# Florida Senate - 2007(PROPOSED COMMITTEE BILL)SPB 7006FOR CONSIDERATION By the Committee on Health Regulation

587-371C-07

1	A bill to be entitled
2	An act conforming the Florida Statutes to
3	legislation enacted during the 2006 Regular
4	Session relating to the licensure of health
5	care providers regulated by the Agency for
6	Health Care Administration; amending s.
7	112.0455, F.S.; providing applicability of
8	licensure requirements under pt. II of ch. 408,
9	F.S., to drug-testing standards of
10	laboratories; authorizing the Agency for Health
11	Care Administration to adopt rules to implement
12	pt. II of ch. 408, F.S., relating to the
13	Drug-Free Workplace Act; revising a license
14	fee; amending s. 381.78, F.S.; conforming a
15	cross-reference; amending s. 383.301, F.S.;
16	providing applicability of licensure
17	requirements under pt. II of ch. 408, F.S., to
18	birth centers; repealing s. 383.304, F.S.,
19	relating to the licensure requirement for birth
20	centers; amending s. 383.305, F.S.; providing
21	applicability of licensure requirements under
22	pt. II of ch. 408, F.S., to birth centers;
23	providing for licensure fees to be established
24	by rule; amending s. 383.309, F.S.; authorizing
25	the agency to adopt and enforce rules to
26	administer pt. II of ch. 408, F.S., relating to
27	standards for birth centers; amending s.
28	383.315, F.S.; revising a provision relating to
29	consultation agreements for birth centers;
30	amending s. 383.324, F.S.; revising provisions
31	relating to inspections and investigations of
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1	birth center facilities; repealing s. 383.325,
2	F.S., relating to inspection reports of birth
3	centers; amending s. 383.33, F.S.; revising
4	provisions relating to administrative fines,
5	penalties, emergency orders, and moratoriums on
6	admissions; repealing s. 383.331, F.S.,
7	relating to injunctive relief; amending s.
8	383.332, F.S.; providing applicability of
9	licensure requirements under pt. II of ch. 408,
10	F.S.; amending s. 383.335, F.S.; providing an
11	exemption from pt. II of ch. 408, F.S., for
12	specified birth centers; amending s. 383.50,
13	F.S.; conforming a cross-reference; amending s.
14	390.011, F.S.; revising a definition; amending
15	s. 390.012, F.S.; revising rulemaking authority
16	of the agency for abortion clinics; repealing
17	s. 390.013, F.S., relating to effective date of
18	rules applicable to abortion clinics; amending
19	s. 390.014, F.S.; providing applicability of
20	licensure requirements under pt. II of ch. 408,
21	F.S., to abortion clinics; amending s. 390.015,
22	F.S.; revising provisions to applications for a
23	license; repealing s. 390.016, F.S., relating
24	to expiration and renewal of a license;
25	repealing s. 390.017, F.S., relating to grounds
26	for suspension or revocation of a license;
27	amending s. 390.018, F.S.; providing
28	applicability of licensure requirements under
29	pt. II of ch. 408, F.S., to administrative
30	fines; repealing s. 390.019, F.S., relating an
31	to administrative penalty in lieu of revocation
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1	or suspension of a license to operate an
2	abortion clinic; repealing s. 390.021, F.S.,
3	relating to instituting injunction proceedings
4	against an abortion clinic; amending s.
5	394.455, F.S.; revising a definition; amending
6	s. 394.4787, F.S.; conforming a
7	cross-reference; amending s. 394.67, F.S.;
8	deleting, revising, and providing definitions;
9	amending ss. 394.74 and 394.82, F.S.;
10	conforming cross-references; amending s.
11	394.875, F.S.; providing the purpose of
12	short-term residential treatment facilities;
13	providing applicability of licensure
14	requirements under pt. II of ch. 408, F.S., to
15	crisis stabilization units, short-term
16	residential treatment facilities, residential
17	treatment facilities, and residential treatment
18	centers for children and adolescents; providing
19	an exemption from licensure requirements for
20	hospitals licensed under ch. 395, F.S., and
21	certain programs operated therein; amending s.
22	394.876, F.S.; revising provisions relating to
23	an application for licensure to provide
24	community substance abuse and mental health
25	services; amending s. 394.877, F.S.; providing
26	applicability of pt. II of ch. 408, F.S., to
27	license fees; repealing s. 394.878, F.S.,
28	relating to issuance and renewal of licenses;
29	amending s. 394.879, F.S.; providing rulemaking
30	authority to the Department of Children and
31	Family Services; deleting a reference to
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1	deposit of certain fines in the Mental Health
2	Facility Trust Fund; amending s. 394.90, F.S.;
3	revising provisions relating to inspections of
4	crisis stabilization units and residential
5	treatment facilities; amending s. 394.902,
б	F.S.; revising provisions relating to the
7	moratorium on admissions for unsafe or unlawful
8	provision of community substance abuse and
9	mental health services; amending s. 394.907,
10	F.S., relating to access to records of
11	community mental health centers; providing for
12	the department to determine licensee compliance
13	with quality assurance programs; amending s.
14	395.002, F.S.; deleting a definition;
15	conforming cross-references; amending ss.
16	395.003, 395.004, and 395.0161, F.S.; providing
17	applicability of licensure requirements under
18	pt. II of ch. 408, F.S., to hospitals,
19	ambulatory surgical centers, and mobile
20	surgical facilities; repealing s. 395.0055,
21	F.S., relating to background screening of
22	personnel of hospitals and other licensed
23	facilities; repealing s. 395.0162, F.S.,
24	relating to inspection reports of hospitals and
25	other licensed facilities; amending s.
26	395.0163, F.S.; deleting a provision requiring
27	the deposit of fees charged for review of plans
28	for construction of hospitals and other
29	licensed facilities in the Planning and
30	Regulation Trust Fund; amending ss. 395.0193
31	and 395.0197, F.S.; providing for the

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1	applicability of the reporting requirements of
2	pt. II of ch. 408, F.S., to hospitals and other
3	licensed facilities; conforming
4	cross-references; amending ss. 395.0199 and
5	395.1046, F.S.; providing applicability of
6	licensure requirements under pt. II of ch. 408,
7	F.S., to health care utilization review and
8	complaint investigation procedures; amending s.
9	395.1055, F.S.; providing applicability of
10	licensure requirements under pt. II of ch. 408,
11	F.S., to the adoption and enforcement of rules;
12	amending ss. 395.1065, 395.10973, and
13	395.10974, F.S.; providing applicability of
14	licensure requirements under pt. II of ch. 408,
15	F.S., to administrative penalties and
16	injunctions, rulemaking, and health care risk
17	managers; amending ss. 395.602, 395.701,
18	400.0073, and 400.0074, F.S.; conforming
19	cross-references; amending s. 400.021, F.S.;
20	deleting definitions; amending s. 400.022,
21	F.S.; providing applicability of licensure
22	requirements under pt. II of ch. 408, F.S., to
23	grounds for action for a violation of
24	residents' rights; amending s. 400.051, F.S.;
25	conforming a cross-reference; amending s.
26	400.062, F.S.; providing applicability of
27	licensure requirements under pt. II of ch. 408,
28	F.S., to nursing homes and related health care
29	facilities; revising provisions relating to
30	license fees; amending s. 400.063, F.S.;
31	conforming a cross-reference; amending ss.
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1	400.071 and 400.0712, F.S.; providing
2	applicability of licensure requirements under
3	pt. II of ch. 408, F.S., to license
4	applications; revising provisions governing
5	inactive licenses; amending s. 400.102, F.S.;
6	providing applicability of licensure
7	requirements under pt. II of ch. 408, F.S., to
8	grounds for action by the agency against a
9	licensee; amending s. 400.111, F.S.; providing
10	applicability of licensure requirements under
11	pt. II of ch. 408, F.S., to the disclosure of a
12	controlling interest of a nursing home
13	facility; requiring a licensee to disclose
14	certain holdings of a controlling interest;
15	amending s. 400.1183, F.S.; revising grievance
16	procedures for nursing home residents; deleting
17	a provision relating to an administrative fine;
18	amending s. 400.121, F.S.; providing
19	applicability of licensure requirements under
20	pt. II of ch. 408, F.S., to the denial,
21	suspension, or revocation of a nursing home
22	facility license, fines imposed, and procedures
23	for conducting hearings; repealing s. 400.125,
24	F.S., relating to instituting injunction
25	proceedings against a nursing home; amending s.
26	400.141, F.S.; conforming a cross-reference;
27	amending s. 400.179, F.S.; revising provisions
28	relating to liability for Medicaid
29	underpayments and overpayments; requiring that
30	certain licensure fees be paid annually;
31	amending s. 400.18, F.S.; revising provisions
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1	relating to the closing of a nursing home
2	facility; amending s. 400.19, F.S.; providing
3	applicability of licensure requirements under
4	pt. II of ch. 408, F.S., to nursing home
5	facility inspections; amending s. 400.191,
6	F.S.; revising provisions relating to the
7	availability, distribution, and posting of
8	reports and records; amending s. 400.23, F.S.;
9	providing applicability of pt. II of ch. 408,
10	F.S., to rulemaking for nursing home
11	facilities; amending s. 400.241, F.S.; deleting
12	provisions relating to prohibited acts
13	involving the establishment, operation, or
14	advertisement of nursing home facilities;
15	amending ss. 400.464, 400.471, 400.474, and
16	400.484, F.S.; providing applicability of
17	licensure requirements under pt. II of ch. 408,
18	F.S., to home health agencies; repealing s.
19	400.495, F.S., relating to the notice of a
20	toll-free telephone number for the central
21	abuse hotline; amending ss. 400.497, 400.506,
22	400.509, 400.602, 400.605, 400.606, 400.6065,
23	400.607, 400.801, 400.805, 400.903, 400.905,
24	400.907, 400.908, 400.912, 400.914, and
25	400.915, F.S.; providing applicability of
26	licensure requirements under pt. II of ch. 408,
27	F.S., to the toll-free central abuse hotline,
28	rules establishing minimum standards for home
29	health aides, nurse registries, the
30	registration of companion or homemaker service
31	providers that are exempt from licensure,
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1	hospices, homes for special services,
2	transitional living facilities, and prescribed
3	pediatric extended care (PPEC) centers;
4	amending s. 400.512, F.S.; revising provisions
5	relating to the screening of home health
6	agency, nurse registry, companion, and
7	homemaker personnel; repealing s. 400.515,
8	F.S., relating to instituting injunction
9	proceedings against a home health agency or
10	nurse registry; amending s. 400.6095, F.S.;
11	clarifying provisions relating to protection
12	from liability for hospice staff; amending s.
13	400.902, F.S.; revising a definition; amending
14	s. 400.906, F.S.; revising provisions relating
15	to applications for a license to operate a PPEC
16	center; repealing s. 400.910, F.S., relating to
17	expiration and renewal of a license and the
18	issuance of a conditional license or permit to
19	operate a PPEC center; repealing s. 400.911,
20	F.S., relating to instituting injunction
21	proceedings against a PPEC center; repealing s.
22	400.913, F.S., relating to right to enter and
23	inspect a PPEC center; amending s. 400.916,
24	F.S.; revising provisions relating to
25	prohibited acts and penalties applicable to a
26	PPEC center; repealing s. 400.917, F.S.,
27	relating to disposition of moneys from fines
28	and fees imposed on a PPEC center; amending s.
29	400.925, F.S.; deleting and revising
30	definitions; amending ss. 400.93, 400.931,
31	400.932, 400.933, 400.935, 400.953, and

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1	400.955, F.S.; providing applicability of
2	licensure requirements under pt. II of ch. 408,
3	F.S., to home medical equipment providers;
4	repealing s. 400.95, F.S., relating to notice
5	of the toll-free telephone number for the
б	central abuse hotline; repealing s. 400.956,
7	F.S., relating to instituting injunction
8	proceedings against a home medical equipment
9	provider; amending ss. 400.962, 400.967,
10	400.968, and 400.969, F.S.; providing
11	applicability of licensure requirements under
12	pt. II of ch. 408, F.S., to intermediate care
13	facilities for developmentally disabled
14	persons; repealing s. 400.963, F.S., relating
15	to instituting injunction proceedings against
16	an intermediate care facility for
17	developmentally disabled persons; repealing s.
18	400.965, F.S., relating to agency action
19	against an intermediate care facility for
20	developmentally disabled persons; amending s.
21	400.980, F.S.; providing applicability of
22	licensure requirements under pt. II of ch. 408,
23	F.S., to health care services pools; amending
24	ss. 400.991, 400.9915, 400.9925, 400.993,
25	400.9935, and 400.995, F.S.; providing
26	applicability of licensure requirements under
27	pt. II of ch. 408, F.S., to health care
28	clinics; repealing s. 400.992, F.S., relating
29	to license renewal, transfer of ownership, and
30	provisional license of a health care clinic;
31	repealing s. 400.994, F.S., relating to

1	instituting injunctive proceedings against a
2	health care clinic; repealing s. 400.9945,
3	F.S., relating to review of agency licensure
4	enforcement actions; amending ss. 408.802 and
5	408.832, F.S.; revising provisions to conform
б	to changes made by the act; amending ss.
7	409.221, 409.815, 409.905, and 409.907, F.S.;
8	conforming cross-references; amending ss.
9	429.02, 429.07, 429.075, 429.08, 429.11,
10	429.12, 429.14, 429.17, 429.174, 429.176,
11	429.18, 429.19, 429.22, 429.26, 429.31, 429.34,
12	429.35, 429.41, and 429.47, F.S.; providing
13	applicability of licensure requirements under
14	pt. II of ch. 408, F.S., to assisted living
15	facilities; repealing s. 429.15, F.S., relating
16	to imposing a moratorium on admissions to an
17	assisted living facility and notice thereof;
18	repealing s. 429.21, F.S., relating to
19	instituting injunctive proceedings against an
20	assisted living facility; repealing s. 429.51,
21	F.S., relating to the time for an existing
22	assisted living facility to comply with newly
23	adopted rules and standards; amending ss.
24	429.67, 429.69, 429.71, and 429.73, F.S.;
25	providing applicability of licensure
26	requirements under pt. II of ch. 408, F.S., to
27	adult family-care homes; repealing s. 429.77,
28	F.S., relating to instituting injunctive
29	proceedings against an adult family-care home;
30	amending ss. 429.901, 429.907, 429.909,
31	429.911, 429.913, 429.915, 429.919, 429.925,
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1	429.927, and 429.929, F.S.; providing
2	applicability of licensure requirements under
3	pt. II of ch. 408, F.S., to adult day care
4	centers; repealing s. 429.921, F.S., relating
5	to the disposition of fees and administrative
6	fines imposed on adult day care centers;
7	repealing s. 429.923, F.S., relating to
8	instituting injunctive proceedings against an
9	adult day care center; repealing s. 429.933,
10	F.S., relating to prohibited acts and penalties
11	applicable to adult day care centers; amending
12	s. 440.102, F.S.; providing applicability of
13	licensure requirements under pt. II of ch. 408,
14	F.S., to drug-testing laboratories; amending
15	ss. 468.505 and 483.106, F.S.; conforming
16	cross-references; amending ss. 483.035,
17	483.051, 483.061, 483.091, 483.101, 483.111,
18	483.172, 483.201, and 483.221, F.S.; providing
19	applicability of licensure requirements under
20	pt. II of ch. 408, F.S., to certain clinical
21	laboratories; repealing s. 483.131, F.S.,
22	relating to display of the clinical laboratory
23	license; repealing s. 483.25, F.S., relating to
24	instituting injunctive proceedings against a
25	clinical laboratory; amending ss. 483.291,
26	483.294, 483.30, 483.302, 483.317, 483.32, and
27	483.322, F.S.; providing applicability of
28	licensure requirements under pt. II of ch. 408,
29	F.S., to multiphasic health testing centers;
30	repealing s. 483.311, F.S., relating to the
31	display of a multiphasic health testing center

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1	license; amending s. 483.317, F.S.; repealing
2	s. 483.328, F.S., relating to instituting
3	injunctive proceedings against a multiphasic
4	health testing center; amending s. 765.541,
5	F.S.; conforming provisions relating to
6	cadaveric organ and tissue procurement;
7	amending s. 765.542, F.S.; providing
8	applicability of licensure requirements under
9	pt. II of ch. 408, F.S., to organ procurement
10	organizations and tissue and eye banks;
11	amending s. 765.544, F.S.; conforming
12	provisions relating to application fees from
13	organizations and tissue and eye banks;
14	amending ss. 766.118, 766.316, and 812.014,
15	F.S.; conforming cross-references; providing an
16	effective date.
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18	Be It Enacted by the Legislature of the State of Florida:
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20	Section 1. Subsections $(12)$ and $(17)$ and paragraph $(a)$
21	of subsection (13) of section 112.0455, Florida Statutes, are
22	amended to read:
23	112.0455 Drug-Free Workplace Act
24	(12) DRUG-TESTING STANDARDS; LABORATORIES
25	(a) The requirements of part II of chapter 408 apply
26	to the provision of services that require licensure pursuant
27	to this section and part II of chapter 408 and to entities
28	licensed by or applying for such licensure from the Agency for
29	Health Care Administration pursuant to this section. A license
30	issued by the agency is required in order to operate a
31	laboratory.

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1 (b)(a) A laboratory may analyze initial or 2 confirmation drug specimens only if: 3 1. The laboratory is licensed and approved by the 4 Agency for Health Care Administration using criteria established by the United States Department of Health and 5 6 Human Services as general guidelines for modeling the state 7 drug testing program and in accordance with part II of chapter 408. Each applicant for licensure and licensee must comply 8 with all requirements of part II of chapter 408. the following 9 10 requirements: Upon receipt of a completed, signed, and dated 11 <del>a.</del> 12 application, the agency shall require background screening, in 13 accordance with the level 2 standards for screening set forth in chapter 435, of the managing employee, or other similarly 14 titled individual responsible for the daily operation of the 15 laboratory, and of the financial officer, or other similarly 16 17 titled individual who is responsible for the financial 18 operation of the laboratory, including billings for services. The applicant must comply with the procedures for level 2 19 background screening as set forth in chapter 435, as well as 2.0 21 the requirements of s. 435.03(3). 22 The agency may require background screening of any 23 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 2.4 an offense prohibited under the level 2 standards for 25 26 screening set forth in chapter 435. 27 c. Proof of compliance with the level 2 background 2.8 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 29 health care licensure requirements of this state is acceptable 30 in fulfillment of screening requirements. 31

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

2	member of the board of directors of the applicant, its
	member of the board of diffectors of the appricant, its
3	officers, or any individual owning 5 percent or more of the
4	applicant. This requirement does not apply to a director of a
5	not for profit corporation or organization if the director
6	serves solely in a voluntary capacity for the corporation or
7	organization, does not regularly take part in the day to day
8	operational decisions of the corporation or organization,
9	receives no remuneration for his or her services on the
10	corporation or organization's board of directors, and has no
11	financial interest and has no family members with a financial
12	interest in the corporation or organization, provided that the
13	director and the not for profit corporation or organization
14	include in the application a statement affirming that the
15	director's relationship to the corporation satisfies the
16	requirements of this sub subparagraph.
17	g. A license may not be granted to any applicant if
18	the applicant or managing employee has been found guilty of,
19	regardless of adjudication, or has entered a plea of nolo
20	contendere or guilty to, any offense prohibited under the
21	level 2 standards for screening set forth in chapter 435,
22	unless an exemption from disqualification has been granted by
23	the agency as set forth in chapter 435.
24	h. The agency may deny or revoke licensure if the
25	applicant:
26	(I) Has falsely represented a material fact in the
27	application required by sub subparagraph e. or
28	sub subparagraph f., or has omitted any material fact from the
29	application required by sub subparagraph e. or
30	sub subparagraph f.; or
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1 (II) Has had prior action taken against the applicant 2 under the Medicaid or Medicare program as set forth in 3 sub subparagraph e. i. An application for license renewal must contain the 4 5 information required under sub subparagraphs e. and f. б 2. The laboratory has written procedures to ensure 7 chain of custody. 3. The laboratory follows proper quality control 8 procedures, including, but not limited to: 9 10 a. The use of internal quality controls including the use of samples of known concentrations which are used to check 11 12 the performance and calibration of testing equipment, and 13 periodic use of blind samples for overall accuracy. b. An internal review and certification process for 14 drug test results, conducted by a person qualified to perform 15 that function in the testing laboratory. 16 17 c. Security measures implemented by the testing 18 laboratory to preclude adulteration of specimens and drug test results. 19 d. Other necessary and proper actions taken to ensure 20 21 reliable and accurate drug test results. 22 (c)(b) A laboratory shall disclose to the employer a 23 written test result report within 7 working days after receipt of the sample. All laboratory reports of a drug test result 2.4 shall, at a minimum, state: 25 1. The name and address of the laboratory which 26 27 performed the test and the positive identification of the 2.8 person tested. 29 2. Positive results on confirmation tests only, or 30 negative results, as applicable. 31

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1 3. A list of the drugs for which the drug analyses 2 were conducted. 3 4. The type of tests conducted for both initial and confirmation tests and the minimum cutoff levels of the tests. 4 5 5. Any correlation between medication reported by the 6 employee or job applicant pursuant to subparagraph (8)(b)2. 7 and a positive confirmed drug test result. 8 9 No report shall disclose the presence or absence of any drug 10 other than a specific drug and its metabolites listed pursuant to this section. 11 12 (d) (d) (c) The laboratory shall submit to the Agency for 13 Health Care Administration a monthly report with statistical information regarding the testing of employees and job 14 applicants. The reports shall include information on the 15 methods of analyses conducted, the drugs tested for, the 16 17 number of positive and negative results for both initial and 18 confirmation tests, and any other information deemed appropriate by the Agency for Health Care Administration. No 19 monthly report shall identify specific employees or job 20 21 applicants. 22 (e)(d) Laboratories shall provide technical assistance 23 to the employer, employee, or job applicant for the purpose of interpreting any positive confirmed test results which could 2.4 have been caused by prescription or nonprescription medication 25 taken by the employee or job applicant. 26 27 (13) RULES.--2.8 (a) The Agency for Health Care Administration may 29 adopt additional rules to support this law and part II of chapter 408, using criteria established by the United States 30 Department of Health and Human Services as general guidelines 31 17

