear to be victims of neglect, as defined in s. 415.102, or, in the case of a building that is not equipped with automatic sprinkler systems, tenants or clients who may be unable to self-preserve in an emergency, the division shall convene meetings with the following agencies as appropriate to the individual situation: the Department of Health, the Department of Elderly Affairs, the area agency on aging, the local fire marshal, the landlord and affected tenants and clients, and other relevant organizations, to develop a plan which improves the prospects for safety of affected residents and, if necessary, identifies

alternative living arrangements such as facilities licensed under part II or part III of chapter 400 or under chapter 429. 2 Section 104. Subsection (1) of section 509.241, 3 4 Florida Statutes, is amended to read: 5 509.241 Licenses required; exceptions.--6 (1) LICENSES; ANNUAL RENEWALS. -- Each public lodging 7 establishment and public food service establishment shall 8 obtain a license from the division. Such license may not be 9 transferred from one place or individual to another. It shall be a misdemeanor of the second degree, punishable as provided 10 in s. 775.082 or s. 775.083, for such an establishment to 11 12 operate without a license. Local law enforcement shall provide 13 immediate assistance in pursuing an illegally operating establishment. The division may refuse a license, or a renewal 14 thereof, to any establishment that is not constructed and 15 maintained in accordance with law and with the rules of the 16 division. The division may refuse to issue a license, or a 18 renewal thereof, to any establishment an operator of which, within the preceding 5 years, has been adjudicated guilty of, 19 or has forfeited a bond when charged with, any crime 20 reflecting on professional character, including soliciting for 2.1 22 prostitution, pandering, letting premises for prostitution, 23 keeping a disorderly place, or illegally dealing in controlled substances as defined in chapter 893, whether in this state or 2.4 in any other jurisdiction within the United States, or has had 25 26 a license denied, revoked, or suspended pursuant to s. 429.14 27 400.414. Licenses shall be renewed annually, and the division 2.8 shall adopt a rule establishing a staggered schedule for 29 license renewals. If any license expires while administrative 30 charges are pending against the license, the proceedings 31

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against the license shall continue to conclusion as if the
   license were still in effect.
           Section 105. Subsection (1) of section 627.732,
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   Florida Statutes, is amended to read:
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           627.732 Definitions.--As used in ss. 627.730-627.7405,
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    the term:
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           (1) "Broker" means any person not possessing a license
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    under chapter 395, chapter 400, chapter 429, chapter 458,
    chapter 459, chapter 460, chapter 461, or chapter 641 who
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    charges or receives compensation for any use of medical
    equipment and is not the 100-percent owner or the 100-percent
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    lessee of such equipment. For purposes of this section, such
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    owner or lessee may be an individual, a corporation, a
   partnership, or any other entity and any of its
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    100-percent-owned affiliates and subsidiaries. For purposes of
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    this subsection, the term "lessee" means a long-term lessee
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    under a capital or operating lease, but does not include a
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   part-time lessee. The term "broker" does not include a
   hospital or physician management company whose medical
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    equipment is ancillary to the practices managed, a debt
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    collection agency, or an entity that has contracted with the
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    insurer to obtain a discounted rate for such services; nor
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    does the term include a management company that has contracted
    to provide general management services for a licensed
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   physician or health care facility and whose compensation is
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   not materially affected by the usage or frequency of usage of
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   medical equipment or an entity that is 100-percent owned by
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   one or more hospitals or physicians. The term "broker" does
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   not include a person or entity that certifies, upon request of
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   an insurer, that:
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- (a) It is a clinic registered under s. 456.0375 or licensed under ss. 400.990-400.995;(b) It is a 100-percent owner of medical equipment;
- and