1 for modeling drug-free workplace laboratories the state 2 drug testing program, concerning, but not limited to: 1. Standards for drug-testing laboratory licensing and 3 denial, suspension, and revocation of a license. 4 5 2. Urine, hair, blood, and other body specimens and 6 minimum specimen amounts which are appropriate for drug 7 testing, not inconsistent with other provisions established by 8 law. 9 3. Methods of analysis and procedures to ensure reliable drug-testing results, including standards for initial 10 tests and confirmation tests, not inconsistent with other 11 12 provisions established by law. 13 4. Minimum cutoff detection levels for drugs or their metabolites for the purposes of determining a positive test 14 result, not inconsistent with other provisions established by 15 16 law. 17 5. Chain-of-custody procedures to ensure proper 18 identification, labeling, and handling of specimens being tested, not inconsistent with other provisions established by 19 law. 2.0 21 6. Retention, storage, and transportation procedures 22 to ensure reliable results on confirmation tests and retests. 23 7. A list of the most common medications by brand name or common name, as applicable, as well as by chemical name, 2.4 which may alter or affect a drug test. 25 26 27 This section shall not be construed to eliminate the 2.8 bargainable rights as provided in the collective bargaining 29 process where applicable. 30 (17) LICENSE FEE. -- Fees from licensure of drug-testing laboratories shall be sufficient to carry out the 31

1 responsibilities of the Agency for Health Care Administration 2 for the regulation of drug-testing laboratories. In accordance with s. 408.805, applicants and licensees shall pay a fee for 3 4 each license application submitted under this part, part II of chapter 408, and applicable rules. The fee shall be not less 5 6 than \$16,000 or more than \$20,000 per biennium and shall be 7 established by rule. The Agency for Health Care Administration shall collect fees for all licenses issued under this part. 8 9 Each nonrefundable fee shall be due at the time of application 10 and shall be payable to the Agency for Health Care 11 Administration to be deposited in a trust fund administered by 12 the Agency for Health Care Administration and used only for 13 the purposes of this section. The fee schedule is as follows: For licensure as a drug testing laboratory, an 14 annual fee of not less than \$8,000 or more than \$10,000 per 15 16 fiscal year; for late filing of an application for renewal, an 17 additional fee of \$500 per day shall be charged. 18 Section 2. Paragraph (b) of subsection (4) of section 381.78, Florida Statutes, is amended to read: 19 20 381.78 Advisory council on brain and spinal cord 21 injuries.--22 (4) The council shall: 23 (b) Annually appoint a five-member committee composed of one individual who has a brain injury or has a family 2.4 member with a brain injury, one individual who has a spinal 25 26 cord injury or has a family member with a spinal cord injury, 27 and three members who shall be chosen from among these 2.8 representative groups: physicians, other allied health professionals, administrators of brain and spinal cord injury 29 programs, and representatives from support groups with 30 expertise in areas related to the rehabilitation of 31

1 individuals who have brain or spinal cord injuries, except 2 that one and only one member of the committee shall be an administrator of a transitional living facility. Membership on 3 the council is not a prerequisite for membership on this 4 5 committee. б 1. The committee shall perform onsite visits to those 7 transitional living facilities identified by the Agency for 8 Health Care Administration as being in possible violation of the statutes and rules regulating such facilities. The 9 committee members have the same rights of entry and inspection 10 granted under <u>s. 400.805(4)</u> <del>s. 400.805(8)</del> to designated 11 12 representatives of the agency. 13 2. Factual findings of the committee resulting from an onsite investigation of a facility pursuant to subparagraph 1. 14 shall be adopted by the agency in developing its 15 administrative response regarding enforcement of statutes and 16 17 rules regulating the operation of the facility. 18 3. Onsite investigations by the committee shall be funded by the Health Care Trust Fund. 19 20 4. Travel expenses for committee members shall be 21 reimbursed in accordance with s. 112.061. 22 5. Members of the committee shall recuse themselves 23 from participating in any investigation that would create a conflict of interest under state law, and the council shall 2.4 replace the member, either temporarily or permanently. 25 Section 3. Section 383.301, Florida Statutes, is 26 27 amended to read: 2.8 383.301 Licensure and regulation of birth centers; 29 legislative intent.--It is the intent of the Legislature to provide for the protection of public health and safety in the 30 establishment, maintenance, and operation of birth centers by 31 20

1 providing for licensure of birth centers and for the 2 development, establishment, and enforcement of minimum standards with respect to birth centers. The requirements of 3 4 part II of chapter 408 shall apply to the provision of 5 services that require licensure pursuant to ss. 383.30-383.335 6 and part II of chapter 408 and to entities licensed by or 7 applying for such licensure from the Agency for Health Care Administration pursuant to ss. 383.30-383.335. A license 8 issued by the agency is required in order to operate a birth 9 10 center in this state. Section 4. Section 383.304, Florida Statutes, is 11 12 repealed. 13 Section 5. Section 383.305, Florida Statutes, is amended to read: 14 383.305 Licensure; issuance, renewal, denial, 15 suspension, revocation; fees; background screening.--16 17 (1) (1) (a) In accordance with s. 408.805, an applicant or a licensee shall pay a fee for each license application 18 submitted under ss. 383.30-383.335 and part II of chapter 408. 19 The amount of the fee shall be established by rule. Upon 2.0 21 receipt of an application for a license and the license fee, 22 the agency shall issue a license if the applicant and facility 23 have received all approvals required by law and meet the requirements established under ss. 383.30 383.335 and by rules 2.4 25 promulgated hereunder. (b) A provisional license may be issued to any birth 26 27 center that is in substantial compliance with ss. 383.30 383.335 and with the rules of the agency. A provisional 2.8 29 license may be granted for a period of no more than 1 year 30 from the effective date of rules adopted by the agency, shall 31

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1 expire automatically at the end of its term, and may not be 2 renewed. 3 (c) A license, unless sooner suspended or revoked, 4 automatically expires 1 year from its date of issuance and is 5 renewable upon application for renewal and payment of the fee 6 prescribed, provided the applicant and the birth center meet 7 the requirements established under ss. 383.30 383.335 and by 8 rules promulgated hereunder. A complete application for renewal of a license shall be made 90 days prior to expiration 9 10 of the license on forms provided by the agency. (2) An application for a license, or renewal thereof, 11 12 shall be made to the agency upon forms provided by it and 13 shall contain such information as the agency reasonably requires, which may include affirmative evidence of ability to 14 comply with applicable laws and rules. 15 (3)(a) Each application for a birth center license, or 16 17 renewal thereof, shall be accompanied by a license fee. Fees shall be established by rule of the agency. Such fees are 18 payable to the agency and shall be deposited in a trust fund 19 administered by the agency, to be used for the sole purpose of 2.0 21 carrying out the provisions of ss. 383.30 383.335. 22 (b) The fees established pursuant to ss. 23 383.30 383.335 shall be based on actual costs incurred by the agency in the administration of its duties under such 2.4 25 sections. (4) Each license is valid only for the person or 26 27 governmental unit to whom or which it is issued; is not 2.8 subject to sale, assignment, or other transfer, voluntary or involuntary; and is not valid for any premises other than 29 30 those for which it was originally issued. 31

1 (5) Each license shall be posted in a conspicuous 2 place on the licensed premises. 3 (6) Whenever the agency finds that there has been a substantial failure to comply with the requirements 4 established under ss. 383.30 383.335 or in rules adopted under 5 those sections, it is authorized to deny, suspend, or revoke a 6 7 license. (2)(7) Each applicant for licensure and each licensee 8 must comply with the following requirements of this chapter 9 10 and part II of chapter 408.÷ (a) Upon receipt of a completed, signed, and dated 11 12 application, the agency shall require background screening, in 13 accordance with the level 2 standards for screening set forth in chapter 435, of the managing employee, or other similarly 14 titled individual who is responsible for the daily operation 15 of the center, and of the financial officer, or other 16 17 similarly titled individual who is responsible for the 18 financial operation of the center, including billings for patient care and services. The applicant must comply with the 19 procedures for level 2 background screening as set forth in 2.0 21 chapter 435 as well as the requirements of s. 435.03(3). 22 (b) The agency may require background screening of any 23 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 2.4 crime or has committed any other offense prohibited under 25 the level 2 standards for screening set forth in chapter 435. 26 27 (c) Proof of compliance with the level 2 background 2.8 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 29 health care licensure requirements of this state is acceptable 30 in fulfillment of the requirements of paragraph (a). 31

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

<pre>member of the board of directors of the applicant, its ifficers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a not for profit corporation or organization 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 for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant.</pre>	1	prohibited under the level 2 standards of chapter 435 by a
applicant. This requirement does not apply to a director of a not for profit corporation or organisation if the director serves solely in a voluntary capacity for the corporation or organisation, does not regularly take part in the day to day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization in the corporation or organization, previded that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant.	2	member of the board of directors of the applicant, its
not for profit corporation or organization 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 for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (c) or paragraph (f), or has omitted any material fact from the application required by paragraph (c) or paragraph (f); or	3	officers, or any individual owning 5 percent or more of the
<pre>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 for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (c) or paragraph (f), or has omitted any material fact from the application required by paragraph (c) or paragraph (f); or</pre>	4	applicant. This requirement does not apply to a director of a
<pre>organisation, does not regularly take part in the day to day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, (h) The agency may deny or revoke licensure if the applicant:</pre>	5	not for profit corporation or organization if the director
operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant+ 1. Has falsely represented a material fact in the application required by paragraph (c) or paragraph (f), or has omitted any material fact from the application required by paragraph (c) or paragraph (f); or	6	serves solely in a voluntary capacity for the corporation or
receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant. I. Has falsely represented a material fact in the application required by paragraph (c) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or	7	organization, does not regularly take part in the day to day
<pre>10 corporation or organization's board of directors, and has no 11 financial interest and has no family members with a financial 12 interest in the corporation or organization, provided that the 13 director and the not for profit corporation or organization 14 include in the application a statement affirming that the 15 director's relationship to the corporation satisfies the 16 requirements of this paragraph. 17 (g) A license may not be granted to an applicant if 18 the applicant or managing employee has been found guilty of, 19 regardless of adjudication, or has entered a plea of nolo 20 contendere or guilty to, any offense prohibited under the 21 level 2 standards for screening set forth in chapter 435, 22 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. 24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30</pre>	8	operational decisions of the corporation or organization,
<pre>11 financial interest and has no family members with a financial 12 interest in the corporation or organization, provided that the 13 director and the not for profit corporation or organization 14 include in the application a statement affirming that the 15 director's relationship to the corporation satisfies the 16 requirements of this paragraph. 17 (g) A license may not be granted to an applicant if 18 the applicant or managing employee has been found guilty of, 19 regardless of adjudication, or has entered a plea of nolo 20 contendere or guilty to, any offense prohibited under the 21 level 2 standards for screening set forth in chapter 435, 22 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. 24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30</pre>	9	receives no remuneration for his or her services on the
interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or 30	10	corporation or organization's board of directors, and has no
director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (c) or paragraph (f), or has omitted any material fact from the application required by paragraph (c) or paragraph (f); or	11	financial interest and has no family members with a financial
include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant. 16 1. Has falsely represented a material fact in the application required by paragraph (c) or paragraph (f), or has omitted any material fact from the application required by paragraph (c) or paragraph (f); or	12	interest in the corporation or organization, provided that the
director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (c) or paragraph (f); or	13	director and the not for profit corporation or organization
<pre>16 requirements of this paragraph. 17 (g) A license may not be granted to an applicant if 18 the applicant or managing employee has been found guilty of, 19 regardless of adjudication, or has entered a plea of nolo 20 contendere or guilty to, any offense prohibited under the 21 level 2 standards for screening set forth in chapter 435, 22 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. 24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (c) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30</pre>	14	include in the application a statement affirming that the
17 (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (c) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or	15	director's relationship to the corporation satisfies the
the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or	16	requirements of this paragraph.
<pre>19 regardless of adjudication, or has entered a plea of nolo 20 contendere or guilty to, any offense prohibited under the 21 level 2 standards for screening set forth in chapter 435, 22 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. 24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30</pre>	17	(g) A license may not be granted to an applicant if
<pre>20 contendere or guilty to, any offense prohibited under the 21 level 2 standards for screening set forth in chapter 435, 22 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. 24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30</pre>	18	the applicant or managing employee has been found guilty of,
21 level 2 standards for screening set forth in chapter 435, 22 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. 24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30	19	regardless of adjudication, or has entered a plea of nolo
22 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. 24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30	20	contendere or guilty to, any offense prohibited under the
the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant: 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or 30	21	level 2 standards for screening set forth in chapter 435,
24 (h) The agency may deny or revoke licensure if the 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30	22	unless an exemption from disqualification has been granted by
<pre>25 applicant: 26</pre>	23	the agency as set forth in chapter 435.
11 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30	24	(h) The agency may deny or revoke licensure if the
27 application required by paragraph (e) or paragraph (f), or has 28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30	25	applicant:
28 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30	26	1. Has falsely represented a material fact in the
<pre>29 paragraph (e) or paragraph (f); or 30</pre>	27	application required by paragraph (e) or paragraph (f), or has
30	28	omitted any material fact from the application required by
	29	paragraph (e) or paragraph (f); or
31	30	
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1 2. Has had prior action taken against the applicant 2 under the Medicaid or Medicare program as set forth in 3 paragraph (e). 4 (i) An application for license renewal must contain 5 information required under paragraphs (e) and (f). б Section 6. Section 383.309, Florida Statutes, is 7 amended to read: 383.309 Minimum standards for birth centers; rules and 8 enforcement. --9 10 (1) The agency shall adopt and enforce rules to administer ss. 383.30-383.335 and part II of chapter 408, 11 12 which rules shall include, but are not limited to, reasonable 13 and fair minimum standards for ensuring that: (a) Sufficient numbers and qualified types of 14 personnel and occupational disciplines are available at all 15 times to provide necessary and adequate patient care and 16 17 safety. Infection control, housekeeping, sanitary 18 (b) conditions, disaster plan, and medical record procedures that 19 will adequately protect patient care and provide safety are 20 21 established and implemented. 22 (c) Licensed facilities are established, organized, 23 and operated consistent with established programmatic 2.4 standards. 25 (2) Any licensed facility that is in operation at the 26 time of adoption of any applicable rule under ss. 27 383.30 383.335 shall be given a reasonable time under the 2.8 particular circumstances, not to exceed 1 year after the date of such adoption, within which to comply with such rule. 29 30 (2) (3) The agency may not establish any rule governing the design, construction, erection, alteration, modification, 31

repair, or demolition of birth centers. It is the intent of 1 2 the Legislature to preempt that function to the Florida Building Commission and the State Fire Marshal through 3 adoption and maintenance of the Florida Building Code and the 4 Florida Fire Prevention Code. However, the agency shall 5 6 provide technical assistance to the commission and the State 7 Fire Marshal in updating the construction standards of the 8 Florida Building Code and the Florida Fire Prevention Code which govern birth centers. In addition, the agency may 9 enforce the special-occupancy provisions of the Florida 10 Building Code and the Florida Fire Prevention Code which apply 11 12 to birth centers in conducting any inspection authorized under 13 this chapter or part II of chapter 408. Section 7. Subsection (1) of section 383.315, Florida 14 Statutes, is amended to read: 15 16 383.315 Agreements with consultants for advice or 17 services; maintenance.--(1) A birth center shall maintain in writing a 18 consultation agreement, signed within the current license 19 20 period year, with each consultant who has agreed to provide 21 advice and services to the birth center as requested. 22 Section 8. Section 383.324, Florida Statutes, is 23 amended to read: 383.324 Inspections and investigations; inspection 2.4 fees.--25 26 (1) The agency shall make or cause to be made such 27 inspections and investigations as it deems necessary. 2.8 (2) Each facility licensed under s. 383.305 shall pay 29 to the agency, at the time of inspection, an inspection fee established by rule of the agency. In addition to the 30 requirements of part II of chapter 408, 31

1 (3) the agency shall coordinate all periodic 2 inspections for licensure made by the agency to ensure that the cost to the facility of such inspections and the 3 disruption of services by such inspections is minimized. 4 Section 9. Section 383.325, Florida Statutes, is 5 б repealed. 7 Section 10. Section 383.33, Florida Statutes, is 8 amended to read: 9 383.33 Administrative penalties; emergency orders; moratorium on admissions.--10 (1) (1) (a) In addition to the requirements of part II of 11 12 chapter 408, the agency may deny, revoke, or suspend a 13 license, or impose an administrative fine not to exceed \$500 per violation per day $_{7}$  for the violation of any provision of 14 ss. 383.30-383.335, part II of chapter 408, or applicable 15 rules or any rule adopted under ss. 383.30 383.335. Each day 16 17 of violation constitutes a separate violation and is subject 18 to a separate fine. (2) (b) In determining the amount of the fine to be 19 levied for a violation, as provided in this section paragraph 20 (a), the following factors shall be considered: 21 22 (a)1. The severity of the violation, including the 23 probability that death or serious harm to the health or safety of any person will result or has resulted; the severity of the 2.4 25 actual or potential harm; and the extent to which the 26 provisions of ss. 383.30-383.335, part II of chapter 408, or 27 applicable rules were violated. 2.8 (b)2. Actions taken by the licensee to correct the 29 violations or to remedy complaints. 30 (c)3. Any previous violations by the licensee. 31

1 (c) All amounts collected pursuant to this section 2 shall be deposited into a trust fund administered by the agency to be used for the sole purpose of carrying out the 3 provisions of ss.383.30 383.335. 4 5 (2) The agency may issue an emergency order б immediately suspending or revoking a license when it 7 determines that any condition in the licensed facility 8 presents a clear and present danger to the public health and 9 safety. 10 (2)(3) In accordance with part II of chapter 408, the agency may impose an immediate moratorium on elective 11 12 admissions to any licensed facility, building or portion 13 thereof, or service when the agency determines that any condition in the facility presents a threat to the public 14 15 health or safety. Section 11. Section 383.331, Florida Statutes, is 16 17 repealed. 18 Section 12. Section 383.332, Florida Statutes, is amended to read: 19 383.332 Establishing, managing, or operating a birth 20 21 center without a license; penalty .-- Any person who 22 establishes, conducts, manages, or operates any birth center 23 facility without a license issued under s. 383.305 and part II of chapter 408 commits is guilty of a misdemeanor and, upon 2.4 conviction, shall be fined not more than \$100 for the first 25 26 offense and not more than \$500 for each subsequent offense; 27 and each day of continuing violation after conviction shall be 2.8 considered a separate offense. Section 13. Subsection (1) of section 383.335, Florida 29 30 Statutes, is amended to read: 31 383.335 Partial exemptions.--

29

1	(1) Any facility <u>that</u> which was providing obstetrical
2	and gynecological surgical services and was owned and operated
3	by a board-certified obstetrician on June 15, 1984, and <u>that</u>
4	would which otherwise be subject to licensure under ss.
5	383.30-383.335 as a birth center, is exempt from the
6	provisions of ss. 383.30-383.335 and part II of chapter 408
7	which restrict the provision of surgical services and outlet
8	forceps delivery and the administration of anesthesia at birth
9	centers. The agency shall adopt rules specifically related to
10	the performance of such services and the administration of
11	anesthesia at such facilities.
12	Section 14. Subsection (4) of section 383.50, Florida
13	Statutes, is amended to read:
14	383.50 Treatment of abandoned newborn infant
15	(4) Each hospital of this state subject to s. 395.1041
16	shall, and any other hospital may, admit and provide all
17	necessary emergency services and care, as defined in s.
18	395.002(9)(10), to any newborn infant left with the hospital
19	in accordance with this section. The hospital or any of its
20	licensed health care professionals shall consider these
21	actions as implied consent for treatment, and a hospital
22	accepting physical custody of a newborn infant has implied
23	consent to perform all necessary emergency services and care.
24	The hospital or any of its licensed health care professionals
25	is immune from criminal or civil liability for acting in good
26	faith in accordance with this section. Nothing in this
27	subsection limits liability for negligence.
28	Section 15. Subsection (5) of section 390.011, Florida
29	Statutes, is amended to read:
30	390.011 DefinitionsAs used in this chapter, the
31	term:
	20

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1 (5) "Hospital" means a facility as defined in s. 2 <u>395.002(12) and licensed under chapter 395 and part II of</u> chapter 408. 3 4 Section 16. Subsection (1) of section 390.012, Florida Statutes, is amended to read: 5 б 390.012 Powers of agency; rules; disposal of fetal 7 remains.--8 (1) The agency <u>may</u> shall have the authority to develop and enforce rules pursuant to ss. 390.001-390.018 and part II 9 10 of chapter 408 for the health, care, and treatment of persons in abortion clinics and for the safe operation of such 11 12 clinics. 13 (a) The rules shall be reasonably related to the preservation of maternal health of the clients. 14 (b) The rules shall be in accordance with s. 797.03 15 and may not impose an unconstitutional burden on a woman's 16 17 freedom to decide whether to terminate her pregnancy. 18 (c) The rules shall provide for: 19 1. The performance of pregnancy termination procedures only by a licensed physician. 20 21 2. The making, protection, and preservation of patient 22 records, which shall be treated as medical records under 23 chapter 458. Section 17. Section 390.013, Florida Statutes, is 2.4 repealed. 25 Section 18. Section 390.014, Florida Statutes, is 26 27 amended to read: 28 390.014 Licenses; fees, display, etc. --(1) The requirements of part II of chapter 408 shall 29 apply to the provision of services that require licensure 30 pursuant to ss. 390.011-390.018 and part II of chapter 408 and 31

1 to entities licensed by or applying for such licensure from 2 the Agency for Health Care Administration pursuant to ss. <u>390.011-390.018. A license issued by the agency is required in</u> 3 4 order to operate a clinic in this state. No abortion clinic shall operate in this state without a currently effective 5 6 license issued by the agency. 7 (2) A separate license shall be required for each 8 clinic maintained on separate premises, even though it is 9 operated by the same management as another clinic; but a separate license shall not be required for separate buildings 10 11 on the same premises. 12 (3) In accordance with s. 408.805, an applicant or 13 licensee shall pay a fee for each license application submitted under this part and part II of chapter 408. The 14 amount of the fee shall be established by rule and The annual 15 license fee required for a clinic shall be nonrefundable and 16 17 shall be reasonably calculated to cover the cost of regulation 18 under this chapter, but may not be less than \$70 or \$35 nor more than  $\frac{500}{250}$ . 19 20 (4) Counties and municipalities applying for licenses 21 under this act shall be exempt from the payment of the license 22 fees. 23 (5) The license shall be displayed in a conspicuous 2.4 place inside the clinic. (6) A license shall be valid only for the clinic to 25 which it is issued, and it shall not be subject to sale, 26 27 assignment, or other transfer, voluntary or involuntary. No 2.8 license shall be valid for any premises other than those for which it was originally issued. 29 Section 19. Section 390.015, Florida Statutes, is 30 amended to read: 31

390.015 Application for license.--1 2 (1) In addition to the requirements of part II of 3 chapter 408, an application for a license to operate an 4 abortion clinic shall be made to the agency and must include on a form furnished by it for that purpose. The application 5 6 shall be accompanied by the applicable license fee. 7 (2) The application, which shall be made under oath, 8 shall contain, among other things, the following: 9 (a) The name and address of the applicant if the 10 applicant is an individual; or if the applicant is a firm, partnership, or association, the name and address of each 11 12 member thereof; or if the applicant is a corporation, its name 13 and address and the name and address of each of its officers. (b) The name by which the clinic is to be known. 14 (c) the location of the clinic for which application 15 is made and a statement that local zoning ordinances permit 16 17 such location. 18 (d) The name of the person or persons under whose management or supervision the clinic will be operated. 19 20 (3) Each applicant for licensure must comply with the 21 following requirements: 22 <del>(a)</del> Upon receipt of a completed, signed, and dated 23 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 2.4 25 in chapter 435, of the managing employee, or other similarly titled individual who is responsible for the daily operation 26 of the clinic, and financial officer, or other similarly 27 2.8 titled individual who is responsible for the financial operation of the clinic, including billings for patient care 29 30 and services. The applicant must comply with the procedures 31

1 for level 2 background screening as set forth in chapter 435, 2 as well as the requirements of s. 435.03(3). (b) The agency may require background screening of any 3 4 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 5 6 a crime or has committed any other offense prohibited under 7 the level 2 standards for screening set forth in chapter 435. (c) Proof of compliance with the level 2 background 8 screening requirements of chapter 435 which has been submitted 9 10 within the previous 5 years in compliance with any other health care licensure requirements of this state is acceptable 11 12 in fulfillment of the requirements of paragraph (a). 13 (d) A provisional license may be granted to an applicant when each individual required by this section to 14 15 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 16 17 has not yet received background screening results from the 18 Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as 19 set forth in chapter 435 but a response has not yet been 2.0 21 issued. A standard license may be granted to the applicant 2.2 upon the agency's receipt of a report of the results of the 23 Federal Bureau of Investigation background screening for each individual required by this section to undergo background 2.4 screening which confirms that all standards have been met, or 25 upon the granting of a disqualification exemption by the 26 27 agency as set forth in chapter 435. Any other person who is 2.8 required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report 29 from the Federal Bureau of Investigation. However, the person 30 may not continue to serve if the report indicates any 31

1 violation of background screening standards and a 2 disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435. 3 4 (e) Each applicant must submit to the agency, with its 5 application, a description and explanation of any exclusions, 6 permanent suspensions, or terminations of the applicant from 7 the Medicare or Medicaid programs. Proof of compliance with 8 the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs shall be 9 10 accepted in lieu of this submission. (f) Each applicant must submit to the agency a 11 12 description and explanation of any conviction of an offense 13 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 14 officers, or any individual owning 5 percent or more of the 15 applicant. This requirement does not apply to a director of a 16 17 not for profit corporation or organization if the director 18 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 19 operational decisions of the corporation or organization, 2.0 21 receives no remuneration for his or her services on the 2.2 corporation or organization's board of directors, and has no 23 financial interest and has no family members with a financial interest in the corporation or organization, provided that the 2.4 director and the not for profit corporation or organization 25 26 include in the application a statement affirming that the 27 director's relationship to the corporation satisfies the 2.8 requirements of this paragraph. 29 A license may not be granted to an applicant if  $(\alpha)$ 30 the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo 31

1 contendere or quilty to, any offense prohibited under the 2 level 2 standards for screening set forth in chapter 435, 3 unless an exemption from disqualification has been granted by 4 the agency as set forth in chapter 435. 5 (h) The agency may deny or revoke licensure if the б applicant: 7 1. Has falsely represented a material fact in the 8 application required by paragraph (e) or paragraph (f), or has 9 omitted any material fact from the application required by 10 paragraph (e) or paragraph (f); or Has had prior action taken against the applicant 11 2 12 under the Medicaid or Medicare program as set forth in 13 paragraph (e). (i) An application for license renewal must contain 14 15 the information required under paragraphs (e) and (f). Section 20. Section 390.016, Florida Statutes, is 16 17 repealed. 18 Section 21. Section 390.017, Florida Statutes, is <u>repealed.</u> 19 Section 22. Section 390.018, Florida Statutes, is 20 21 amended to read: 22 390.018 Administrative fine penalty in lieu of 23 revocation or suspension. -- In addition to the requirements of part II of chapter 408 If the agency finds that one or more 2.4 25 grounds exist for the revocation or suspension of a license issued to an abortion clinic, the agency may, in lieu of such 26 27 suspension or revocation, impose a fine upon the clinic in an 2.8 amount not to exceed \$1,000 for each violation of any provision of this part, part II of chapter 408, or applicable 29 rules. The fine shall be paid to the agency within 60 days 30 from the date of entry of the administrative order. If the 31

1 licensee fails to pay the fine in its entirety to the agency 2 within the period allowed, the license of the licensee shall 3 stand suspended, revoked, or renewal or continuation may be 4 refused, as the case may be, upon expiration of such period 5 and without any further administrative or judicial 6 proceedings. 7 Section 23. Section 390.019, Florida Statutes, is 8 <u>repealed.</u> 9 Section 24. Section 390.021, Florida Statutes, is 10 repealed. Section 25. Subsection (13) of section 394.455, 11 12 Florida Statutes, is amended to read: 13 394.455 Definitions.--As used in this part, unless the context clearly requires otherwise, the term: 14 (13) "Hospital" means a facility as defined in s. 15 395.002 and licensed under chapter 395 and part II of chapter 16 17 408. Section 26. Subsection (7) of section 394.4787, 18 Florida Statutes, is amended to read: 19 394.4787 Definitions; ss. 394.4786, 394.4787, 20 21 394.4788, and 394.4789.--As used in this section and ss. 22 394.4786, 394.4788, and 394.4789: 23 (7) "Specialty psychiatric hospital" means a hospital licensed by the agency pursuant to s. 395.002(28) and part II 2.4 of chapter 408 s. 395.002(29) as a specialty psychiatric 25 hospital. 26 27 Section 27. Subsections (3) through (25) of section 2.8 394.67, Florida Statutes, are renumbered as subsections (2) through (24), respectively, and present subsections (2) and 29 30 (4) of that section are amended to read: 394.67 Definitions.--As used in this part, the term: 31

1 (2) "Applicant" means an individual applicant, or any 2 officer, director, agent, managing employee, or affiliated 3 person, or any partner or shareholder having an ownership 4 interest equal to a 5 percent or greater interest in the 5 corporation, partnership, or other business entity. б (3)(4) "Crisis services" means short-term evaluation, 7 stabilization, and brief intervention services provided to a 8 person who is experiencing an acute mental or emotional crisis, as defined in subsection(17)(18), or an acute 9 substance abuse crisis, as defined in subsection (18)(19), to 10 prevent further deterioration of the person's mental health. 11 12 Crisis services are provided in settings such as a crisis 13 stabilization unit, an inpatient unit, a short-term residential treatment program, a detoxification facility, or 14 an addictions receiving facility; at the site of the crisis by 15 a mobile crisis response team; or at a hospital on an 16 17 outpatient basis. Section 28. Subsection (3) of section 394.74, Florida 18 Statutes, is amended to read: 19 20 394.74 Contracts for provision of local substance 21 abuse and mental health programs. --22 (3) Contracts shall include, but are not limited to: 23 (a) A provision that, within the limits of available resources, substance abuse and mental health crisis services, 2.4 as defined in s. 394.67(3)(4), shall be available to any 25 26 individual residing or employed within the service area, 27 regardless of ability to pay for such services, current or 2.8 past health condition, or any other factor; (b) A provision that such services be available with 29 30 priority of attention being given to individuals who exhibit 31

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1 symptoms of chronic or acute substance abuse or mental illness 2 and who are unable to pay the cost of receiving such services; 3 (c) A provision that every reasonable effort to 4 collect appropriate reimbursement for the cost of providing substance abuse and mental health services to persons able to 5 6 pay for services, including first-party payments and 7 third-party payments, shall be made by facilities providing 8 services pursuant to this act; (d) A program description and line-item operating 9 budget by program service component for substance abuse and 10 mental health services, provided the entire proposed operating 11 12 budget for the service provider will be displayed; 13 (e) A provision that client demographic, service, and outcome information required for the department's Mental 14 Health and Substance Abuse Data System be submitted to the 15 department by a date specified in the contract. The department 16 17 may not pay the provider unless the required information has 18 been submitted by the specified date; and (f) A requirement that the contractor must conform to 19 department rules and the priorities established thereunder. 20 21 Section 29. Subsections (1) and (4) of section 394.82, 22 Florida Statutes, are amended to read: 23 394.82 Funding of expanded services.--(1) Pursuant to the General Appropriations Acts for 2.4 the 2001-2002 and 2002-2003 fiscal years, funds appropriated 25 to the Department of Children and Family Services for the 26 27 purpose of expanding community mental health services must be 2.8 used to implement programs that emphasize crisis services as defined in s. 394.67(3)(4) and treatment services, 29 rehabilitative services, support services, and case management 30 services, as defined in s. 394.67(15)(16). Following the 31

1 2002-2003 fiscal year, the Department of Children and Family Services must continue to expand the provision of these 2 community mental health services. 3 (4) By January 1, 2004, the crisis services defined in 4 s. 394.67(3)(4) shall be implemented, as appropriate, in the 5 6 state's public community mental health system to serve 7 children and adults who are experiencing an acute mental or 8 emotional crisis, as defined in s. 394.67(17)(18). By January 9 1, 2006, the mental health services defined in s. 394.67(15)(16) shall be implemented, as appropriate, in the 10 state's public community mental health system to serve adults 11 12 and older adults who have a severe and persistent mental 13 illness and to serve children who have a serious emotional disturbance or mental illness, as defined in s. 394.492(6). 14 Section 30. Section 394.875, Florida Statutes, is 15 16 amended to read: 17 394.875 Crisis stabilization units, residential 18 treatment facilities, and residential treatment centers for children and adolescents; authorized services; license 19 required; penalties. --20 21 (1)(a) The purpose of a crisis stabilization unit is 22 to stabilize and redirect a client to the most appropriate and 23 least restrictive community setting available, consistent with the client's needs. Crisis stabilization units may screen, 2.4 25 assess, and admit for stabilization persons who present 26 themselves to the unit and persons who are brought to the unit 27 under s. 394.463. Clients may be provided 24-hour observation, 2.8 medication prescribed by a physician or psychiatrist, and other appropriate services. Crisis stabilization units shall 29 provide services regardless of the client's ability to pay and 30 shall be limited in size to a maximum of 30 beds. 31

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1 (b) The purpose of a residential treatment facility is 2 to be a part of a comprehensive treatment program for mentally ill individuals in a community-based residential setting. 3 4 (c) The purpose of a residential treatment center for children and adolescents is to provide mental health 5 б assessment and treatment services pursuant to ss. 394.491, 7 394.495, and 394.496 to children and adolescents who meet the 8 target population criteria specified in s. 394.493(1)(a), (b), 9 or (c). 10 (2) The requirements of part II of chapter 408 apply to the provision of services that require licensure under ss. 11 12 394.455-394.904 and part II of chapter 408 and to entities 13 licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to ss. 394.455-394.904. A 14 license issued by the agency is required in order to operate 15 It is unlawful for any entity to hold itself out as a crisis 16 17 stabilization unit, a residential treatment facility, or a 18 residential treatment center for children and adolescents, or to act as a crisis stabilization unit, a residential treatment 19 facility, or a residential treatment center for children and 20 21 adolescents in this state, unless it is licensed by the agency 2.2 pursuant to this chapter. 23 (3) Any person who violates subsection (2) is quilty 2.4 of a misdemeanor of the first degree, punishable as provided 775.082 or s. 775.083. 25 in s. 26 (4) The agency may maintain an action in circuit court to enjoin the unlawful operation of a crisis stabilization 27 2.8 unit, a residential treatment facility, or a residential treatment center for children and adolescents if the agency 29 30 first gives the violator 14 days' notice of its intention to 31

1 maintain such action and if the violator fails to apply for 2 licensure within such 14 day period. 3 (3) (5) The following are exempt from licensure as 4 required in ss. 394.455-394.904 Subsection (2) does not apply 5 to: б (a) Homes for special services licensed under chapter 7 400<u>.; or</u> 8 (b) Nursing homes licensed under chapter 400. (c) Comprehensive transitional education programs 9 licensed under s. 393.067. 10 (4) (4) (6) The department, in consultation with the 11 12 agency, may establish multiple license classifications for 13 residential treatment facilities. (5)(7) The agency may not issue a license to a crisis 14 stabilization unit unless the unit receives state mental 15 health funds and is affiliated with a designated public 16 17 receiving facility. 18 (6) (8) The agency may issue a license for a crisis stabilization unit or short-term residential treatment 19 facility, certifying the number of authorized beds for such 20 21 facility as indicated by existing need and available 22 appropriations. The agency may disapprove an application for 23 such a license if it determines that a facility should not be licensed pursuant to the provisions of this chapter. Any 2.4 facility operating beds in excess of those authorized by the 25 26 agency shall, upon demand of the agency, reduce the number of 27 beds to the authorized number, forfeit its license, or provide 2.8 evidence of a license issued pursuant to chapter 395 for the excess beds. 29 30 (7)(9) A children's crisis stabilization unit which does not exceed 20 licensed beds and which provides separate 31

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1 facilities or a distinct part of a facility, separate 2 staffing, and treatment exclusively for minors may be located 3 on the same premises as a crisis stabilization unit serving 4 adults. The department, in consultation with the agency, shall 5 adopt rules governing facility construction, staffing and 6 licensure requirements, and the operation of such units for 7 minors.

(8) (10) The department, in consultation with the 8 9 agency, must adopt rules governing a residential treatment 10 center for children and adolescents which specify licensure standards for: admission; length of stay; program and 11 12 staffing; discharge and discharge planning; treatment 13 planning; seclusion, restraints, and time-out; rights of patients under s. 394.459; use of psychotropic medications; 14 and standards for the operation of such centers. 15

16 (9)(11) Notwithstanding the provisions of subsection 17 (8), crisis stabilization units may not exceed their licensed 18 capacity by more than 10 percent, nor may they exceed their 19 licensed capacity for more than 3 consecutive working days or 20 for more than 7 days in 1 month.

21 (10)(12) Notwithstanding the other provisions of this 22 section, any facility licensed under former chapter 396 and 23 chapter 397 for detoxification, residential level I care, and outpatient treatment may elect to license concurrently all of 2.4 the beds at such facility both for that purpose and as a 25 26 long-term residential treatment facility pursuant to this 27 section, if all of the following conditions are met: 2.8 (a) The licensure application is received by the 29 department prior to January 1, 1993.

30 (b) On January 1, 1993, the facility was licensed31 under former chapter 396 and chapter 397 as a facility for

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detoxification, residential level I care, and outpatient 1 2 treatment of substance abuse. (c) The facility restricted its practice to the 3 treatment of law enforcement personnel for a period of at 4 least 12 months beginning after January 1, 1992. 5 б (d) The number of beds to be licensed under this 7 chapter is equal to or less than the number of beds licensed 8 under former chapter 396 and chapter 397 as of January 1, 1993. 9 10 (e) The licensee agrees in writing to a condition placed upon the license that the facility will limit its 11 12 treatment exclusively to law enforcement personnel and their 13 immediate families who are seeking admission on a voluntary basis and who are exhibiting symptoms of posttraumatic stress 14 disorder or other mental health problems, including drug or 15 alcohol abuse, which are directly related to law enforcement 16 17 work and which are amenable to verbal treatment therapies; the licensee agrees to coordinate the provision of appropriate 18 postresidential care for discharged individuals; and the 19 licensee further agrees in writing that a failure to meet any 20 21 condition specified in this paragraph shall constitute grounds 22 for a revocation of the facility's license as a residential 23 treatment facility. (f) The licensee agrees that the facility will meet 2.4 all licensure requirements for a residential treatment 25 26 facility, including minimum standards for compliance with 27 lifesafety requirements, except those licensure requirements 2.8 which are in express conflict with the conditions and other provisions specified in this subsection. 29 30 31

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1 The licensee agrees that the conditions stated in (q) 2 this subsection must be agreed to in writing by any person acquiring the facility by any means. 3 4 5 Any facility licensed under this subsection is not required to б provide any services to any persons except those included in 7 the specified conditions of licensure, and is exempt from any 8 requirements related to the 60-day or greater average length of stay imposed on community-based residential treatment 9 10 facilities otherwise licensed under this chapter. (13) Each applicant for licensure must comply with the 11 12 following requirements: 13 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in 14 accordance with the level 2 standards for screening set forth 15 in chapter 435, of the managing employee and financial 16 17 officer, or other similarly titled individual who is 18 responsible for the financial operation of the facility, including billings for client care and services. The applicant 19 must comply with the procedures for level 2 background 2.0 21 screening as set forth in chapter 435, as well as the 2.2 requirements of s. 435.03(3). 23 (b) The agency may require background screening of any other individual who is an applicant if the agency has 2.4 probable cause to believe that he or she has been convicted of 25 crime or has committed any other offense prohibited under 26 27 the level 2 standards for screening set forth in chapter 435. 28 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 29 30 within the previous 5 years in compliance with any other 31

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

1	(f) Each applicant must submit to the agency a
2	description and explanation of any conviction of an offense
3	prohibited under the level 2 standards of chapter 435 by a
4	member of the board of directors of the applicant, its
5	officers, or any individual owning 5 percent or more of the
б	applicant. This requirement does not apply to a director of a
7	not for profit corporation or organization if the director
8	serves solely in a voluntary capacity for the corporation or
9	organization, does not regularly take part in the day to day
10	operational decisions of the corporation or organization,
11	receives no remuneration for his or her services on the
12	corporation or organization's board of directors, and has no
13	financial interest and has no family members with a financial
14	interest in the corporation or organization, provided that the
15	director and the not for profit corporation or organization
16	include in the application a statement affirming that the
17	director's relationship to the corporation satisfies the
18	requirements of this paragraph.
19	(g) A license may not be granted to an applicant if
20	the applicant or managing employee has been found guilty of,
21	regardless of adjudication, or has entered a plea of nolo
22	contendere or guilty to, any offense prohibited under the
23	level 2 standards for screening set forth in chapter 435,
24	unless an exemption from disqualification has been granted by
25	the agency as set forth in chapter 435.
26	(h) The agency may deny or revoke licensure if the
27	applicant:
28	1. Has falsely represented a material fact in the
29	application required by paragraph (e) or paragraph (f), or has
30	omitted any material fact from the application required by
31	<del>paragraph (e) or paragraph (f); or</del>
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1 2. Has had prior action taken against the applicant 2 under the Medicaid or Medicare program as set forth in 3 paragraph (e). 4 (i) An application for license renewal must contain 5 information required under paragraphs (e) and (f). б Section 31. Section 394.876, Florida Statutes, is 7 amended to read: 8 394.876 Applications.--9 (1) In addition to the requirements of part II of 10 chapter 408, any person desiring to be licensed under this chapter shall apply to the agency and on forms provided by the 11 12 agency. the application must shall contain the following: (a) The name and address of the applicant, the name of 13 the unit or facility, and the address of the unit or facility. 14 (b)1. If the applicant is a partnership, association, 15 or other form of entity other than an individual or a 16 17 corporation, the name and address of each member or owner of 18 the entity. 19 2. If the applicant is a corporation, the name and address of each director or officer and the name and address 2.0 21 of each person holding at least 5 percent ownership interest 2.2 in the corporation. 23 (c) such information as the department and the agency find necessary to determine the ability of the applicant to 2.4 carry out its responsibilities under this chapter. 25 (2) The applicant shall furnish proof satisfactory to 26 27 the agency of its financial ability to operate the unit or 2.8 facility in accordance with this chapter. An applicant for an original license shall submit a balance sheet and a statement 29 projecting revenues, expenses, taxes, extraordinary items, and 30 other credits and charges for the first 6 months of operation. 31

1 (2) (2) (3) The applicant shall provide proof of liability 2 insurance coverage in amounts set by the department and the 3 agency by rule. 4 (4) The agency shall accept proof of accreditation by 5 the Joint Commission on Accreditation of Hospitals in lieu of 6 the information required by subsection (1). 7 Section 32. Section 394.877, Florida Statutes, is 8 amended to read: 9 394.877 Fees.--10 (1) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 11 submitted under this part, part II of chapter 408, and 12 13 applicable rules. The amount of the fee shall be established by rule. Each application for licensure or renewal must be 14 accompanied by a fee set by the department, in consultation 15 with the agency, by rule. Such fees shall be reasonably 16 17 calculated to cover only the cost of regulation under this 18 chapter. (2) All fees collected under this section shall be 19 deposited in the Health Care Trust Fund. 2.0 21 Section 33. Section 394.878, Florida Statutes, is 22 repealed. 23 Section 34. Subsections (1), (3), (4), and (5) of section 394.879, Florida Statutes, are amended to read: 2.4 394.879 Rules; enforcement.--25 (1) The agency, in consultation with the department, 26 27 may adopt rules to administer the requirements of part II of 2.8 chapter 408. The department, in consultation with the agency, shall adopt rules pursuant to ss. 120.536(1) and 120.54 to 29 30 administer implement the provisions of this chapter, 31