 (c) The owner's only part-time lease of medical equipment for personal injury protection patients is on a temporary basis not to exceed 30 days in a 12-month period, and such lease is solely for the purposes of necessary repair
- 9 or maintenance of the 100-percent-owned medical equipment or 10 pending the arrival and installation of the newly purchased or
- 11 a replacement for the 100-percent-owned medical equipment, or
- 12 for patients for whom, because of physical size or
- 13 claustrophobia, it is determined by the medical director or
- 14 clinical director to be medically necessary that the test be
- 15 performed in medical equipment that is open-style. The leased
- 16 medical equipment cannot be used by patients who are not
- 17 patients of the registered clinic for medical treatment of
- 18 services. Any person or entity making a false certification
- 19 under this subsection commits insurance fraud as defined in s.
- 20 817.234. However, the 30-day period provided in this paragraph
- 21 may be extended for an additional 60 days as applicable to
- 22 magnetic resonance imaging equipment if the owner certifies
- 23 that the extension otherwise complies with this paragraph.
- Section 106. Subsection (2) of section 651.011,
- 25 Florida Statutes, is amended to read:
- 26 651.011 Definitions.--For the purposes of this
- 27 chapter, the term:
- 28 (2) "Continuing care" or "care" means furnishing
- 29 pursuant to a contract shelter and either nursing care or
- 30 personal services as defined in s. 429.02 400.402, whether
- 31 such nursing care or personal services are provided in the

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facility or in another setting designated by the contract for continuing care, to an individual not related by consanguinity or affinity to the provider furnishing such care, upon payment of an entrance fee. Other personal services provided shall be designated in the continuing care contract. Contracts to provide continuing care include agreements to provide care for any duration, including contracts that are terminable by either party.

Section 107. Paragraph (c) of subsection (2) of section 651.022, Florida Statutes, is amended to read:

651.022 Provisional certificate of authority; application.--

- (2) The application for a provisional certificate of authority shall be on a form prescribed by the commission and shall contain the following information:
- (c)1. Evidence that the applicant is reputable and of responsible character. If the applicant is a firm, association, organization, partnership, business trust, corporation, or company, the form shall require evidence that the members or shareholders are reputable and of responsible character, and the person in charge of providing care under a certificate of authority shall likewise be required to produce evidence of being reputable and of responsible character.
- 2. Evidence satisfactory to the office of the ability of the applicant to comply with the provisions of this chapter and with rules adopted by the commission pursuant to this chapter.
- 3. A statement of whether a person identified in the application for a provisional certificate of authority or the administrator or manager of the facility, if such person has

been designated, or any such person living in the same
location:

- a. Has been convicted of a felony or has pleaded nolo contendere to a felony charge, or has been held liable or has been enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation of property.
- b. Is subject to a currently effective injunctive or restrictive order or federal or state administrative order relating to business activity or health care as a result of an action brought by a public agency or department, including, without limitation, an action affecting a license under chapter 400 or chapter 429.

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The statement shall set forth the court or agency, the date of conviction or judgment, and the penalty imposed or damages assessed, or the date, nature, and issuer of the order. Before determining whether a provisional certificate of authority is to be issued, the office may make an inquiry to determine the accuracy of the information submitted pursuant to subparagraphs 1. and 2.

Section 108. Subsection (6) of section 651.023, Florida Statutes, is amended to read:

651.023 Certificate of authority; application. --

(6) The timeframes provided under s. 651.022(5) and (6) apply to applications submitted under s. 651.021(2). The office may not issue a certificate of authority under this chapter to any facility which does not have a component which is to be licensed pursuant to part II or part III of chapter 400 or to chapter 429 or which will not offer personal services or nursing services through written contractual

agreement. Any written contractual agreement must be disclosed in the continuing care contract and is subject to the provisions of s. 651.1151, relating to administrative, vendor, 3 and management contracts. 4 5 Section 109. Subsection (8) of section 651.055, 6 Florida Statutes, is amended to read: 7 651.055 Contracts; right to rescind.--8 (8) The provisions of this section shall control over 9 any conflicting provisions contained in part II or part III of 10 chapter 400 or in chapter 429. Section 110. Subsection (5) of section 651.095, 11 12 Florida Statutes, is amended to read: 13 651.095 Advertisements; requirements; penalties.--(5) The provisions of this section shall control over 14 any conflicting provisions contained in part II or part III of 15 chapter 400 or in chapter 429. 16 Section 111. Subsections (1), (4), (6), and (8) of 18 section 651.118, Florida Statutes, are amended to read: 651.118 Agency for Health Care Administration; 19 certificates of need; sheltered beds; community beds. --20 21 (1) The provisions of this section shall control in 22 the case of conflict with the provisions of the Health 23 Facility and Services Development Act, ss. 408.031-408.045; the provisions of chapter 395; or the provisions of part II 2.4 parts II and III of chapter 400; or the provisions of chapter 25 <u>429</u>. 26 27 The Agency for Health Care Administration shall approve one sheltered nursing home bed for every four proposed residential units, including those that are licensed under 29 chapter 429 part III of chapter 400, in the continuing care 30 facility unless the provider demonstrates the need for a