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including, at a minimum, rules providing standards to ensure 1 2 that: 3 (a) Sufficient numbers and types of qualified personnel are on duty and available at all times to provide 4 necessary and adequate client safety and care. 5 б (b) Adequate space is provided each client of a licensed facility. 7 (c) Licensed facilities are limited to an appropriate 8 number of beds. 9 10 (d) Each licensee establishes and implements adequate infection control, housekeeping, sanitation, disaster 11 12 planning, and medical recordkeeping. 13 (e) Licensed facilities are established, organized, and operated in accordance with programmatic standards of the 14 15 department. (f) The operation and purposes of these facilities 16 17 assure individuals' health, safety, and welfare. (g) The use of restraint and seclusion is consistent 18 with recognized best practices and professional judgment; that 19 inherently dangerous restraint or seclusion procedures are 20 21 prohibited; that limitations are established on the use and 2.2 duration of restraint and seclusion; that measures are 23 established to ensure the safety of program participants and staff during an incident of restraint or seclusion; that 2.4 procedures are created for staff to follow before, during, and 25 26 after incidents of restraint or seclusion; that professional 27 qualifications and training are established for staff who may 2.8 order or be engaged in the use of restraint or seclusion; and that mandatory reporting, data collection, and data 29 dissemination procedures and requirements are instituted. 30 Rules adopted under this section must require that any 31

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1 instance of the use of restraint or seclusion shall be 2 documented in the record of the client. (3) The department, in consultation with the agency, 3 4 shall allow any licensed facility in operation at the time of 5 adoption of any rule a reasonable period, not to exceed 1 6 year, to bring itself into compliance with department rules 7 such rule. 8 (4) In accordance with part II of chapter 408, the agency may impose an administrative penalty of no more than 9 \$500 per day against any licensee that violates any rule 10 adopted pursuant to this section and may suspend and or revoke 11 12 the license and or deny the renewal application of such 13 licensee. In imposing such penalty, the agency shall consider the severity of the violation, actions taken by the licensee 14 to correct the violation, and previous violations by the 15 licensee. Fines collected under this subsection shall be 16 17 deposited in the Mental Health Facility Licensing Trust Fund. 18 (5) The agency or the department may not adopt any rule governing the design, construction, erection, alteration, 19 modification, repair, or demolition of crisis stabilization 20 21 units. It is the intent of the Legislature to preempt that 22 function to the Florida Building Commission and the State Fire 23 Marshal through adoption and maintenance of the Florida Building Code and the Florida Fire Prevention Code. However, 2.4 the agency shall provide technical assistance to the 25 commission and the State Fire Marshal in updating the 26 27 construction standards of the Florida Building Code and the 2.8 Florida Fire Prevention Code which govern crisis stabilization units. In addition, the agency may enforce the 29 special-occupancy provisions of the Florida Building Code and 30 the Florida Fire Prevention Code which apply to crisis 31

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1 stabilization units in conducting any inspection authorized 2 under this part or part II of chapter 408. Section 35. Paragraph (a) of subsection (1) of section 3 4 394.90, Florida Statutes, is amended to read: 5 394.90 Inspection; right of entry; records.-б (1)(a) The department and the agency, in accordance 7 with s. 408.811, and the department may enter and inspect at any time a licensed facility to determine whether the facility 8 is in compliance with this chapter, part II of chapter 408, 9 and applicable the rules of the department. 10 Section 36. Section 394.902, Florida Statutes, is 11 12 amended to read: 13 394.902 Moratorium on admissions Denial, suspension, and revocation; other remedies .--14 (1) The agency may issue an emergency order suspending 15 or revoking a license if the agency determines that the 16 17 continued operation of the licensed facility presents a clear 18 and present danger to the public health or safety. (2) In accordance with part II of chapter 408, the 19 agency may impose a moratorium on elective admissions to a 20 21 licensee or any program or portion of a licensed facility if 2.2 the agency determines that any condition in the facility 23 presents a threat to the public health or safety. 2.4 (3) If the agency determines that an applicant or 25 licensee is not in compliance with this chapter or the rules 26 adopted under this chapter, the agency may deny, suspend, or 27 revoke the license or application or may suspend, revoke, or 2.8 impose reasonable restrictions on any portion of the license. If a license is revoked, the licensee is barred from 29 submitting any application for licensure to the agency for a 30 period of 6 months following revocation. 31

1 (4) The agency may maintain an action in circuit court 2 enjoin the operation of any licensed or unlicensed facility 3 violation of this chapter or the rules adopted under this 4 <del>chapter.</del> 5 (5) License denial, suspension, or revocation 6 procedures shall be in accordance with chapter 120. 7 Section 37. Subsection (7) of section 394.907, Florida 8 Statutes, is amended to read: 394.907 Community mental health centers; quality 9 10 assurance programs. --(7) The department shall have access to all records 11 12 necessary to determine licensee agency compliance with the 13 provisions of this section. The records of quality assurance programs which relate solely to actions taken in carrying out 14 the provisions of this section, and records obtained by the 15 department to determine licensee agency compliance with this 16 17 section, are confidential and exempt from s. 119.07(1). Such 18 records are not admissible in any civil or administrative action, except in disciplinary proceedings by the Department 19 of Business and Professional Regulation and the appropriate 20 21 regulatory board, nor shall such records be available to the 22 public as part of the record of investigation for, and 23 prosecution in disciplinary proceedings made available to the public by the Department of Business and Professional 2.4 Regulation or the appropriate regulatory board. Meetings or 25 26 portions of meetings of quality assurance program committees 27 that relate solely to actions taken pursuant to this section 2.8 are exempt from s. 286.011. Section 38. Subsections (5) through (33) of section 29 30 395.002, Florida Statutes, are renumbered as subsections (4) 31

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1 through (32), respectively, and present subsections (4), (11), 2 and (29) of that section are amended to read: 3 395.002 Definitions.--As used in this chapter: (4) "Applicant" means an individual applicant, or any 4 5 officer, director, or agent, or any partner or shareholder б having an ownership interest equal to a 5 percent or greater 7 interest in the corporation, partnership, or other business 8 entity. 9 (10)(11) "General hospital" means any facility which meets the provisions of subsection(12)(13) and which 10 regularly makes its facilities and services available to the 11 12 general population. 13 (28)<del>(29)</del> "Specialty hospital" means any facility which meets the provisions of subsection(12)(13), and which 14 regularly makes available either: 15 (a) The range of medical services offered by general 16 17 hospitals, but restricted to a defined age or gender group of 18 the population; (b) A restricted range of services appropriate to the 19 diagnosis, care, and treatment of patients with specific 20 21 categories of medical or psychiatric illnesses or disorders; 22 or 23 (c) Intensive residential treatment programs for children and adolescents as defined in subsection(15)(16). 2.4 25 Section 39. Section 395.003, Florida Statutes, is amended to read: 26 27 395.003 Licensure; issuance, renewal, denial, 2.8 modification, suspension, and revocation .--29 (1)(a) The requirements of part II of chapter 408 apply to the provision of services that require licensure 30 pursuant to ss. 395.001-395.1065 and part II of chapter 408 31

1 and to entities licensed by or applying for such licensure 2 from the Agency for Health Care Administration pursuant to ss. 395.001-395.1065. A license issued by the agency is required 3 in order to operate A person may not establish, conduct, or 4 maintain a hospital, ambulatory surgical center, or mobile 5 6 surgical facility in this state without first obtaining a 7 license under this part. (b)1. It is unlawful for a person to use or advertise 8 9 to the public, in any way or by any medium whatsoever, any 10 facility as a "hospital," "ambulatory surgical center," or "mobile surgical facility" unless such facility has first 11 12 secured a license under the provisions of this part. 13 2. This part does not apply to veterinary hospitals or to commercial business establishments using the word 14 "hospital," "ambulatory surgical center," or "mobile surgical 15 facility" as a part of a trade name if no treatment of human 16 17 beings is performed on the premises of such establishments. 18 (c) 3. Until July 1, 2006, additional emergency departments located off the premises of licensed hospitals may 19 not be authorized by the agency. 20 21 (2)(a) Upon the receipt of an application for a 2.2 license and the license fee, the agency shall issue a license 23 if the applicant and facility have received all approvals 2.4 required by law and meet the requirements established under this part and in rules. Such license shall include all beds 25 26 and services located on the premises of the facility. 27 (b) A provisional license may be issued to a new 2.8 facility or a facility that is in substantial compliance with 29 this part and with the rules of the agency. A provisional 30 license shall be granted for a period of no more than 1 year 31

1 and shall expire automatically at the end of its term. A 2 provisional license may not be renewed. 3 (c)A license, unless sooner suspended or revoked, 4 shall automatically expire 2 years from the date of issuance 5 and shall be renewable biennially upon application for renewal б and payment of the fee prescribed by s. 395.004(2), provided 7 the applicant and licensed facility meet the requirements 8 established under this part and in rules. An application for 9 renewal of a license shall be made 90 days prior to expiration of the license, on forms provided by the agency. 10 (a)(d) In addition to the requirements in part II of 11 12 chapter 408, the agency shall, at the request of a licensee, 13 issue a single license to a licensee for facilities located on separate premises. Such a license shall specifically state the 14 location of the facilities, the services, and the licensed 15 beds available on each separate premises. If a licensee 16 17 requests a single license, the licensee shall designate which 18 facility or office is responsible for receipt of information, payment of fees, service of process, and all other activities 19 necessary for the agency to carry out the provisions of this 20 21 part. 22 (b)(e) The agency shall, at the request of a licensee 23 that is a teaching hospital as defined in s. 408.07(45), issue a single license to a licensee for facilities that have been 2.4 previously licensed as separate premises, provided such 25 26 separately licensed facilities, taken together, constitute the 27 same premises as defined in s.  $395.002(23)\frac{(24)}{(24)}$ . Such license 2.8 for the single premises shall include all of the beds, 29 services, and programs that were previously included on the licenses for the separate premises. The granting of a single 30 license under this paragraph shall not in any manner reduce 31

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1 the number of beds, services, or programs operated by the 2 licensee. 3 (c)(f) Intensive residential treatment programs for 4 children and adolescents which have received accreditation from an accrediting organization as defined in s. 395.002(1) 5 6 and which meet the minimum standards developed by rule of the 7 agency for such programs shall be licensed by the agency under 8 this part. 9 (3)(a) Each license shall be valid only for the person 10 to whom it is issued and shall not be sold, assigned, or otherwise transferred, voluntarily or involuntarily. A license 11 12 is only valid for the premises for which it was originally 13 issued. (b)1. An application for a new license is required if 14 15 ownership, a majority of the ownership, or controlling interest of a licensed facility is transferred or assigned and 16 17 when a lessee agrees to undertake or provide services to the extent that legal liability for operation of the facility 18 rests with the lessee. The application for a new license 19 showing such change shall be made at least 60 days prior to 2.0 21 the date of the sale, transfer, assignment, or lease. 22 (3)<sup>2</sup>. In addition to the requirements of s. 408.807, 23 after a change of ownership has been approved by the agency, the transferee shall be liable for any liability to the state, 2.4 regardless of when identified, resulting from changes to 25 allowable costs affecting provider reimbursement for Medicaid 26 27 participation or Public Medical Assistance Trust Fund 2.8 Assessments, and related administrative fines. The transferee, 29 simultaneously with the transfer of ownership, shall pay or 30 make arrangements to pay to the agency or the department any 31 amount owed to the agency or the department; payment

1 assurances may be in the form of an irrevocable credit
2 instrument or payment bond acceptable to the agency or the
3 department provided by or on behalf of the transferor. The
4 issuance of a license to the transferee shall be delayed
5 pending payment or until arrangement for payment acceptable to
6 the agency or the department is made.

7 (4) The agency shall issue a license which specifies 8 the service categories and the number of hospital beds in each bed category for which a license is received. Such information 9 10 shall be listed on the face of the license. All beds which are not covered by any specialty-bed-need methodology shall be 11 12 specified as general beds. A licensed facility shall not 13 operate a number of hospital beds greater than the number indicated by the agency on the face of the license without 14 approval from the agency under conditions established by rule. 15 (5)(a) Adherence to patient rights, standards of care, 16

and examination and placement procedures provided under part I of chapter 394 shall be a condition of licensure for hospitals providing voluntary or involuntary medical or psychiatric observation, evaluation, diagnosis, or treatment.

21 (b) Any hospital that provides psychiatric treatment 22 to persons under 18 years of age who have emotional 23 disturbances shall comply with the procedures pertaining to the rights of patients prescribed in part I of chapter 394. 24 (c) A hospital that provides birthing services shall 25 affirm in writing as part of the application for a new, 26 27 provisional, or renewal license that the hospital shall comply 2.8 with s. 382.013(2)(c), which includes assisting unmarried 29 parents who request assistance in executing a voluntary acknowledgment of paternity. No fine or other sanction under 30 s. 395.1065 may be imposed on a hospital for noncompliance 31

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1 with s. 382.013(2)(c).(6) No specialty hospital shall provide 2 any service or regularly serve any population group beyond those services or groups specified in its license. 3 (7) Licenses shall be posted in a conspicuous place on 4 5 each of the licensed premises. (7)(8) In addition to the requirements of part II of 6 7 chapter 408, whenever the agency finds that there has been a 8 substantial failure to comply with the requirements established under this part or in rules, the agency is 9 authorized to deny, modify, suspend, and or revoke: 10 (a) A license; 11 12 (b) That part of a license which is limited to a 13 separate premises, as designated on the license; or (c) Licensure approval limited to a facility, 14 building, or portion thereof, or a service, within a given 15 16 premises. 17 (8)(9) A hospital may not be licensed or relicensed if: 18 The diagnosis-related groups for 65 percent or 19 (a) more of the discharges from the hospital, in the most recent 20 21 year for which data is available to the Agency for Health Care 22 Administration pursuant to s. 408.061, are for diagnosis, 23 care, and treatment of patients who have: 1. Cardiac-related diseases and disorders classified 2.4 as diagnosis-related groups 103-145, 478-479, 514-518, or 25 525-527; 26 27 2. Orthopedic-related diseases and disorders 2.8 classified as diagnosis-related groups 209-256, 471, 491, 496-503, or 519-520; 29 3. Cancer-related diseases and disorders classified as 30 diagnosis-related groups 64, 82, 172, 173, 199, 200, 203, 31

257-260, 274, 275, 303, 306, 307, 318, 319, 338, 344, 346, 1 2 347, 363, 366, 367, 400-414, 473, or 492; or 4. Any combination of the above discharges. 3 (b) The hospital restricts its medical and surgical 4 services to primarily or exclusively cardiac, orthopedic, 5 6 surgical, or oncology specialties. 7 (9)(10) A hospital licensed as of June 1, 2004, shall 8 be exempt from subsection (8)(9) as long as the hospital 9 maintains the same ownership, facility street address, and range of services that were in existence on June 1, 2004. Any 10 transfer of beds, or other agreements that result in the 11 12 establishment of a hospital or hospital services within the 13 intent of this section, shall be subject to subsection(8) 14 (9). Unless the hospital is otherwise exempt under subsection (8)(9), the agency shall deny or revoke the license of a 15 hospital that violates any of the criteria set forth in that 16 17 subsection. 18 (10)(11) The agency may adopt rules implementing the licensure requirements set forth in subsection (8)(9). Within 19 14 days after rendering its decision on a license application 20 21 or revocation, the agency shall publish its proposed decision 22 in the Florida Administrative Weekly. Within 21 days after 23 publication of the agency's decision, any authorized person may file a request for an administrative hearing. In 2.4 administrative proceedings challenging the approval, denial, 25 or revocation of a license pursuant to subsection (8), the 26 27 hearing must be based on the facts and law existing at the 2.8 time of the agency's proposed agency action. Existing 29 hospitals may initiate or intervene in an administrative hearing to approve, deny, or revoke licensure under subsection 30 31 (8) (9) based upon a showing that an established program will

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1 be substantially affected by the issuance or renewal of a 2 license to a hospital within the same district or service 3 area. 4 Section 40. Section 395.004, Florida Statutes, is amended to read: 5 б 395.004 Application for license; -- fees; ---7 (1) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 8 submitted under this part, part II of chapter 408, and 9 10 applicable rules. The amount of the fee shall be established by rule. An application for a license or renewal thereof shall 11 12 be made under oath to the agency, upon forms provided by it, and shall contain such information as the agency reasonably 13 requires, which may include affirmative evidence of ability to 14 comply with applicable laws and rules. 15 (2) Each application for a general hospital license, 16 17 specialty hospital license, ambulatory surgical center 18 license, or mobile surgical facility license, or renewal thereof, shall be accompanied by a license fee, in accordance 19 with the following schedule: 2.0 21 (a) The biennial license, provisional license, and 2.2 license renewal fee required of a facility licensed under this 23 part shall be reasonably calculated to cover the cost of regulation under this part and shall be established by rule at 2.4 the rate of not less than \$9.50 per hospital bed, nor more 25 than \$30 per hospital bed, except that the minimum license fee 26 27 shall be \$1,500 and the total fees collected from all licensed 2.8 facilities may not exceed the cost of properly carrying out 29 the provisions of this part. 30 (b) Such fees shall be paid to the agency and shall be deposited in the Planning and Regulation Trust Fund of the 31

1 agency, which is hereby created, for the sole purpose of 2 carrying out the provisions of this part. Section 41. Section 395.0055, Florida Statutes, is 3 <u>repealed.</u> 4 5 Section 42. Section 395.0161, Florida Statutes, is б amended to read: 7 395.0161 Licensure inspection.--8 (1) In addition to the requirement of s. 408.811, the agency shall make or cause to be made such inspections and 9 investigations as it deems necessary, including: 10 (a) Inspections directed by the federal Centers for 11 12 Medicare and Medicaid Services Health Care Financing 13 Administration. (b) Validation inspections. 14 (c) Lifesafety inspections. 15 (d) Licensure complaint investigations, including full 16 17 licensure investigations with a review of all licensure standards as outlined in the administrative rules. Complaints 18 received by the agency from individuals, organizations, or 19 other sources are subject to review and investigation by the 20 21 agency. 22 (e) Emergency access complaint investigations. 23 (f) Inspections of mobile surgical facilities at each time a facility establishes a new location, prior to the 2.4 admission of patients. However, such inspections shall not be 25 26 required when a mobile surgical facility is moved temporarily 27 to a location where medical treatment will not be provided. 2.8 (2) The agency shall accept, in lieu of its own periodic inspections for licensure, the survey or inspection 29 of an accrediting organization, provided the accreditation of 30 the licensed facility is not provisional and provided the 31

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1 licensed facility authorizes release of, and the agency receives the report of, the accrediting organization. The 2 agency shall develop, and adopt by rule, criteria for 3 accepting survey reports of accrediting organizations in lieu 4 of conducting a state licensure inspection. 5 6 (3) In accordance with s. 408.805, an applicant or 7 licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and 8 applicable rules. With the exception of state-operated 9 licensed facilities, each facility licensed under this part 10 shall pay to the agency, at the time of inspection, the 11 12 following fees: 13 (a) Inspection for licensure.--A fee shall be paid which is not less than \$8 per hospital bed, nor more than \$12 14 per hospital bed, except that the minimum fee shall be \$400 15 16 per facility. 17 (b) Inspection for lifesafety only.--A fee shall be 18 paid which is not less than 75 cents per hospital bed, nor more than \$1.50 per hospital bed, except that the minimum fee 19 shall be \$40 per facility. 20 21 (4) The agency shall coordinate all periodic 22 inspections for licensure made by the agency to ensure that 23 the cost to the facility of such inspections and the disruption of services by such inspections is minimized. 2.4 Section 43. Section 395.0162, Florida Statutes, is 25 repealed. 26 27 Section 44. Subsections (2) and (3) of section 2.8 395.0163, Florida Statutes, are amended to read: 29 395.0163 Construction inspections; plan submission and 30 approval; fees.--31

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1	(2) <del>(a)</del> The agency is authorized to charge an initial
2	fee of \$2,000 for review of plans and construction on all
3	projects, no part of which is refundable. The agency may also
4	collect a fee, not to exceed 1 percent of the estimated
5	construction cost or the actual cost of review, whichever is
6	less, for the portion of the review which encompasses initial
7	review through the initial revised construction document
8	review. The agency is further authorized to collect its actual
9	costs on all subsequent portions of the review and
10	construction inspections. The initial fee payment shall
11	accompany the initial submission of plans and specifications.
12	Any subsequent payment that is due is payable upon receipt of
13	the invoice from the agency.
14	(b) Notwithstanding any other provisions of law to the
15	contrary, all moneys received by the agency pursuant to the
16	provisions of this section shall be deposited in the Planning
17	and Regulation Trust Fund, as created by s. 395.004, to be
18	held and applied solely for the operations required under this
19	section.
20	(3) In addition to the requirements of s. 408.811, the
21	agency shall inspect a mobile surgical facility at initial
22	licensure and at each time the facility establishes a new
23	location, prior to admission of patients. However, such
24	inspections shall not be required when a mobile surgical
25	facility is moved temporarily to a location where medical
26	treatment will not be provided.
27	Section 45. Subsection (6) of section 395.0193,
28	Florida Statutes, is amended to read:
29	395.0193 Licensed facilities; peer review;
30	disciplinary powers; agency or partnership with physicians
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1	(6) For a single incident or series of isolated
2	incidents that are nonwillful violations of the reporting
3	requirements of this section <u>or part II of chapter 408</u> , the
4	agency shall first seek to obtain corrective action by the
5	facility. If correction is not demonstrated within the
б	timeframe established by the agency or if there is a pattern
7	of nonwillful violations of this section or part II of chapter
8	408, the agency may impose an administrative fine, not to
9	exceed \$5,000 for any violation of the reporting requirements
10	of this section or part II of chapter 408. The administrative
11	fine for repeated nonwillful violations <u>may</u> shall not exceed
12	\$10,000 for any violation. The administrative fine for each
13	intentional and willful violation may not exceed \$25,000 per
14	violation, per day. The fine for an intentional and willful
15	violation of this section or part II of chapter 408 may not
16	exceed \$250,000. In determining the amount of fine to be
17	levied, the agency shall be guided by s. $395.1065(1)(2)(b)$ .
18	Section 46. Subsection (12) of section 395.0197,
19	Florida Statutes, is amended to read:
20	395.0197 Internal risk management program
21	(12) In addition to any penalty imposed pursuant to
22	this section or part II of chapter 408, the agency shall
23	require a written plan of correction from the facility. For a
24	single incident or series of isolated incidents that are
25	nonwillful violations of the reporting requirements of this
26	section or part II of chapter 408, the agency shall first seek
27	to obtain corrective action by the facility. If the correction
28	is not demonstrated within the timeframe established by the
29	agency or if there is a pattern of nonwillful violations of
30	this section or part II of chapter 408, the agency may impose
31	an administrative fine, not to exceed \$5,000 for any violation

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1 of the reporting requirements of this section or part II of 2 chapter 408. The administrative fine for repeated nonwillful violations may shall not exceed \$10,000 for any violation. The 3 administrative fine for each intentional and willful violation 4 may not exceed \$25,000 per violation, per day. The fine for an 5 б intentional and willful violation of this section or part II 7 of chapter 408 may not exceed \$250,000. In determining the 8 amount of fine to be levied, the agency shall be guided by s. 9 395.1065<u>(1)</u>(b). 10 Section 47. Section 395.0199, Florida Statutes, is amended to read: 11 12 395.0199 Private utilization review.--13 (1) The purpose of this section is to: (a) Promote the delivery of quality health care in a 14 cost-effective manner. 15 16 (b) Foster greater coordination between providers and 17 health insurers performing utilization review. 18 (c) Protect patients and insurance providers by ensuring that private review agents are qualified to perform 19 utilization review activities and to make informed decisions 2.0 21 on the appropriateness of medical care. 22 (d) This section does not regulate the activities of 23 private review agents, health insurers, health maintenance organizations, or hospitals, except as expressly provided 2.4 herein, or authorize regulation or intervention as to the 25 26 correctness of utilization review decisions of insurers or 27 private review agents. 2.8 (2) The requirements of part II of chapter 408 apply to the provision of services that require registration or 29 licensure pursuant to this section and part II of chapter 408 30 and to persons registered by or applying for such registration 31

1 from the Agency for Health Care Administration pursuant to 2 this section. Registration or a license issued by the agency is required in order to perform as a private review agent 3 conducting utilization review as to health care services in 4 5 this state performed or proposed to be performed in this state 6 shall register with the agency in accordance with this 7 section. (3) In accordance with s. 408.805, an applicant for 8 registration or the registrant shall pay a fee for each 9 10 registration application submitted under this section, part II of chapter 408, and applicable rules. The amount of the fee 11 12 shall be established by rule and Registration shall be made 13 annually with the agency on forms furnished by the agency and shall be accompanied by the appropriate registration fee as 14 set by the agency. The fee shall be sufficient to pay for the 15 administrative costs of registering the agent, but may shall 16 17 not exceed \$500 \$250. The agency may also charge reasonable 18 fees, reflecting actual costs, to persons requesting copies of registration. 19 20 (4) Each applicant for registration must comply with 21 the following requirements: 22 (a) Upon receipt of a completed, signed, and dated 23 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 2.4 in chapter 435, of the managing employee or other similarly 25 titled individual who is responsible for the operation of the 26 27 entity. The applicant must comply with the procedures for 2.8 level 2 background screening as set forth in chapter 435, as 29 well as the requirements of s. 435.03(3). 30 (b) The agency may require background screening of any other individual who is an applicant, if the agency has 31

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

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

1 unless an exemption from disqualification has been granted by 2 the agency as set forth in chapter 435. 3 (h) The agency may deny or revoke the registration if 4 any applicant: 5 1. Has falsely represented a material fact in the б application required by paragraph (e) or paragraph (f), or has 7 omitted any material fact from the application required by 8 paragraph (e) or paragraph (f); or 9 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in 10 11 paragraph (e). 12 (i) An application for registration renewal must 13 contain the information required under paragraphs (e) and (f). (4)(5) In addition to the requirements of part II of 14 chapter 408, registration shall include the following: 15 (a) A description of the review policies and 16 17 procedures to be used in evaluating proposed or delivered 18 hospital care. (b) The name, address, and telephone number of the 19 utilization review agent performing utilization review, who 20 21 shall be at least: 22 1. A licensed practical nurse or licensed registered 23 nurse, or other similarly qualified medical records or health care professionals, for performing initial review when 2.4 information is necessary from the physician or hospital to 25 26 determine the medical necessity or appropriateness of hospital 27 services; or 28 2. A licensed physician, or a licensed physician practicing in the field of psychiatry for review of mental 29 health services, for an initial denial determination prior to 30 a final denial determination by the health insurer and which 31 70

1 shall include the written evaluation and findings of the 2 reviewing physician. 3 (c) A description of an appeal procedure for patients 4 or health care providers whose services are under review, who may appeal an initial denial determination prior to a final 5 6 determination by the health insurer with whom the private 7 review agent has contracted. The appeal procedure shall provide for review by a licensed physician, or by a licensed 8 physician practicing in the field of psychiatry for review of 9 10 mental health services, and shall include the written evaluation and findings of the reviewing physician. 11 12 (d) A designation of the times when the staff of the 13 utilization review agent will be available by toll-free telephone, which shall include at least 40 hours per week 14 during the normal business hours of the agent. 15 (e) An acknowledgment and agreement that any private 16 17 review agent which, as a general business practice, fails to adhere to the policies, procedures, and representations made 18 in its application for registration shall have its 19 registration revoked. 20 21 (f) Disclosure of any incentive payment provision or 22 quota provision which is contained in the agent's contract 23 with a health insurer and is based on reduction or denial of services, reduction of length of stay, or selection of 2.4 25 treatment setting. (g) Updates of any material changes to review policies 26 27 or procedures. 2.8 (6) The agency may impose fines or suspend or revoke 29 the registration of any private review agent in violation of 30 this section. Any private review agent failing to register or update registration as required by this section shall be 31 71

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

5 (5)(7) No insurer shall knowingly contract with or 6 utilize a private review agent which has failed to register as 7 required by this section or which has had a registration 8 revoked by the agency.

9 (6)(8) A private review agent which operates under contract with the federal or state government for utilization 10 review of patients eligible for hospital or other services 11 12 under Title XVIII or Title XIX of the Social Security Act is 13 exempt from the provisions of this section for services provided under such contract. A private review agent which 14 provides utilization review services to the federal or state 15 government and a private insurer shall not be exempt for 16 17 services provided to nonfederally funded patients. This 18 section shall not apply to persons who perform utilization review services for medically necessary hospital services 19 provided to injured workers pursuant to chapter 440 and shall 20 21 not apply to self-insurance funds or service companies 22 authorized pursuant to chapter 440 or part VII of chapter 626. 23 (7) (9) Facilities licensed under this chapter shall promptly comply with the requests of utilization review agents 2.4 or insurers which are reasonably necessary to facilitate 25 26 prompt accomplishment of utilization review activities. 27  $(8)\frac{10}{10}$  The agency shall adopt rules to implement the 2.8 provisions of this section. Section 48. Subsection (1) of section 395.1046, 29 30 Florida Statutes, is amended to read: 395.1046 Complaint investigation procedures.--31

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1 (1)In addition to the requirements of s. 408.811, the 2 agency shall investigate any complaint against a hospital for any violation of s. 395.1041 which that the agency reasonably 3 believes to be legally sufficient. A complaint is legally 4 sufficient if it contains ultimate facts showing which show 5 6 that a violation of this chapter, or any rule adopted under 7 this chapter by the agency, has occurred. The agency may investigate, or continue to investigate, and may take 8 9 appropriate final action on a complaint, even though the 10 original complainant withdraws his or her complaint or otherwise indicates his or her desire not to cause it to be 11 12 investigated to completion. When an investigation of any 13 person or facility is undertaken, the agency shall notify such person in writing of the investigation and inform the person 14 or facility in writing of the substance, the facts showing 15 which show that a violation has occurred, and the source of 16 17 any complaint filed against him or her. The agency may conduct 18 an investigation without notification to any person if the act under investigation is a criminal offense. The agency shall 19 have access to all records necessary for the investigation of 20 21 the complaint. 22 Section 49. Paragraph (f) of subsection (1) of section 23 395.1055, Florida Statutes, is amended, and subsection (9) is added to that section, to read: 2.4 395.1055 Rules and enforcement.--25 (1) The agency shall adopt rules pursuant to ss. 26 27 120.536(1) and 120.54 to implement the provisions of this 2.8 part, which shall include reasonable and fair minimum 29 standards for ensuring that: 30 (f) All hospitals submit such data as necessary to conduct certificate-of-need reviews required under part I of 31 73

1 chapter 408 <del>ss. 408.031 408.045</del>. Such data shall include, but 2 shall not be limited to, patient origin data, hospital utilization data, type of service reporting, and facility 3 staffing data. The agency may shall not collect data that 4 identifies or could disclose the identity of individual 5 6 patients. The agency shall utilize existing uniform statewide 7 data sources when available and shall minimize reporting costs 8 to hospitals. (9) The agency may adopt rules to administer the 9 requirements of part II of chapter 408. 10 Section 50. Section 395.1065, Florida Statutes, is 11 12 amended to read: 13 395.1065 Criminal and administrative penalties; injunctions; emergency orders; moratorium.--14 (1) In addition to s. 408.812, any person 15 16 establishing, conducting, managing, or operating any facility 17 without a license under this part commits is guilty of a misdemeanor and, upon conviction, shall be fined not more than 18 \$500 for the first offense and not more than \$1,000 for each 19 subsequent offense, and each day of continuing violation after 20 21 conviction shall be considered a separate offense. 22 (2)(a) The agency may deny, revoke, or suspend a 23 license or impose an administrative fine, not to exceed \$1,000 per violation, per day, for the violation of any provision of 2.4 this part, part II of chapter 408, or applicable rules adopted 25 26 under this part. Each day of violation constitutes a separate 27 violation and is subject to a separate fine. 2.8 (b) In determining the amount of fine to be levied for a violation, as provided in paragraph (a), the following 29 factors shall be considered: 30 31

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1 1. The severity of the violation, including the 2 probability that death or serious harm to the health or safety of any person will result or has resulted, the severity of the 3 actual or potential harm, and the extent to which the 4 provisions of this part were violated. 5 б 2. Actions taken by the licensee to correct the 7 violations or to remedy complaints. 3. Any previous violations of the licensee. 8 9 (c) All amounts collected pursuant to this section 10 shall be deposited into the Planning and Regulation Trust Fund, as created by s. 395.004. 11 12 (c) (d) The agency may impose an administrative fine 13 for the violation of s. 641.3154 or, if sufficient claims due to a provider from a health maintenance organization do not 14 exist to enable the take-back of an overpayment, as provided 15 under s. 641.3155(5), for the violation of s. 641.3155(5). The 16 17 administrative fine for a violation cited in this paragraph shall be in the amounts specified in s. 641.52(5), and the 18 19 provisions of paragraph (a) do not apply. 20 (3) Notwithstanding the existence or pursuit of any 21 other remedy, the agency may maintain an action in the name of 2.2 the state for injunction or other process to enforce the 23 provisions of this part and rules promulgated hereunder. 2.4 (4) The agency may issue an emergency order immediately suspending or revoking a license when it 25 26 determines that any condition in the licensed facility 27 presents a clear and present danger to public health and 2.8 safety. (3)(5) In accordance with part II of chapter 408, the 29 30 agency may impose an immediate moratorium on elective admissions to any licensed facility, building, or portion 31

1 thereof, or service, when the agency determines that any 2 condition in the facility presents a threat to public health 3 or safety. (4) (6) In seeking to impose penalties against a 4 facility as defined in s. 394.455 for a violation of part I of 5 6 chapter 394, the agency is authorized to rely on the 7 investigation and findings by the Department of Health in lieu 8 of conducting its own investigation. 9 (5)(7) The agency shall impose a fine of \$500 for each instance of the facility's failure to provide the information 10 required by rules adopted pursuant to s. 395.1055(1)(h). 11 12 Section 51. Subsections (1) and (8) of section 13 395.10973, Florida Statutes, are amended to read: 395.10973 Powers and duties of the agency.--It is the 14 function of the agency to: 15 (1) Adopt rules pursuant to ss. 120.536(1) and 120.5416 17 to implement the provisions of this part and part II of 18 chapter 408 conferring duties upon it. (8) Enforce the special-occupancy provisions of the 19 Florida Building Code which apply to hospitals, intermediate 20 21 residential treatment facilities, and ambulatory surgical 22 centers in conducting any inspection authorized by this 23 chapter and part II of chapter 408. Section 52. Section 395.10974, Florida Statutes, is 2.4 amended to read: 25 395.10974 Health care risk managers; qualifications, 26 licensure, fees.--27 2.8 (1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant 29 to ss. 395.10971-395.10975, and part II of chapter 408 and to 30 entities licensed by or applying for such licensure from the 31

1 Agency for Health Care Administration pursuant to ss. 2 395.10971-395.10975. A license issued by the agency is required in order to perform as a health care risk manager in 3 4 this state. Any person desiring to be licensed as a health care risk manager shall submit an application on a form 5 б provided by the agency. In order to qualify for licensure, the 7 applicant shall submit evidence satisfactory to the agency 8 which demonstrates the applicant's competence, by education or experience, in the following areas: 9 10 (a) Applicable standards of health care risk management. 11 12 (b) Applicable federal, state, and local health and 13 safety laws and rules. (c) General risk management administration. 14 (d) Patient care. 15 (e) Medical care. 16 17 (f) Personal and social care. 18 (g) Accident prevention. (h) Departmental organization and management. 19 (i) Community interrelationships. 20 21 (j) Medical terminology. 22 Each applicant for licensure and each licensee must comply 23 with all provisions of part II of chapter 408. The agency may 2.4 require such additional information, from the applicant or any 25 other person, as may be reasonably required to verify the 26 27 information contained in the application. 28 (2) The agency shall not grant or issue a license as a health care risk manager to any individual unless from the 29 application it affirmatively appears that the applicant: 30 31 (a) Is 18 years of age or over;

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1 (b) Is a high school graduate or equivalent; and 2 (c)1. Has fulfilled the requirements of a 1-year program or its equivalent in health care risk management 3 4 training which may be developed or approved by the agency; 5 2. Has completed 2 years of college-level studies б which would prepare the applicant for health care risk 7 management, to be further defined by rule; or 3. Has obtained 1 year of practical experience in 8 9 health care risk management. 10 (3) The agency shall issue a license to practice health care risk management to any applicant who qualifies 11 12 under this section. In accordance with s. 408.805, an 13 applicant or licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, 14 and applicable rules. The amount of the fee shall be 15 established by rule as follows: and submits an application fee 16 17 of not more than \$75, a <u>background-screening</u> fingerprinting fee of not more than \$75, and a license fee of not more than 18 \$100. The agency shall by rule establish fees and procedures 19 for the issuance and cancellation of licenses. 20 21 (4) The agency shall renew a health care risk manager 22 license upon receipt of a biennial renewal application and 23 fees. The agency shall by rule establish a procedure for the biennial renewal of licenses. 2.4 Section 53. Paragraph (c) of subsection (2) of section 25 395.602, Florida Statutes, is amended to read: 26 27 395.602 Rural hospitals.--2.8 (2) DEFINITIONS.--As used in this part: (c) "Inactive rural hospital bed" means a licensed 29 30 acute care hospital bed, as defined in s. 395.002(13)(14), 31

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1 that is inactive in that it cannot be occupied by acute care 2 inpatients. Section 54. Paragraph (c) of subsection (1) of section 3 395.701, Florida Statutes, is amended to read: 4 395.701 Annual assessments on net operating revenues 5 б for inpatient and outpatient services to fund public medical 7 assistance; administrative fines for failure to pay 8 assessments when due; exemption .--9 (1) For the purposes of this section, the term: 10 (c) "Hospital" means a health care institution as defined in s. 395.002(12)(13), but does not include any 11 12 hospital operated by the agency or the Department of 13 Corrections. Section 55. Subsection (4) of section 400.0073, 14 Florida Statutes, is amended to read: 15 400.0073 State and local ombudsman council 16 17 investigations. --(4) If the ombudsman or any state or local council 18 member is not allowed to enter a long-term care facility, the 19 administrator of the facility shall be considered to have 20 21 interfered with a representative of the office, the state 22 council, or the local council in the performance of official 23 duties as described in s. 400.0083(1) and to have committed a violation of this part. The ombudsman shall report a 2.4 facility's refusal to allow entry to the agency, and the 25 26 agency shall record the report and take it into consideration 27 when determining actions allowable under s. 400.102, s. 2.8 400.121, s. <u>429.14</u> 400.414, s. <u>429.19</u> 400.419, s. <u>429.69</u> 400.6194, or s.429.71 400.6196. 29 30 Section 56. Subsection (4) of section 400.0074, Florida Statutes, is amended to read: 31

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1 400.0074 Local ombudsman council onsite administrative 2 assessments. --3 (4) An onsite administrative assessment may not be 4 accomplished by forcible entry. However, if the ombudsman or a state or local council member is not allowed to enter a 5 6 long-term care facility, the administrator of the facility 7 shall be considered to have interfered with a representative 8 of the office, the state council, or the local council in the performance of official duties as described in s. 400.0083(1) 9 and to have committed a violation of this part. The ombudsman 10 shall report the refusal by a facility to allow entry to the 11 12 agency, and the agency shall record the report and take it 13 into consideration when determining actions allowable under s. <u>429.14</u> 400.414, s. <u>429.19</u> 400.419, s. <u>429.69</u> 400.6194, or s. 14 <u>429.71</u> <del>400.6196</del>. 15 Section 57. Subsections (6) through (19) of section 16 17 400.021, Florida Statutes, are renumbered as subsections (5) 18 through (18), respectively, and present subsections (5) and (20) of that section are amended to read: 19 400.021 Definitions.--When used in this part, unless 2.0 21 the context otherwise requires, the term: 22 (5)- "Controlling interest" means: 23 (a) The applicant for licensure or a licensee; 2.4 A person or entity that serves as an officer of, 25 the board of directors of, or has a 5 percent or greater 26 ownership interest in the management company or other entity, 27 related or unrelated, which the applicant or licensee may 2.8 contract with to operate the facility; or 29 A person or entity that serves as an officer of, (c)on the board of directors of, or has a 5 percent 30 or -greater ownership interest in the applicant or licensee. 31

1 2 term does not include a voluntary board member. 3 - "Voluntary board member" means a director of a (20)4 for profit corporation or organization who serves solely not-5 in a voluntary capacity for the corporation or organization, б does not receive any remuneration for his or her services on 7 the board of directors, and has no financial interest in the 8 corporation or organization. The agency shall recognize a 9 person as a voluntary board member following submission of a statement to the agency by the director and the not for profit 10 corporation or organization which affirms that the director 11 12 conforms to this definition. The statement affirming the 13 status of the director must be submitted to the agency on a form provided by the agency. 14 Section 58. Subsection (3) of section 400.022, Florida 15 Statutes, is amended to read: 16 17 400.022 Residents' rights .--(3) Any violation of the resident's rights set forth 18 in this section shall constitute grounds for action by the 19 20 agency under the provisions of s. 400.102, s. 400.121, or part 21 II of chapter 408. In order to determine whether the licensee 22 is adequately protecting residents' rights, the licensure 23 annual inspection of the facility shall include private informal conversations with a sample of residents to discuss 2.4 residents' experiences within the facility with respect to 25 26 rights specified in this section and general compliance with 27 standards, and consultation with the ombudsman council in the 2.8 local planning and service area of the Department of Elderly 29 Affairs in which the nursing home is located. 30 Section 59. Paragraph (b) of subsection (1) of section 400.051, Florida Statutes, is amended to read: 31

1 400.051 Homes or institutions exempt from the 2 provisions of this part .--(1) The following shall be exempt from the provisions 3 of this part: 4 (b) Any hospital, as defined in s. 395.002(11), that 5 6 is licensed under chapter 395. 7 Section 60. Section 400.062, Florida Statutes, is 8 amended to read: 9 400.062 License required; fee; disposition; display; 10 transfer.--(1) The requirements of part II of chapter 408 apply 11 12 to the provision of services that require licensure pursuant 13 to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for 14 Health Care Administration pursuant to this part. A license 15 issued by the agency is required for the operation of a 16 17 nursing home in this state. It is unlawful to operate or 18 maintain a facility without first obtaining from the agency a license authorizing such operation. 19 20 Separate licenses shall be required for facilities (2) 21 maintained in separate premises, even though operated under 22 the same management. However, a separate license shall not be 23 required for separate buildings on the same grounds. (3) In accordance with s. 408.805, an applicant or 2.4 licensee shall pay a fee for each license application 25 submitted under this part, part II of chapter 408, and 26 27 applicable rules. The annual license fee required for each 2.8 license issued under this part shall be comprised of two parts. Part I of the license fee shall be the basic license 29 fee. The rate per bed for the basic license fee shall be 30 established biennially annually and shall be \$100\$50 per bed 31

1 unless modified by rule. The agency may adjust the per bed 2 licensure fees by the Consumer Price Index based on the 12 months immediately preceding the increase to cover the cost of 3 4 regulation under this part. Part II of the license fee shall be the resident protection fee, which shall be at the rate of 5 б not less than 50  $\frac{25}{25}$  cents per bed. The rate per bed shall be 7 the minimum rate per bed, and such rate shall remain in effect 8 until the effective date of a rate per bed adopted by rule by the agency pursuant to this part. At such time as the amount 9 10 on deposit in the Resident Protection Trust Fund is less than \$1 million, the agency may adopt rules to establish a rate 11 12 which may not exceed 20 per bed. The rate per bed shall 13 revert back to the minimum rate per bed when the amount on deposit in the Resident Protection Trust Fund reaches \$1 14 million, except that any rate established by rule shall remain 15 in effect until such time as the rate has been equally 16 17 required for each license issued under this part. Any amount 18 in the fund in excess of \$2 million shall revert to the Health Care Trust Fund and may not be expended without prior approval 19 of the Legislature. The agency may prorate the biennial annual 20 21 license fee for those licenses which it issues under this part 22 for less than 2 years 1 year. Funds generated by license fees 23 collected in accordance with this section shall be deposited 2.4 in the following manner: (a) The basic license fee collected shall be deposited 25 26 in the Health Care Trust Fund, established for the sole 27 purpose of carrying out this part. When the balance of the 2.8 account established in the Health Care Trust Fund for the 29 deposit of fees collected as authorized under this section 30 <del>ceeds one third of the annual cost of regulation under this</del> 31