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lesser number of sheltered nursing home beds based on proposed utilization by prospective residents or demonstrates the need for additional sheltered nursing home beds based on actual utilization and demand by current residents.

- (6) Unless the provider already has a component that is to be a part of the continuing care facility and that is licensed under chapter 395, or part II or part III of chapter 400, or chapter 429 at the time of construction of the continuing care facility, the provider must construct the nonnursing home portion of the facility and the nursing home portion of the facility at the same time. If a provider constructs less than the number of residential units approved in the certificate of authority, the number of licensed sheltered nursing home beds shall be reduced by a proportionate share.
- (8) A provider may petition the Agency for Health Care Administration to use a designated number of sheltered nursing home beds to provide extended congregate care as defined in s. 429.02 400.402 if the beds are in a distinct area of the nursing home which can be adapted to meet the requirements for extended congregate care. The provider may subsequently use such beds as sheltered beds after notifying the agency of the intended change. Any sheltered beds used to provide extended congregate care pursuant to this subsection may not qualify for funding under the Medicaid waiver. Any sheltered beds used to provide extended congregate care pursuant to this subsection may share common areas, services, and staff with beds designated for nursing home care, provided that all of the beds are under common ownership. For the purposes of this subsection, fire and life safety codes applicable to nursing home facilities shall apply.

Section 112. Subsection (2) of section 765.1103, 2 Florida Statutes, is amended to read: 3 765.1103 Pain management and palliative care. --4 (2) Health care providers and practitioners regulated under chapter 458, chapter 459, or chapter 464 must, as 5 appropriate, comply with a request for pain management or palliative care from a patient under their care or, for an 8 incapacitated patient under their care, from a surrogate, 9 proxy, guardian, or other representative permitted to make health care decisions for the incapacitated patient. 10 Facilities regulated under chapter 395, or chapter 400, or 11 12 chapter 429 must comply with the pain management or palliative 13 care measures ordered by the patient's physician. Section 113. Subsection (2) of section 765.205, 14 Florida Statutes, is amended to read: 15 765.205 Responsibility of the surrogate.--16 17 (2) The surrogate may authorize the release of 18 information and medical records to appropriate persons to ensure the continuity of the principal's health care and may 19 authorize the admission, discharge, or transfer of the 20 21 principal to or from a health care facility or other facility 22 or program licensed under chapter 400 or chapter 429. 23 Section 114. Subsection (1) of section 768.735, Florida Statutes, is amended to read: 2.4 768.735 Punitive damages; exceptions; limitation.--25 (1) Sections 768.72(2)-(4), 768.725, and 768.73 do not 26 27 apply to any civil action based upon child abuse, abuse of the 2.8 elderly under chapter 415, or abuse of the developmentally 29 disabled. Such actions are governed by applicable statutes and controlling judicial precedent. This section does not apply to 30

claims brought pursuant to s. 400.023 or s. 429.29 + 400.429.