1 part, the excess shall be used to reduce the licensure fees in 2 the next year. (b) The resident protection fee collected shall be 3 deposited in the Resident Protection Trust Fund for the sole 4 purpose of paying, in accordance with the provisions of s. 5 6 400.063, for the appropriate alternate placement, care, and 7 treatment of a resident removed from a nursing home facility 8 on a temporary, emergency basis or for the maintenance and 9 care of residents in a nursing home facility pending removal and alternate placement. 10 (4) Counties or municipalities applying for licenses 11 12 under this part are exempt from license fees authorized under 13 this section. (5) The license shall be displayed in a conspicuous 14 15 place inside the facility. (6) A license shall be valid only in the hands of the 16 17 individual, firm, partnership, association, or corporation to 18 whom it is issued and shall not be subject to sale, assignment, or other transfer, voluntary or involuntary, nor 19 shall a license be valid for any premises other than those for 2.0 21 which originally issued. 22 Section 61. Subsection (1) of section 400.063, Florida 23 Statutes, is amended to read: 400.063 Resident Protection Trust Fund.--2.4 (1) A Resident Protection Trust Fund shall be 25 26 established for the purpose of collecting and disbursing funds 27 generated from the license fees and administrative fines as 2.8 provided for in ss. 393.0673(2), 400.062(3)(b), 400.111(1), 400.121(2), and 400.23(8). Such funds shall be for the sole 29 purpose of paying for the appropriate alternate placement, 30 care, and treatment of residents who are removed from a 31

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1 facility licensed under this part or a facility specified in 2 s. 393.0678(1) in which the agency determines that existing conditions or practices constitute an immediate danger to the 3 health, safety, or security of the residents. If the agency 4 determines that it is in the best interest of the health, 5 6 safety, or security of the residents to provide for an orderly 7 removal of the residents from the facility, the agency may utilize such funds to maintain and care for the residents in 8 the facility pending removal and alternative placement. The 9 maintenance and care of the residents shall be under the 10 direction and control of a receiver appointed pursuant to s. 11 12 393.0678(1) or s. 400.126(1). However, funds may be expended 13 in an emergency upon a filing of a petition for a receiver, upon the declaration of a state of local emergency pursuant to 14 s. 252.38(3)(a)5., or upon a duly authorized local order of 15 evacuation of a facility by emergency personnel to protect the 16 17 health and safety of the residents. 18 Section 62. Section 400.071, Florida Statutes, is amended to read: 19 20 400.071 Application for license.--21 (1) An application for a license as required by s. 2.2 400.062 shall be made to the agency on forms furnished by it 23 and shall be accompanied by the appropriate license fee. (1)(2) In addition to the requirements of part II of 2.4 chapter 408, the application for a license shall be under oath 25 and <u>must</u> shall contain the following: 26 27 (a) The name, address, and social security number of 2.8 the applicant if an individual; if the applicant is a firm, 29 partnership, or association, its name, address, and employer 30 identification number (EIN), and the name and address of anv 31

1 controlling interest; and the name by which the facility is to 2 be known. (b) The name of any person whose name is required on 3 4 the application under the provisions of paragraph (a) and who 5 owns at least a 10 percent interest in any professional 6 service, firm, association, partnership, or corporation 7 providing goods, leases, or services to the facility for which 8 the application is made, and the name and address of the 9 professional service, firm, association, partnership, or corporation in which such interest is held. 10 (a) (a) (c) The location of the facility for which a 11 12 license is sought and an indication, as in the original 13 application, that such location conforms to the local zoning ordinances. 14 15 (d) The name of the person or persons under whose management or supervision the facility will be conducted and 16 17 the name of the administrator. (b)(e) A signed affidavit disclosing any financial or 18 ownership interest that a controlling interest as defined in 19 part II of chapter 408 person or entity described in paragraph 20 21 (a) or paragraph (d) has held in the last 5 years in any 22 entity licensed by this state or any other state to provide 23 health or residential care which has closed voluntarily or involuntarily; has filed for bankruptcy; has had a receiver 2.4 appointed; has had a license denied, suspended, or revoked; or 25 26 has had an injunction issued against it which was initiated by 27 a regulatory agency. The affidavit must disclose the reason 2.8 any such entity was closed, whether voluntarily or 29 involuntarily. (c)(f) The total number of beds and the total number 30 of Medicare and Medicaid certified beds. 31

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1	(d)(g) Information relating to the number, experience,
2	and training of the employees of the facility and of the moral
3	<del>character of</del> the applicant and employees which the agency
4	requires by rule <del>, including the name and address of any</del>
5	nursing home with which the applicant or employees have been
б	affiliated through ownership or employment within 5 years of
7	the date of the application for a license and the record of
8	any criminal convictions involving the applicant and any
9	criminal convictions involving an employee if known by the
10	applicant after inquiring of the employee. The applicant must
11	demonstrate that sufficient numbers of qualified staff, by
12	training or experience, will be employed to properly care for
13	the type and number of residents who will reside in the
14	facility.
15	<u>(e)(h)</u> Copies of any civil verdict or judgment
16	involving the applicant rendered within the 10 years preceding
17	the application, relating to medical negligence, violation of
18	residents' rights, or wrongful death. As a condition of
19	licensure, the licensee agrees to provide to the agency copies
20	of any new verdict or judgment involving the applicant,
21	relating to such matters, within 30 days after filing with the
22	clerk of the court. The information required in this paragraph
23	shall be maintained in the facility's licensure file and in an
24	agency database which is available as a public record.
25	(3) The applicant shall submit evidence which
26	establishes the good moral character of the applicant,
27	manager, supervisor, and administrator. No applicant, if the
28	applicant is an individual; no member of a board of directors
29	or officer of an applicant, if the applicant is a firm,
30	partnership, association, or corporation; and no licensed
31	nursing home administrator shall have been convicted, or found
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1 quilty, regardless of adjudication, of a crime in any 2 jurisdiction which affects or may potentially affect residents 3 in the facility. 4 (4) Each applicant for licensure must comply with the 5 following requirements: б (a) Upon receipt of a completed, signed, and dated 7 application, the agency shall require background screening of 8 the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this 9 10 subsection, the term "applicant" means the facility administrator, or similarly titled individual who is 11 12 responsible for the day to day operation of the licensed 13 facility, and the facility financial officer, or similarly titled individual who is responsible for the financial 14 operation of the licensed facility. 15 (b) The agency may require background screening for a 16 17 member of the board of directors of the licensee or an officer an individual owning 5 percent or more of the licensee if 18 the agency has probable cause to believe that such individual 19 has been convicted of an offense prohibited under the level 2 2.0 21 standards for screening set forth in chapter 435. 22 (c) Proof of compliance with the level 2 background 23 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 2.4 health care or assisted living licensure requirements of this 25 state is acceptable in fulfillment of paragraph (a). Proof of 26 compliance with background screening which has been submitted 27 2.8 within the previous 5 years to fulfill the requirements of the Financial Services Commission and the Office of Insurance 29 Regulation pursuant to chapter 651 as part of an application 30 for a certificate of authority to operate a continuing care 31

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

1 the Medicaid or Medicare programs shall be accepted in lieu of 2 this submission. (f) Each applicant must submit to the agency a 3 description and explanation of any conviction of an offense 4 5 prohibited under the level 2 standards of chapter 435 by a 6 member of the board of directors of the applicant, its 7 officers, or any individual owning 5 percent or more of the 8 applicant. This requirement shall not apply to a director of a 9 not for profit corporation or organization if the director 10 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 11 12 operational decisions of the corporation or organization, 13 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 14 financial interest and has no family members with a financial 15 interest in the corporation or organization, provided that the 16 17 director and the not for profit corporation or organization 18 include in the application a statement affirming that the director's relationship to the corporation satisfies the 19 requirements of this paragraph. 2.0 21 (g) An application for license renewal must contain 2.2 the information required under paragraphs (e) and (f). 23 (5) The applicant shall furnish satisfactory proof of financial ability to operate and conduct the nursing home in 2.4 accordance with the requirements of this part and all rules 25 26 adopted under this part, and the agency shall establish standards for this purpose, including information reported 27 2.8 under paragraph (2)(e). The agency also shall establish 29 documentation requirements, to be completed by each applicant, that show anticipated facility revenues and expenditures, the 30 basis for financing the anticipated cash flow requirements of 31

1 the facility, and an applicant's access to contingency 2 financing. 3 (6) If the applicant offers continuing care agreements 4 as defined in chapter 651, proof shall be furnished that such 5 applicant has obtained a certificate of authority as required 6 for operation under that chapter. 7 (2)(7) As a condition of licensure, each licensee, except one offering continuing care agreements as defined in 8 chapter 651, must agree to accept recipients of Title XIX of 9 10 the Social Security Act on a temporary, emergency basis. The persons whom the agency may require such licensees to accept 11 12 are those recipients of Title XIX of the Social Security Act 13 who are residing in a facility in which existing conditions constitute an immediate danger to the health, safety, or 14 security of the residents of the facility. 15 16 (3) (8) The agency may not issue a license to a nursing 17 home that fails to receive a certificate of need under the provisions of ss. 408.031 408.045. It is the intent of the 18 Legislature that, in reviewing a certificate-of-need 19 application to add beds to an existing nursing home facility, 20 21 preference be given to the application of a licensee who has 22 been awarded a Gold Seal as provided for in s. 400.235, if the 23 applicant otherwise meets the review criteria specified in s. 408.035. 2.4 (4) (9) The agency may develop an abbreviated survey 25 for licensure renewal applicable to a licensee that has 26 27 continuously operated as a nursing facility since 1991 or 2.8 earlier, has operated under the same management for at least the preceding 30 months, and has had during the preceding 30 29 months no class I or class II deficiencies. 30 31

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1 (5) (10) As a condition of licensure, each facility 2 must establish and submit with its application a plan for quality assurance and for conducting risk management. 3 4 (11) The applicant must provide the agency with proof 5 of a legal right to occupy the property before a license may б issued. Proof may include, but is not limited to, copies of be 7 warranty deeds, lease or rental agreements, contracts for 8 deeds, or quitclaim deeds. 9 Section 63. Section 400.0712, Florida Statutes, is 10 amended to read: 400.0712 Application for inactive license.--11 12 (1) As specified in s. 408.321(4) and this section, 13 the agency may issue an inactive license to a nursing home facility for all or a portion of its beds. Any request by a 14 licensee that a nursing home or portion of a nursing home 15 become inactive must be submitted to the agency in the 16 17 approved format. The facility may not initiate any suspension 18 of services, notify residents, or initiate inactivity facility closure before receiving approval from the agency; and a 19 <u>licensee</u> facility that violates this provision <u>may</u> shall not 2.0 21 be issued an inactive license. Upon agency approval of an 22 inactive license, the nursing home shall notify residents of 23 any necessary discharge or transfer as provided in s. 400.0255.2.4 The agency may issue an inactive license to a 25 (2) 26 nursing home that chooses to use an unoccupied contiguous 27 portion of the facility for an alternative use to meet the 2.8 needs of elderly persons through the use of less restrictive, less institutional services. 29 30 (a) An inactive license issued under this subsection may be granted for a period not to exceed the current 31 92

1 licensure expiration date 12 months but may be renewed 2 annually by the agency at the time of licensure renewal for 12 3 months. 4 (b) A request to extend the inactive license must be 5 submitted to the agency in the approved format and approved by 6 the agency in writing. 7 (c) Nursing homes that receive an inactive license to 8 provide alternative services shall not receive preference for 9 participation in the Assisted Living for the Elderly Medicaid 10 waiver. (3) The agency may issue an inactive license 11 to a 12 nursing home that will be temporarily unable to provide 13 services but is reasonably expected to resume services. (a) An inactive license issued under this subsection 14 15 may be issued for a period not to exceed 12 months and may be 16 renewed by the agency for an additional 6 months upon 17 demonstration of progress toward reopening. 18 (b) All licensure fees must be current and paid in full, and may be prorated as provided by agency rule, before 19 the inactive license is issued. 2.0 21 (c) Reactivation of an inactive license requires that 22 the applicant pay all licensure fees and be inspected by the 23 agency to confirm that all of the requirements of this part 2.4 and applicable rules are met. (3) (4) The agency shall adopt rules pursuant to ss. 25 26 120.536(1) and 120.54 necessary to implement this section. 27 Section 64. Section 400.102, Florida Statutes, is 2.8 amended to read: 400.102 Action by agency against licensee; grounds.--29 30 31

1 (1) In addition to the grounds listed in part II of 2 chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee: 3 (1) (a) An intentional or negligent act materially 4 affecting the health or safety of residents of the facility; 5 б (2) (b) Misappropriation or conversion of the property 7 of a resident of the facility; (3)(c) Failure to follow the criteria and procedures 8 provided under part I of chapter 394 relating to the 9 10 transportation, voluntary admission, and involuntary examination of a nursing home resident; or 11 12 (d) Violation of provisions of this part or rules 13 adopted under this part; (4)(e) Fraudulent altering, defacing, or falsifying 14 any medical or nursing home records, or causing or procuring 15 any of these offenses to be committed. -; or 16 17 (f) Any act constituting a ground upon which 18 application for a license may be denied. 19 (2) If the agency has reasonable belief that any of such conditions exist, it shall take the following action: 2.0 21 (a) In the case of an applicant for original 2.2 licensure, denial action as provided in s. 400.121. 23 (b) In the case of an applicant for relicensure or a current licensee, administrative action as provided in s. 2.4 25 400.121 or injunctive action as authorized by s. 400.125. (c) In the case of a facility operating without a 26 27 license, injunctive action as authorized in s. 400.125. 28 Section 65. Section 400.111, Florida Statutes, is 29 amended to read: 30 400.111 <u>Disclosure of controlling interest</u> Expiration of license; renewal.--31

1 (1) A license issued for the operation of a facility, 2 unless sooner suspended or revoked, shall expire on the date set forth by the agency on the face of the license or 1 year 3 4 from the date of issuance, whichever occurs first. Ninety days prior to the expiration date, an application for renewal shall 5 6 be submitted to the agency. A license shall be renewed upon 7 the filing of an application on forms furnished by the agency 8 if the applicant has first met the requirements established under this part and all rules adopted under this part. The 9 10 failure to file an application within the period established in this subsection shall result in a late fee charged to the 11 12 licensee by the agency in an amount equal to 50 percent of the 13 fee in effect on the last preceding regular renewal date. A late fee shall be levied for each and every day the filing of 14 the license application is delayed, but in no event shall such 15 fine aggregate more than \$5,000. If an application is received 16 17 after the required filing date and exhibits a hand canceled postmark obtained from a United States Post Office dated on or 18 before the required filing date, no fine will be levied. 19 20 (2) A licensee against whom a revocation or suspension 21 proceeding, or any judicial proceeding instituted by the 2.2 agency under this part, is pending at the time of license 23 renewal may be issued a temporary license effective until final disposition by the agency of such proceeding. If 2.4 judicial relief is sought from the aforesaid administrative 25 order, the court having jurisdiction may issue such orders 26 27 regarding the issuance of a temporary permit during the 2.8 pendency of the judicial proceeding. 29 (3) The agency may not renew a license if the applicant has failed to pay any fines assessed by final order 30 of the agency or final order of the Health Care Financing 31

1 Administration under requirements for federal certification. 2 The agency may renew the license of an applicant following the assessment of a fine by final order if such fine has been paid 3 4 into an escrow account pending an appeal of a final order. 5 (4) In addition to the requirements of part II of б chapter 408, the licensee shall submit a signed affidavit 7 disclosing any financial or ownership interest that a controlling interest licensee has held within the last 5 years 8 in any entity licensed by the state or any other state to 9 provide health or residential care which entity has closed 10 voluntarily or involuntarily; has filed for bankruptcy; has 11 12 had a receiver appointed; has had a license denied, suspended, 13 or revoked; or has had an injunction issued against it which was initiated by a regulatory agency. The affidavit must 14 disclose the reason such entity was closed, whether 15 voluntarily or involuntarily. 16 17 Section 66. Subsections (2) and (5) of section 400.1183, Florida Statutes, are amended to read: 18 400.1183 Resident grievance procedures .--19 20 (2) Each facility shall maintain records of all 21 grievances and shall report annually to the agency at the time 22 of relicensure the total number of grievances handled during 23 the prior licensure period, a categorization of the cases underlying the grievances, and the final disposition of the 2.4 25 grievances. 26 (5) The agency may impose an administrative fine, in 27 accordance with s. 400.121, against a nursing home facility 2.8 for noncompliance with this section. Section 67. Section 400.121, Florida Statutes, is 29 30 amended to read: 31

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1 400.121 Denial, suspension, revocation of license; 2 moratorium on admissions; administrative fines; procedure; order to increase staffing. --3 4 (1) The agency may deny an application, revoke or suspend a license, and or impose an administrative fine, not 5 б to exceed \$500 per violation per day for the violation of any 7 provision of this part, part II of chapter 408, or applicable 8 rules, against any applicant or licensee for the following violations by the applicant, licensee, or other controlling 9 interest: 10 (a) A violation of any provision of this part, part II 11 12 of chapter 408, or applicable rules  $\frac{1}{3} \cdot \frac{400.102(1)}{100}$ ; or 13 (b) A demonstrated pattern of deficient practice; 14 Failure to pay any outstanding fines assessed by final order of the agency or final order of the Health Care 15 16 Financing Administration pursuant to requirements for federal 17 certification. The agency may renew or approve the license of 18 applicant following the assessment of a fine by if such fine has been paid into an escrow account pending an 19 appeal of a final order; 20 21 - Exclusion from the Medicare or Medicaid program; (d)22 or 23 (b) (e) An adverse action by a regulatory agency against any other licensed facility that has a common 2.4 controlling interest with the licensee or applicant against 25 whom the action under this section is being brought. If the 26 27 adverse action involves solely the management company, the 2.8 applicant or licensee shall be given 30 days to remedy before final action is taken. If the adverse action is based solely 29 upon actions by a controlling interest, the applicant or 30 licensee may present factors in mitigation of any proposed 31

1 penalty based upon a showing that such penalty is 2 inappropriate under the circumstances. 3 4 All hearings shall be held within the county in which the 5 licensee or applicant operates or applies for a license to 6 operate a facility as defined herein. 7 (2) Except as provided in s. 400.23(8), a \$500 fine shall be imposed for each violation. Each day a violation of 8 this part or part II of chapter 408 occurs constitutes a 9 separate violation and is subject to a separate fine, but in 10 no event may any fine aggregate more than \$5,000. A fine may 11 12 be levied pursuant to this section in lieu of and 13 notwithstanding the provisions of s. 400.23. Fines paid shall be deposited in the Resident Protection Trust Fund and 14 expended as provided in s. 400.063. 15 (3) The agency shall revoke or deny a nursing home 16 17 license if the licensee or controlling interest operates a 18 facility in this state that: (a) Has had two moratoria issued pursuant to this part 19 or part II of chapter 408 which are imposed by final order for 20 21 substandard quality of care, as defined by 42 C.F.R. part 483, 22 within any 30-month period; 23 (b) Is conditionally licensed for 180 or more 2.4 continuous days; (c) Is cited for two class I deficiencies arising from 25 unrelated circumstances during the same survey or 26 27 investigation; or 2.8 (d) Is cited for two class I deficiencies arising from 29 separate surveys or investigations within a 30-month period. 30 31

1 The licensee may present factors in mitigation of revocation, 2 and the agency may make a determination not to revoke a license based upon a showing that revocation is inappropriate 3 4 under the circumstances. 5 (4) The agency may issue an order immediately б suspending or revoking a license when it determines that any 7 condition in the facility presents a danger to the health, 8 safety, or welfare of the residents in the facility. 9 (5)(a) The agency may impose an immediate moratorium 10 on admissions to any facility when the agency determines that 11 condition in the facility presents a threat to the health, anv 12 safety, or welfare of the residents in the facility. 13 (4)(b) If Where the agency has placed a moratorium pursuant to this part or part II of chapter 408 on admissions 14 on any facility two times within a 7-year period, the agency 15 may suspend the nursing home license of the nursing home and 16 17 the facility's management company, if any. During the 18 suspension, the agency shall take the facility into receivership and shall operate the facility. 19 (5) (6) An action taken by the agency to deny, suspend, 20 21 or revoke a facility's license under this part or part II of 22 chapter 408 shall be heard by the Division of Administrative 23 Hearings of the Department of Management Services within 60 days after the assignment of an administrative law judge, 2.4 unless the time limitation is waived by both parties. The 25 26 administrative law judge must render a decision within 30 days 27 after receipt of a proposed recommended order. 2.8 (6) (7) The agency is authorized to require a facility 29 to increase staffing beyond the minimum required by law, if the agency has taken administrative action against the 30 facility for care-related deficiencies directly attributable 31

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1 to insufficient staff. Under such circumstances, the facility 2 may request an expedited interim rate increase. The agency shall process the request within 10 days after receipt of all 3 required documentation from the facility. A facility that 4 fails to maintain the required increased staffing is subject 5 б to a fine of \$500 per day for each day the staffing is below 7 the level required by the agency. 8 (8) An administrative proceeding challenging an action 9 taken by the agency pursuant to this section shall be reviewed on the basis of the facts and conditions that resulted in such 10 11 agency action. 12 (7) (9) Notwithstanding any other provision of law to 13 the contrary, agency action in an administrative proceeding under this section may be overcome by the licensee upon a 14 showing by a preponderance of the evidence to the contrary. 15 (8) (10) In addition to any other sanction imposed 16 17 under this part or part II of chapter 408, in any final order 18 that imposes sanctions, the agency may assess costs related to the investigation and prosecution of the case. Payment of 19 agency costs shall be deposited into the Health Care Trust 20 21 Fund. 22 Section 68. Section 400.125, Florida Statutes, 23 repealed. Section 69. Subsection (14) of section 400.141, 2.4 Florida Statutes, is amended to read: 25 400.141 Administration and management of nursing home 26 facilities.--Every licensed facility shall comply with all 27 2.8 applicable standards and rules of the agency and shall: 29 (14) Submit to the agency the information specified in s. 400.071(1)(a)(2)(e) for a management company within 30 days 30 after the effective date of the management agreement. 31

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1 2 Facilities that have been awarded a Gold Seal under the program established in s. 400.235 may develop a plan to 3 provide certified nursing assistant training as prescribed by 4 federal regulations and state rules and may apply to the 5 6 agency for approval of their program. 7 Section 70. Section 400.179, Florida Statutes, is amended to read: 8 9 400.179 Sale or transfer of ownership of a nursing 10 facility; Liability for Medicaid underpayments and 11 overpayments. --12 (1) It is the intent of the Legislature to protect the rights of nursing home residents and the security of public 13 funds when a nursing facility is sold or the ownership is 14 15 transferred. (2) Whenever a nursing facility is sold or the 16 17 ownership is transferred, including leasing, the transferee 18 shall make application to the agency for a new license at 19 least 90 days prior to the date of transfer of ownership. 20 (3) The transferor shall notify the agency in writing 21 at least 90 days prior to the date of transfer of ownership. 2.2 The transferor shall be responsible and liable for the lawful 23 operation of the nursing facility and the welfare of the residents domiciled in the facility until the date the 2.4 transferee is licensed by the agency. The transferor shall be 25 26 liable for any and all penalties imposed against the facility 27 for violations occurring prior to the date of transfer of 2.8 ownership. 29 (4) The transferor shall, prior to transfer of 30 ownership, repay or make arrangements to repay to the agency or the Department of Children and Family Services any amounts 31