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Section 115. Paragraph (a) of subsection (4) of section 943.0585, Florida Statutes, is amended to read: 943.0585 Court-ordered expunction of criminal history records. -- The courts of this state have jurisdiction over their own procedures, including the maintenance, expunction, and correction of judicial records containing criminal history information to the extent such procedures are not inconsistent with the conditions, responsibilities, and duties established by this section. Any court of competent jurisdiction may order a criminal justice agency to expunge the criminal history record of a minor or an adult who complies with the requirements of this section. The court shall not order a criminal justice agency to expunge a criminal history record until the person seeking to expunge a criminal history record has applied for and received a certificate of eligibility for expunction pursuant to subsection (2). A criminal history record that relates to a violation of s. 393.135, s. 394.4593, s. 787.025, chapter 794, s. 796.03, s. 800.04, s. 817.034, s. 825.1025, s. 827.071, chapter 839, s. 847.0133, s. 847.0135, s. 847.0145, s. 893.135, s. 916.1075, or a violation enumerated in s. 907.041 may not be expunged, without regard to whether adjudication was withheld, if the defendant was found quilty of or pled quilty or nolo contendere to the offense, or if the defendant, as a minor, was found to have committed, or pled guilty or nolo contendere to committing, the offense as a delinquent act. The court may only order expunction of a criminal history record pertaining to one arrest or one incident of alleged criminal activity, except as provided in this section. The court may, at its sole discretion, order the expunction of a criminal history record pertaining to more than one arrest if the additional arrests

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directly relate to the original arrest. If the court intends to order the expunction of records pertaining to such additional arrests, such intent must be specified in the order. A criminal justice agency may not expunge any record pertaining to such additional arrests if the order to expunge does not articulate the intention of the court to expunge a record pertaining to more than one arrest. This section does not prevent the court from ordering the expunction of only a portion of a criminal history record pertaining to one arrest or one incident of alleged criminal activity. Notwithstanding any law to the contrary, a criminal justice agency may comply with laws, court orders, and official requests of other jurisdictions relating to expunction, correction, or confidential handling of criminal history records or information derived therefrom. This section does not confer any right to the expunction of any criminal history record, and any request for expunction of a criminal history record may be denied at the sole discretion of the court.

criminal history record of a minor or an adult which is ordered expunged by a court of competent jurisdiction pursuant to this section must be physically destroyed or obliterated by any criminal justice agency having custody of such record; except that any criminal history record in the custody of the department must be retained in all cases. A criminal history record ordered expunged that is retained by the department is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution and not available to any person or entity except upon order of a court of competent jurisdiction. A criminal justice agency may

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retain a notation indicating compliance with an order to expunge.

- (a) The person who is the subject of a criminal history record that is expunged under this section or under other provisions of law, including former s. 893.14, former s. 901.33, and former s. 943.058, may lawfully deny or fail to acknowledge the arrests covered by the expunged record, except when the subject of the record:
- Is a candidate for employment with a criminal justice agency;
 - 2. Is a defendant in a criminal prosecution;
- 3. Concurrently or subsequently petitions for relief under this section or s. 943.059;
 - 4. Is a candidate for admission to The Florida Bar;
- 5. Is seeking to be employed or licensed by or to contract with the Department of Children and Family Services or the Department of Juvenile Justice or to be employed or used by such contractor or licensee in a sensitive position having direct contact with children, the developmentally disabled, the aged, or the elderly as provided in s. 110.1127(3), s. 393.063, s. 394.4572(1), s. 397.451, s. 402.302(3), s. 402.313(3), s. 409.175(2)(i), s. 415.102(4), s.
- 22 402.302(3), s. 402.313(3), s. 409.175(2)(i), s. 415.102(4), s
- 23 916.106(10) and (13), s. 985.407, or chapter 400, or chapter
- 24 429; or
- 25 6. Is seeking to be employed or licensed by the
 26 Department of Education, any district school board, any
 27 university laboratory school, any charter school, any private
 28 or parochial school, or any local governmental entity that
 29 licenses child care facilities.
- 30 Section 116. <u>The Division of Statutory Revision of the</u>
 31 <u>Office of Legislative Services shall prepare a reviser's bill</u>

1	for introduction at a subsequent session of the Legislature to
2	conform the Florida Statutes to changes made by this act.
3	Section 117. This act shall take effect July 1, 2005.
4	
5	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
6	COMMITTEE SUBSTITUTE FOR <u>Senate Bill 1836</u>
7	
8	Transfers all sections of parts III, V, and VII of ch. 400,
9	F.S., to the newly created ch. 429, F.S.
10	Makes statutory revisions needed to accurately transfer part III of ch. 400, F.S., to the new chapter and specifies each of
11	these conforming changes.
12	Directs the Division of Statutory Revision to prepare a reviser's bill to make conforming changes to the Florida
13	Statutes.
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