1 owed to the agency or the department. Should the transferor 2 fail to repay or make arrangements to repay the amounts owed 3 to the agency or the department prior to the transfer of 4 ownership, the issuance of a license to the transferee shall 5 be delayed until repayment or until arrangements for repayment б are made. 7 (2) (5) Because any transfer of a nursing facility may 8 expose the fact that Medicaid may have underpaid or overpaid the transferor, and because in most instances, any such 9 underpayment or overpayment can only be determined following a 10 formal field audit, the liabilities for any such underpayments 11 12 or overpayments shall be as follows: 13 (a) The Medicaid program shall be liable to the transferor for any underpayments owed during the transferor's 14 period of operation of the facility. 15 (b) Without regard to whether the transferor had 16 17 leased or owned the nursing facility, the transferor shall remain liable to the Medicaid program for all Medicaid 18 overpayments received during the transferor's period of 19 operation of the facility, regardless of when determined. 20 21 (c) Where the facility transfer takes any form of a 22 sale of assets, in addition to the transferor's continuing 23 liability for any such overpayments, if the transferor fails to meet these obligations, the transferee shall be liable for 2.4 all liabilities that can be readily identifiable 90 days in 25 26 advance of the transfer. Such liability shall continue in 27 succession until the debt is ultimately paid or otherwise 2.8 resolved. It shall be the burden of the transferee to determine the amount of all such readily identifiable 29 overpayments from the Agency for Health Care Administration, 30 and the agency shall cooperate in every way with the 31

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1 identification of such amounts. Readily identifiable 2 overpayments shall include overpayments that will result from, but not be limited to: 3 4 1. Medicaid rate changes or adjustments; 5 2. Any depreciation recapture; б 3. Any recapture of fair rental value system indexing; 7 or 8 4. Audits completed by the agency. 9 10 The transferor shall remain liable for any such Medicaid overpayments that were not readily identifiable 90 days in 11 12 advance of the nursing facility transfer. 13 (d) Where the transfer involves a facility that has been leased by the transferor: 14 1. The transferee shall, as a condition to being 15 issued a license by the agency, acquire, maintain, and provide 16 17 proof to the agency of a bond with a term of 30 months, 18 renewable annually, in an amount not less than the total of 3 months' Medicaid payments to the facility computed on the 19 basis of the preceding 12-month average Medicaid payments to 20 21 the facility. 22 2. A leasehold licensee may meet the requirements of 23 subparagraph 1. by payment of a nonrefundable fee, paid at initial licensure, paid at the time of any subsequent change 2.4 of ownership, and paid <u>annually thereafter</u> at the time of any 25 subsequent annual license renewal, in the amount of 1 percent 26 of the total of 3 months' Medicaid payments to the facility 27 2.8 computed on the basis of the preceding 12-month average Medicaid payments to the facility. If a preceding 12-month 29 average is not available, projected Medicaid payments may be 30 used. The fee shall be deposited into the Health Care Trust 31

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1 Fund and shall be accounted for separately as a Medicaid 2 nursing home overpayment account. These fees shall be used at the sole discretion of the agency to repay nursing home 3 Medicaid overpayments. Payment of this fee shall not release 4 the licensee from any liability for any Medicaid overpayments, 5 6 nor shall payment bar the agency from seeking to recoup 7 overpayments from the licensee and any other liable party. As 8 a condition of exercising this lease bond alternative, licensees paying this fee must maintain an existing lease bond 9 through the end of the 30-month term period of that bond. The 10 agency is herein granted specific authority to promulgate all 11 12 rules pertaining to the administration and management of this 13 account, including withdrawals from the account, subject to federal review and approval. This provision shall take effect 14 upon becoming law and shall apply to any leasehold license 15 application. The financial viability of the Medicaid nursing 16 17 home overpayment account shall be determined by the agency through annual review of the account balance and the amount of 18 total outstanding, unpaid Medicaid overpayments owing from 19 leasehold licensees to the agency as determined by final 20 21 agency audits. 22 3. The leasehold licensee may meet the bond 23 requirement through other arrangements acceptable to the agency. The agency is herein granted specific authority to 2.4 promulgate rules pertaining to lease bond arrangements. 25 4. All existing nursing facility licensees, operating 26 27 the facility as a leasehold, shall acquire, maintain, and 2.8 provide proof to the agency of the 30-month bond required in subparagraph 1., above, on and after July 1, 1993, for each 29 30 license renewal. 31

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1 5. It shall be the responsibility of all nursing 2 facility operators, operating the facility as a leasehold, to renew the 30-month bond and to provide proof of such renewal 3 to the agency annually at the time of application for license 4 5 renewal. б 6. Any failure of the nursing facility operator to 7 acquire, maintain, renew annually, or provide proof to the 8 agency shall be grounds for the agency to deny, cancel, revoke, and or suspend the facility license to operate such 9 facility and to take any further action, including, but not 10 limited to, enjoining the facility, asserting a moratorium 11 12 pursuant to part II of chapter 408, or applying for a 13 receiver, deemed necessary to ensure compliance with this section and to safeguard and protect the health, safety, and 14 welfare of the facility's residents. A lease agreement 15 required as a condition of bond financing or refinancing under 16 17 s. 154.213 by a health facilities authority or required under 18 s. 159.30 by a county or municipality is not a leasehold for purposes of this paragraph and is not subject to the bond 19 requirement of this paragraph. 20 21 Section 71. Subsections (1) and (4) of section 400.18, 22 Florida Statutes, are amended to read: 23 400.18 Closing of nursing facility.--(1) In addition to the requirements of part II of 2.4 chapter 408, Whenever a licensee voluntarily discontinues 25 26 operation, and during the period when it is preparing for such 27 discontinuance, it shall inform the agency not less than 90 2.8 days prior to the discontinuance of operation. the licensee 29 also shall inform each the resident or the next of kin, legal representative, or agency acting on behalf of the resident of 30 the fact, and the proposed time, of such discontinuance of 31

1 operation and give at least 90 days' notice so that suitable 2 arrangements may be made for the transfer and care of the resident. In the event any resident has no such person to 3 represent him or her, the licensee shall be responsible for 4 securing a suitable transfer of the resident before the 5 6 discontinuance of operation. The agency shall be responsible 7 for arranging for the transfer of those residents requiring 8 transfer who are receiving assistance under the Medicaid 9 program. 10 (4) Immediately upon discontinuance of operation of a facility, the licensee shall surrender the license therefor 11 12 the agency, and the license shall be canceled. 13 Section 72. Subsections (1), (2), and (3) of section 400.19, Florida Statutes, are amended to read: 14 400.19 Right of entry and inspection .--15 (1) In accordance with part II of chapter 408, the 16 17 agency and any duly designated officer or employee thereof or 18 a member of the State Long-Term Care Ombudsman Council or the local long-term care ombudsman council shall have the right to 19 enter upon and into the premises of any facility licensed 20 21 pursuant to this part, or any distinct nursing home unit of a 22 hospital licensed under chapter 395 or any freestanding 23 facility licensed under chapter 395 that provides extended care or other long-term care services, at any reasonable time 2.4 in order to determine the state of compliance with the 25 provisions of this part, part II of chapter 408, and 26 27 applicable rules in force pursuant thereto. The right of entry 2.8 and inspection shall also extend to any premises which the 29 agency has reason to believe is being operated or maintained a facility without a license, but no such entry or 30 inspection of any premises shall be made without the 31

1 permission of the owner or person in charge thereof, unless a 2 warrant is first obtained from the circuit court authorizing same. Any application for a facility license or renewal 3 4 thereof, made pursuant to this part, shall constitute 5 permission for and complete acquiescence in any entry or 6 inspection of the premises for which the license is sought, in 7 order to facilitate verification of the information submitted 8 or in connection with the application; to discover, 9 investigate, and determine the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. The 10 agency shall, within 60 days after receipt of a complaint made 11 12 by a resident or resident's representative, complete its 13 investigation and provide to the complainant its findings and resolution. 14 (2) The agency shall coordinate nursing home facility 15 licensing activities and responsibilities of any duly 16 17 designated officer or employee involved in nursing home 18 facility inspection to assure necessary, equitable, and consistent supervision of inspection personnel without 19 unnecessary duplication of inspections, consultation services, 20 21 or complaint investigations. To facilitate such coordination, 2.2 all rules promulgated by the agency pursuant to this part 23 shall be distributed to nursing homes licensed under s. 400.062 30 days prior to implementation. This requirement does 2.4 25 not apply to emergency rules. (3) The agency shall every 15 months conduct at least 26 27 one unannounced inspection to determine compliance by the 2.8 licensee with statutes, and with rules promulgated under the provisions of those statutes, governing minimum standards of 29 construction, quality and adequacy of care, and rights of 30 residents. The survey shall be conducted every 6 months for 31

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1 the next 2-year period if the facility has been cited for a 2 class I deficiency, has been cited for two or more class II deficiencies arising from separate surveys or investigations 3 within a 60-day period, or has had three or more substantiated 4 complaints within a 6-month period, each resulting in at least 5 6 one class I or class II deficiency. In addition to any other 7 fees or fines in this part, the agency shall assess a fine for 8 each facility that is subject to the 6-month survey cycle. The fine for the 2-year period shall be \$6,000, one-half to be 9 paid at the completion of each survey. The agency may adjust 10 this fine by the change in the Consumer Price Index, based on 11 12 the 12 months immediately preceding the increase, to cover the 13 cost of the additional surveys. The agency shall verify through subsequent inspection that any deficiency identified 14 during the annual inspection is corrected. However, the agency 15 may verify the correction of a class III or class IV 16 17 deficiency unrelated to resident rights or resident care 18 without reinspecting the facility if adequate written documentation has been received from the facility, which 19 provides assurance that the deficiency has been corrected. The 20 21 giving or causing to be given of advance notice of such 22 unannounced inspections by an employee of the agency to any 23 unauthorized person shall constitute cause for suspension of not fewer than 5 working days according to the provisions of 2.4 25 chapter 110. Section 73. Subsections (1) and (3) of section 26 27 400.191, Florida Statutes, are amended to read: 2.8 400.191 Availability, distribution, and posting of 29 reports and records.--30 (1) The agency shall provide information to the public about all of the licensed nursing home facilities operating in 31 108

1 the state. The agency shall, within 60 days after a licensure 2 an annual inspection visit or within 30 days after any interim visit to a facility, send copies of the inspection reports to 3 the local long-term care ombudsman council, the agency's local 4 office, and a public library or the county seat for the county 5 6 in which the facility is located. The agency may provide 7 electronic access to inspection reports as a substitute for 8 sending copies.

9 (3) Each nursing home facility licensee shall maintain 10 as public information, available upon request, records of all 11 cost and inspection reports pertaining to that facility that 12 have been filed with, or issued by, any governmental agency. 13 Copies of the reports shall be retained in the records for not 14 less than 5 years following the date the reports are filed or 15 issued.

The agency shall publish in the Nursing Home Guide 16 (a) 17 a "Nursing Home Guide Watch List" to assist consumers in 18 evaluating the quality of nursing home care in Florida. The watch list must identify each facility that met the criteria 19 for a conditional licensure status and each facility that is 20 21 operating under bankruptcy protection. The watch list must 22 include, but is not limited to, the facility's name, address, 23 and ownership; the county in which the facility operates; the license expiration date; the number of licensed beds; a 2.4 description of the deficiency causing the facility to be 25 placed on the list; any corrective action taken; and the 26 27 cumulative number of days and percentage of days the facility 2.8 had a conditional license in the past 30 months. The watch 29 list must include a brief description regarding how to choose a nursing home, the categories of licensure, the agency's 30 inspection process, an explanation of terms used in the watch 31

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1 list, and the addresses and phone numbers of the agency's health quality assurance field offices. 2 3 (b) Upon publication of each Nursing Home Guide, the agency must post a copy on its website by the 15th calendar 4 day of the second month following the end of the calendar 5 6 quarter. Each nursing home licensee must retrieve the most 7 recent version of the Nursing Home Guide from the agency's 8 website. Section 74. Subsections (1), (2), (7), and (8) of 9 section 400.23, Florida Statutes, are amended to read: 10 400.23 Rules; evaluation and deficiencies; licensure 11 12 status.--13 (1) It is the intent of the Legislature that rules published and enforced pursuant to this part and part II of 14 chapter 408 shall include criteria by which a reasonable and 15 consistent quality of resident care may be ensured and the 16 17 results of such resident care can be demonstrated and by which safe and sanitary nursing homes can be provided. It is 18 further intended that reasonable efforts be made to 19 accommodate the needs and preferences of residents to enhance 20 21 the quality of life in a nursing home. In addition, efforts 22 shall be made to minimize the paperwork associated with the 23 reporting and documentation requirements of these rules. (2) Pursuant to the intention of the Legislature, the 2.4 agency, in consultation with the Department of Health and the 25 Department of Elderly Affairs, shall adopt and enforce rules 26 27 to implement this part and part II of chapter 408, which shall 2.8 include reasonable and fair criteria in relation to: (a) The location of the facility and housing 29 30 conditions that will ensure the health, safety, and comfort of residents, including an adequate call system. In making such 31

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rules, the agency shall be guided by criteria recommended by 1 nationally recognized reputable professional groups and 2 associations with knowledge of such subject matters. The 3 agency shall update or revise such criteria as the need 4 5 arises. The agency may require alterations to a building if it 6 determines that an existing condition constitutes a distinct 7 hazard to life, health, or safety. In performing any 8 inspections of facilities authorized by this part or part II 9 of chapter 408, the agency may enforce the special-occupancy provisions of the Florida Building Code and the Florida Fire 10 Prevention Code which apply to nursing homes. Residents or 11 12 their representatives shall be able to request a change in the 13 placement of the bed in their room, provided that at admission they are presented with a room that meets requirements of the 14 Florida Building Code. The location of a bed may be changed if 15 the requested placement does not infringe on the resident's 16 17 roommate or interfere with the resident's care or safety as 18 determined by the care planning team in accordance with facility policies and procedures. In addition, the bed 19 placement may not be used as a restraint. Each facility shall 20 21 maintain a log of resident rooms with beds that are not in 22 strict compliance with the Florida Building Code in order for 23 such log to be used by surveyors and nurse monitors during inspections and visits. A resident or resident representative 2.4 who requests that a bed be moved shall sign a statement 25 indicating that he or she understands the room will not be in 26 27 compliance with the Florida Building Code, but they would 2.8 prefer to exercise their right to self-determination. The 29 statement must be retained as part of the resident's care plan. Any facility that offers this option must submit a 30 letter signed by the nursing home administrator of record to 31

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1 the agency notifying it of this practice with a copy of the 2 policies and procedures of the facility. The agency is directed to provide assistance to the Florida Building 3 Commission in updating the construction standards of the code 4 5 relative to nursing homes. б (b) The number and qualifications of all personnel, 7 including management, medical, nursing, and other professional 8 personnel, and nursing assistants, orderlies, and support 9 personnel, having responsibility for any part of the care given residents. 10 (c) All sanitary conditions within the facility and 11 12 its surroundings, including water supply, sewage disposal, 13 food handling, and general hygiene which will ensure the health and comfort of residents. 14 (d) The equipment essential to the health and welfare 15 of the residents. 16 17 (e) A uniform accounting system. 18 (f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof, based on 19 rules developed under this chapter and the Omnibus Budget 20 21 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 22 1987), Title IV (Medicare, Medicaid, and Other Health-Related 23 Programs), Subtitle C (Nursing Home Reform), as amended. (g) The preparation and annual update of a 2.4 25 comprehensive emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after 26 27 consultation with the Department of Community Affairs. At a 2.8 minimum, the rules must provide for plan components that 29 address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including 30 emergency power, food, and water; postdisaster transportation; 31

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1 supplies; staffing; emergency equipment; individual 2 identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency 3 management plan is subject to review and approval by the local 4 5 emergency management agency. During its review, the local 6 emergency management agency shall ensure that the following 7 agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department 8 of Health, the Agency for Health Care Administration, and the 9 Department of Community Affairs. Also, appropriate volunteer 10 organizations must be given the opportunity to review the 11 12 plan. The local emergency management agency shall complete 13 its review within 60 days and either approve the plan or advise the facility of necessary revisions. 14 (h) The availability, distribution, and posting of 15 reports and records pursuant to s. 400.191 and the Gold Seal 16 17 Program pursuant to s. 400.235. (7) The agency shall, at least every 15 months, 18 evaluate all nursing home facilities and make a determination 19 as to the degree of compliance by each licensee with the 20 21 established rules adopted under this part as a basis for 22 assigning a licensure status to that facility. The agency 23 shall base its evaluation on the most recent inspection report, taking into consideration findings from other official 2.4 reports, surveys, interviews, investigations, and inspections. 25 In addition to license categories authorized under part II of 26 27 chapter 408, the agency shall assign a licensure status of 2.8 standard or conditional to each nursing home. 29 (a) A standard licensure status means that a facility 30 has no class I or class II deficiencies and has corrected all 31

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1 class III deficiencies within the time established by the 2 agency.

(b) A conditional licensure status means that a 3 facility, due to the presence of one or more class I or class 4 II deficiencies, or class III deficiencies not corrected 5 6 within the time established by the agency, is not in 7 substantial compliance at the time of the survey with criteria 8 established under this part or with rules adopted by the 9 agency. If the facility has no class I, class II, or class III deficiencies at the time of the followup survey, a 10 standard licensure status may be assigned. 11

12 (c) In evaluating the overall quality of care and 13 services and determining whether the facility will receive a conditional or standard license, the agency shall consider the 14 needs and limitations of residents in the facility and the 15 results of interviews and surveys of a representative sampling 16 17 of residents, families of residents, ombudsman council members 18 in the planning and service area in which the facility is located, guardians of residents, and staff of the nursing home 19 facility. 20

21 (d) The current licensure status of each facility must 22 be indicated in bold print on the face of the license. A list 23 of the deficiencies of the facility shall be posted in a prominent place that is in clear and unobstructed public view 2.4 at or near the place where residents are being admitted to 25 26 that facility. Licensees receiving a conditional licensure 27 status for a facility shall prepare, within 10 working days 2.8 after receiving notice of deficiencies, a plan for correction 29 of all deficiencies and shall submit the plan to the agency 30 for approval.

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

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1 the facility's residents. The agency shall indicate the 2 classification on the face of the notice of deficiencies as 3 follows:

4 (a) A class I deficiency is a deficiency that the 5 agency determines presents a situation in which immediate 6 corrective action is necessary because the facility's 7 noncompliance has caused, or is likely to cause, serious 8 injury, harm, impairment, or death to a resident receiving care in a facility. The condition or practice constituting a 9 class I violation shall be abated or eliminated immediately, 10 unless a fixed period of time, as determined by the agency, is 11 12 required for correction. A class I deficiency is subject to a 13 civil penalty of \$10,000 for an isolated deficiency, \$12,500 for a patterned deficiency, and \$15,000 for a widespread 14 deficiency. The fine amount shall be doubled for each 15 deficiency if the facility was previously cited for one or 16 17 more class I or class II deficiencies during the last 18 licensure annual inspection or any inspection or complaint investigation since the last <u>licensure</u> annual inspection. A 19 fine must be levied notwithstanding the correction of the 20 21 deficiency. 22 (b) A class II deficiency is a deficiency that the 23 agency determines has compromised the resident's ability to

maintain or reach his or her highest practicable physical, 2.4 mental, and psychosocial well-being, as defined by an accurate 25 26 and comprehensive resident assessment, plan of care, and 27 provision of services. A class II deficiency is subject to a 2.8 civil penalty of \$2,500 for an isolated deficiency, \$5,000 for a patterned deficiency, and \$7,500 for a widespread 29 deficiency. The fine amount shall be doubled for each 30 deficiency if the facility was previously cited for one or 31

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1 more class I or class II deficiencies during the last 2 licensure annual inspection or any inspection or complaint investigation since the last <u>licensure</u> annual inspection. A 3 fine shall be levied notwithstanding the correction of the 4 deficiency. 5 6 (c) A class III deficiency is a deficiency that the 7 agency determines will result in no more than minimal 8 physical, mental, or psychosocial discomfort to the resident or has the potential to compromise the resident's ability to 9 maintain or reach his or her highest practical physical, 10 mental, or psychosocial well-being, as defined by an accurate 11 12 and comprehensive resident assessment, plan of care, and 13 provision of services. A class III deficiency is subject to a civil penalty of \$1,000 for an isolated deficiency, \$2,000 for 14 a patterned deficiency, and \$3,000 for a widespread 15 deficiency. The fine amount shall be doubled for each 16 17 deficiency if the facility was previously cited for one or 18 more class I or class II deficiencies during the last licensure annual inspection or any inspection or complaint 19 investigation since the last <u>licensure</u> annual inspection. A 20 21 citation for a class III deficiency must specify the time 22 within which the deficiency is required to be corrected. If a 23 class III deficiency is corrected within the time specified, a no civil penalty may not shall be imposed. 2.4 (d) A class IV deficiency is a deficiency that the 25 agency determines has the potential for causing no more than a 26 27 minor negative impact on the resident. If the class IV

28 deficiency is isolated, no plan of correction is required.

29 Section 75. Section 400.241, Florida Statutes, is 30 amended to read:

31 400.241 Prohibited acts; penalties for violations.--

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1 (1) It is unlawful for any person or public body to 2 establish, conduct, manage, or operate a home as defined in 3 this part without obtaining a valid current license. (2) It is unlawful for any person or public body to 4 5 offer or advertise to the public, in any way by any medium 6 whatever, nursing home care or service or custodial services 7 without obtaining a valid current license. It is unlawful for 8 any holder of a license issued pursuant to the provisions of 9 this part to advertise or hold out to the public that it holds a license for a facility other than that for which it actually 10 11 holds a license. 12 (1) (1) (3) It is unlawful for any person, long-term care 13 facility, or other entity to willfully interfere with the unannounced inspections mandated by s. 400.19(3) or part II of 14 chapter 408. Alerting or advising a facility of the actual or 15 approximate date of such inspection shall be a per se 16 17 violation of this subsection. (2)(4) A violation of any provision of this part or of 18 any minimum standard, rule, or regulation adopted pursuant 19 thereto constitutes a misdemeanor of the second degree, 20 21 punishable as provided in s. 775.082 or s. 775.083. Each day 22 of a continuing violation is shall be considered a separate 23 offense. Section 76. Subsection (1) and paragraphs (a) and (c) 2.4 of subsection (4) of section 400.464, Florida Statutes, are 25 26 amended to read: 27 400.464 Home health agencies to be licensed; 2.8 expiration of license; exemptions; unlawful acts; penalties.--29 (1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant 30 to this part and part II of chapter 408 and entities licensed 31

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1 or registered by or applying for such licensure or 2 registration from the Agency for Health Care Administration pursuant to this part. A license issued by the agency is 3 4 required in order to operate a home health agency in this state. Any home health agency must be licensed by the agency 5 б to operate in this state. A license issued to a home health 7 agency, unless sooner suspended or revoked, expires 2 years 8 after its date of issuance. 9 (4)(a) An organization may not provide, offer, or 10 advertise home health services to the public unless the organization has a valid license or is specifically exempted 11 12 under this part. An organization that offers or advertises to 13 the public any service for which licensure or registration is required under this part must include in the advertisement the 14 license number or registration number issued to the 15 organization by the agency. The agency shall assess a fine of 16 17 not less than \$100 to any licensee or registrant who fails to 18 include the license or registration number when submitting the advertisement for publication, broadcast, or printing. The 19 fine for a second or subsequent offense is \$500. The holder of 20 21 a license issued under this part may not advertise or indicate 22 to the public that it holds a home health agency or nurse 23 registry license other than the one it has been issued. (c) A person who violates paragraph (a) is subject to 2.4 an injunctive proceeding under s. 408.816 s. 400.515. A 25 violation of paragraph (a) or s. 408.812 is a deceptive and 26 27 unfair trade practice and constitutes a violation of the 2.8 Florida Deceptive and Unfair Trade Practices Act under part II 29 of chapter 501. 30 Section 77. Section 400.471, Florida Statutes, is amended to read: 31

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1 400.471 Application for license; fee; provisional 2 license; temporary permit. --3 (1) Each applicant for licensure must comply with all 4 provisions of this part and part II of chapter 408. 5 Application for an initial license or for renewal of an 6 existing license must be made under oath to the agency on 7 forms furnished by it and must be accompanied by the 8 appropriate license fee as provided in subsection (10). The 9 agency must take final action on an initial licensure 10 application within 60 days after receipt of all required documentation. 11 12 (2) In addition to the requirements of part II of 13 chapter 408, the initial applicant must file with the application satisfactory proof that the home health agency is 14 in compliance with this part and applicable rules, including: 15 (a) A listing of services to be provided, either 16 17 directly by the applicant or through contractual arrangements 18 with existing providers. (b) The number and discipline of professional staff to 19 be employed. 20 21 (c) Proof of financial ability to operate. 2.2 (c)(d) Completion of questions concerning volume data 23 on the renewal application as determined by rule. (3) An applicant for initial licensure must 2.4 25 demonstrate financial ability to operate by submitting a 26 balance sheet and income and expense statement for the first 2 27 years of operation which provide evidence of having sufficient 2.8 assets, credit, and projected revenues to cover liabilities and expenses. The applicant shall have demonstrated financial 29 ability to operate if the applicant's assets, credit, and 30 projected revenues meet or exceed projected liabilities and 31

1 expenses. All documents required under this subsection must be 2 prepared in accordance with generally accepted accounting 3 principles and must be compiled by a certified public 4 accountant. 5 (4) Each applicant for licensure must comply with the б following requirements: 7 (a) Upon receipt of a completed, signed, and dated 8 application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for 9 10 screening set forth in chapter 435. As used in this subsection, the term "applicant" means the administrator, or a 11 12 similarly titled person who is responsible for the day to day 13 operation of the licensed home health agency, and the financial officer, or similarly titled individual who is 14 responsible for the financial operation of the licensed home 15 16 health agency. 17 (b) The agency may require background screening for a 18 member of the board of directors of the licensee or an officer 19 or an individual owning 5 percent or more of the licensee if the agency reasonably suspects that such individual has been 2.0 21 convicted of an offense prohibited under the level 2 standards 2.2 for screening set forth in chapter 435. 23 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 2.4 within the previous 5 years in compliance with any other 25 health care or assisted living licensure requirements of this 26 state is acceptable in fulfillment of paragraph (a). Proof of 27 2.8 compliance with background screening which has been submitted within the previous 5 years to fulfill the requirements of the 29 Financial Services Commission and the Office of Insurance 30 Regulation pursuant to chapter 651 as part of an application 31

1 for a certificate of authority to operate a continuing care 2 retirement community is acceptable in fulfillment of the Department of Law Enforcement and Federal Bureau of 3 4 Investigation background check. 5 (d) A provisional license may be granted to an 6 applicant when each individual required by this section to 7 undergo background screening has met the standards for the 8 Department of Law Enforcement background check, but the agency 9 has not yet received background screening results from the 10 Federal Bureau of Investigation. A standard license may be granted to the licensee upon the agency's receipt of a report 11 12 of the results of the Federal Bureau of Investigation 13 background screening for each individual required by this section to undergo background screening which confirms that 14 all standards have been met, or upon the granting of a 15 disqualification exemption by the agency as set forth in 16 17 chapter 435. Any other person who is required to undergo level 18 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal 19 Bureau of Investigation. However, the person may not continue 2.0 21 to serve if the report indicates any violation of background 2.2 screening standards and a disqualification exemption has not 23 been requested of and granted by the agency as set forth in chapter 435. 2.4 25 (e) Each applicant must submit to the agency, with its 26 application, a description and explanation of any exclusions, 27 permanent suspensions, or terminations of the licensee or 2.8 potential licensee from the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of 29 ownership and control interest under the Medicaid or Medicare 30 programs may be accepted in lieu of this submission. 31

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description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a not for profit corporation or organization 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 for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	1	(f) Each applicant must submit to the agency a
4member of the board of directors of the applicant, its5officers, or any individual owning 5 percent or more of the6applicant. This requirement does not apply to a director of a7not for profit corporation or organization if the director8serves solely in a voluntary capacity for the corporation or9organization, does not regularly take part in the day to day10operational decisions of the corporation or organization,11receives no remuneration for his or her services on the12corporation or organization's board of directors, and has no13financial interest and has no family members with a financial14interest in the corporation or organization, provided that the15director and the not for profit corporation or organization16include in the application a statement affirming that the17(g) A license may not be granted to an applicant if18the applicant, administrator, or financial officer has been19(g) A license may not be granted to an applicant if10the applicant, administrator, or financial officer has been12plea of nolo contendere or guilty to, any offense prohibited13under the level 2 standards for screening set forth in chapter1435, unless an exemption from disqualification has been15(h) The agency may deny or revoke licensure if the16applicant has been or is currently excluded, suspended,17terminated from, or has involuntarily withdrawn from18participation in any governmental or priva	2	description and explanation of any conviction of an offense
5officers, or any individual owning 5 percent or more of the6applicant. This requirement does not apply to a director of a7not for profit corporation or organization if the director8serves solely in a voluntary capacity for the corporation or9organization, does not regularly take part in the day to day10operational decisions of the corporation or organization,11receives no remuneration for his or her services on the12corporation or organization's board of directors, and has no13financial interest and has no family members with a financial14interest in the corporation or organization, provided that the15director and the not for profit corporation or organization16include in the application a statement affirming that the17(g) A license may not be granted to an applicant if18the applicant, administrator, or financial officer has been19(g) A license may not be granted to an applicant if10the applicant, administrator, or financial officer has been11found guilty of, regardless of adjudication, or has entered a12plea of nolo contendere or guilty to, any offense prohibited13under the level 2 standards for screening set forth in chapter14435, unless an exemption from disqualification has been15granted by the agency as set forth in chapter 435.16h) The agency may deny or revoke licensure if the17applicant has been or is currently excluded, suspended,18terminated from, or has involuntaril	3	prohibited under the level 2 standards of chapter 435 by a
6applicant. This requirement does not apply to a director of a not for profit corporation or organization 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 for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph.19(g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been sranted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	4	member of the board of directors of the applicant, its
not for profit corporation or organization 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 for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nole contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	5	officers, or any individual owning 5 percent or more of the
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 for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	6	applicant. This requirement does not apply to a director of a
9organization, does not regularly take part in the day to day10operational decisions of the corporation or organization,11receives no remuneration for his or her services on the12corporation or organization's board of directors, and has no13financial interest and has no family members with a financial14interest in the corporation or organization, provided that the15director and the not for profit corporation or organization16include in the application a statement affirming that the17director's relationship to the corporation satisfies the18requirements of this paragraph.19(g) A license may not be granted to an applicant if20the applicant, administrator, or financial officer has been21found guilty of, regardless of adjudication, or has entered a22plea of nolo contendere or guilty to, any offense prohibited23under the level 2 standards for screening set forth in chapter2435, unless an exemption from disqualification has been25(h) The agency may deny or revoke licensure if the26(h) The agency may deny or revoke licensure if the27applicant has been or is currently excluded, suspended,28terminated from, or has involuntarily withdrawn from29participation in any governmental or private health care or30health insurance program.	7	not for profit corporation or organization if the director
<pre>10 operational decisions of the corporation or organization, 11 receives no remuneration for his or her services on the 12 corporation or organization's board of directors, and has no 13 financial interest and has no family members with a financial 14 interest in the corporation or organization, provided that the 15 director and the not for profit corporation or organization 16 include in the application a statement affirming that the 17 director's relationship to the corporation satisfies the 18 requirements of this paragraph. 19 (g) A license may not be granted to an applicant if 14 the applicant, administrator, or financial officer has been 15 found guilty of, regardless of adjudication, or has entered a 16 plea of nolo contendere or guilty to, any offense prohibited 17 under the level 2 standards for screening set forth in chapter 18 435, unless an exemption from disqualification has been 19 5granted by the agency as set forth in chapter 435. 10 (h) The agency may deny or revoke licensure if the 17 applicant has been or is currently excluded, suspended, 18 terminated from, or has involuntarily withdrawn from 19 participation in any governmental or private health care or 10 health insurance program.</pre>	8	serves solely in a voluntary capacity for the corporation or
11 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	9	organization, does not regularly take part in the day to day
<pre>12 corporation or organization's board of directors, and has no 13 financial interest and has no family members with a financial 14 interest in the corporation or organization, provided that the 15 director and the not for profit corporation or organization 16 include in the application a statement affirming that the 17 director's relationship to the corporation satisfies the 18 requirements of this paragraph. 19 (g) A license may not be granted to an applicant if 16 the applicant, administrator, or financial officer has been 17 found guilty of, regardless of adjudication, or has entered a 18 plea of nolo contendere or guilty to, any offense prohibited 19 under the level 2 standards for screening set forth in chapter 19 435, unless an exemption from disqualification has been 10 granted by the agency as set forth in chapter 435. 19 (h) The agency may deny or revoke licensure if the 19 applicant has been or is currently excluded, suspended, 19 terminated from, or has involuntarily withdrawn from 19 participation in any governmental or private health care or 10 health insurance program.</pre>	10	operational decisions of the corporation or organization,
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interest in the corporation or organization, provided that the director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	12	corporation or organization's board of directors, and has no
<ul> <li>director and the not for profit corporation or organization</li> <li>include in the application a statement affirming that the</li> <li>director's relationship to the corporation satisfies the</li> <li>requirements of this paragraph.</li> <li>(g) A license may not be granted to an applicant if</li> <li>the applicant, administrator, or financial officer has been</li> <li>found guilty of, regardless of adjudication, or has entered a</li> <li>plea of nolo contendere or guilty to, any offense prohibited</li> <li>under the level 2 standards for screening set forth in chapter</li> <li>435, unless an exemption from disqualification has been</li> <li>granted by the agency as set forth in chapter 435.</li> <li>(h) The agency may deny or revoke licensure if the</li> <li>applicant has been or is currently excluded, suspended,</li> <li>terminated from, or has involuntarily withdrawn from</li> <li>participation in any governmental or private health care or</li> <li>health insurance program.</li> </ul>	13	financial interest and has no family members with a financial
include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	14	interest in the corporation or organization, provided that the
director's relationship to the corporation satisfies the requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	15	director and the not for profit corporation or organization
requirements of this paragraph. (g) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	16	include in the application a statement affirming that the
<ul> <li>(g) A license may not be granted to an applicant if</li> <li>the applicant, administrator, or financial officer has been</li> <li>found guilty of, regardless of adjudication, or has entered a</li> <li>plea of nolo contendere or guilty to, any offense prohibited</li> <li>under the level 2 standards for screening set forth in chapter</li> <li>435, unless an exemption from disqualification has been</li> <li>granted by the agency as set forth in chapter 435.</li> <li>(h) The agency may deny or revoke licensure if the</li> <li>applicant has been or is currently excluded, suspended,</li> <li>terminated from, or has involuntarily withdrawn from</li> <li>participation in any governmental or private health care or</li> <li>health insurance program.</li> </ul>	17	director's relationship to the corporation satisfies the
the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	18	requirements of this paragraph.
found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the applicant has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in any governmental or private health care or health insurance program.	19	(g) A license may not be granted to an applicant if
22 plea of nolo contendere or guilty to, any offense prohibited 23 under the level 2 standards for screening set forth in chapter 24 435, unless an exemption from disqualification has been 25 granted by the agency as set forth in chapter 435. 26 (h) The agency may deny or revoke licensure if the 27 applicant has been or is currently excluded, suspended, 28 terminated from, or has involuntarily withdrawn from 29 participation in any governmental or private health care or 30 health insurance program.	20	the applicant, administrator, or financial officer has been
<ul> <li>under the level 2 standards for screening set forth in chapter</li> <li>435, unless an exemption from disqualification has been</li> <li>granted by the agency as set forth in chapter 435.</li> <li>(h) The agency may deny or revoke licensure if the</li> <li>applicant has been or is currently excluded, suspended,</li> <li>terminated from, or has involuntarily withdrawn from</li> <li>participation in any governmental or private health care or</li> <li>health insurance program.</li> </ul>	21	found guilty of, regardless of adjudication, or has entered a
<ul> <li>435, unless an exemption from disqualification has been</li> <li>granted by the agency as set forth in chapter 435.</li> <li>(h) The agency may deny or revoke licensure if the</li> <li>applicant has been or is currently excluded, suspended,</li> <li>terminated from, or has involuntarily withdrawn from</li> <li>participation in any governmental or private health care or</li> <li>health insurance program.</li> </ul>	22	plea of nolo contendere or guilty to, any offense prohibited
25 granted by the agency as set forth in chapter 435. 26 (h) The agency may deny or revoke licensure if the 27 applicant has been or is currently excluded, suspended, 28 terminated from, or has involuntarily withdrawn from 29 participation in any governmental or private health care or 30 health insurance program.	23	under the level 2 standards for screening set forth in chapter
<ul> <li>(h) The agency may deny or revoke licensure if the</li> <li>applicant has been or is currently excluded, suspended,</li> <li>terminated from, or has involuntarily withdrawn from</li> <li>participation in any governmental or private health care or</li> <li>health insurance program.</li> </ul>	24	435, unless an exemption from disqualification has been
27 applicant has been or is currently excluded, suspended, 28 terminated from, or has involuntarily withdrawn from 29 participation in any governmental or private health care or 30 health insurance program.	25	granted by the agency as set forth in chapter 435.
28 terminated from, or has involuntarily withdrawn from 29 participation in any governmental or private health care or 30 health insurance program.	26	(h) The agency may deny or revoke licensure if the
29 participation in any governmental or private health care or 30 health insurance program.	27	applicant has been or is currently excluded, suspended,
30 health insurance program.	28	terminated from, or has involuntarily withdrawn from
	29	participation in any governmental or private health care or
31	30	health insurance program.
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1 (i) An application for license renewal must contain 2 the information required under paragraphs (e) and (f). 3 (5) The agency may deny or revoke licensure if the 4 applicant has falsely represented a material fact, or has 5 omitted any material fact, from the application required by б this section. 7 (3)(6) In addition to the requirements of s. 408.810, 8 the home health agency must also obtain and maintain the following insurance coverage in an amount of not less than 9 10 \$250,000 per claim, and the home health agency must submit proof of coverage with an initial application for licensure 11 12 and with each application for license renewal: (a) Malpractice insurance as defined in s. 13 624.605(1)(k).÷ 14 (b) Liability insurance as defined in s. 15 624.605(1)(b). 16 17 (7) Sixty days before the expiration date, an 18 application for renewal must be submitted to the agency under oath on forms furnished by it, and a license must be renewed 19 if the applicant has met the requirements established under 2.0 21 this part and applicable rules. The home health agency must 2.2 file with the application satisfactory proof that it is in 23 compliance with this part and applicable rules. If there is evidence of financial instability, the home health agency must 2.4 submit satisfactory proof of its financial ability to comply 25 with the requirements of this part. The agency shall impose an 26 27 administrative fine of \$50 per day for each day the home 2.8 health agency fails to file an application within the timeframe specified in this subsection. Each day of continuing 29 30 violation is a separate violation; however, the aggregate of such fines may not exceed \$500. 31

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1 (8) When transferring the ownership of a home health 2 agency, the transferee must submit an application for a license at least 60 days before the effective date of the 3 transfer. If the application is filed late, an administrative 4 5 fine shall be imposed in the amount of \$50 per day. Each day б of continuing violation is a separate violation; however, the 7 aggregate of such fines may not exceed \$500. If the home 8 health agency is being leased, a copy of the lease agreement 9 must be filed with the application. 10 (4)(9) The agency shall accept, in lieu of its own periodic licensure survey, submission of the survey of an 11 12 accrediting organization that is recognized by the agency if 13 the accreditation of the licensed home health agency is not provisional and if the licensed home health agency authorizes 14 release of, and the agency receives the report of, the 15 accrediting organization. 16 17 (5) (10) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 18 submitted under this part, part II of chapter 408, and 19 applicable rules. The amount of the fee shall be established 2.0 21 by rule and shall be set at The license fee and renewal fee 2.2 required of a home health agency are nonrefundable. The agency 23 shall set the license fees in an amount that is sufficient to cover the agency's its costs in carrying out its 2.4 responsibilities under this part, but not to exceed \$2,000 per 25 26 biennium. However, state, county, or municipal governments 27 applying for licenses under this part are exempt from the 2.8 payment of license fees. All fees collected under this part must be deposited in the Health Care Trust Fund for the 29 30 administration of this part. 31

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1 (11) The license must be displayed in a conspicuous 2 place in the administrative office of the home health agency and is valid only while in the possession of the person to 3 4 which it is issued. The license may not be sold, assigned, or otherwise transferred, voluntarily or involuntarily, and is 5 6 valid only for the home health agency and location for which originally issued. 7 8 (12) A home health agency against whom a revocation or 9 suspension proceeding is pending at the time of license 10 renewal may be issued a provisional license effective until final disposition by the agency of such proceedings. If 11 12 judicial relief is sought from the final disposition, the court that has jurisdiction may issue a temporary permit for 13 the duration of the judicial proceeding. 14 (6)(13) The agency may not issue a license designated 15 as certified to a home health agency that fails to satisfy the 16 17 requirements of a Medicare certification survey from the 18 agency. 19 (14) The agency may not issue a license to a home health agency that has any unpaid fines assessed under this 2.0 21 part. 22 Section 78. Section 400.474, Florida Statutes, is 23 amended to read: 400.474 Administrative Denial, suspension, revocation 2.4 of license; injunction; grounds; penalties.--25 26 (1) The agency may deny, revoke, and or suspend a 27 license and, or impose an administrative fine in the manner 2.8 provided in chapter 120, or initiate injunctive proceedings under s. 400.515. 29 30 31

1 (2) Any of the following actions by a home health 2 agency or its employee is grounds for disciplinary action by 3 the agency: 4 (a) Violation of this part, part II of chapter 408, or 5 of applicable rules. б (b) An intentional, reckless, or negligent act that 7 materially affects the health or safety of a patient. 8 (c) Knowingly providing home health services in an unlicensed assisted living facility or unlicensed adult 9 10 family-care home, unless the home health agency or employee reports the unlicensed facility or home to the agency within 11 12 72 hours after providing the services. 13 (3) The agency may impose the following penalties for operating without a license upon an applicant or owner who has 14 15 in the past operated, or who currently operates, a licensed 16 home health agency. 17 (a) If a home health agency that is found to be 18 operating without a license wishes to apply for a license, the home health agency may submit an application only after the 19 agency has verified that the home health agency no longer 2.0 21 operates an unlicensed home health agency. 22 (a) (b) In addition to the requirements of s. 408.813, 23 any person, partnership, or corporation that violates s. 408.813 paragraph (a) and that previously operated a licensed 2.4 home health agency or concurrently operates both a licensed 25 home health agency and an unlicensed home health agency 26 27 commits a felony of the third degree punishable as provided in 2.8 s. 775.082, s. 775.083, or s. 775.084. If an owner has an interest in more than one home health agency and fails to 29 license any one of those home health agencies, the agency must 30 issue a cease and desist order for the activities of the 31

1 unlicensed home health agency and impose a moratorium on any 2 or all of the licensed related home health agencies until the unlicensed home health agency is licensed. 3 4 (b)(c) If any home health agency is found to be 5 operating without a license meets the criteria in paragraph 6 (a) or paragraph (b) and that home health agency has received 7 any government reimbursement for services provided by an 8 unlicensed home health agency, the agency shall make a fraud referral to the appropriate government reimbursement program. 9 10 (4) The agency may deny, revoke, or suspend the license of a home health agency, or may impose on a home 11 12 health agency administrative fines not to exceed the aggregate 13 sum of \$5,000 if: (a) The agency is unable to obtain entry to the home 14 health agency to conduct a licensure survey, complaint 15 investigation, surveillance visit, or monitoring visit. 16 17 (b) An applicant or a licensed home health agency has 18 falsely represented a material fact in the application, or has 19 omitted from the application any material fact, including, but not limited to, the fact that the controlling or ownership 2.0 21 interest is held by any officer, director, agent, manager, 2.2 employee, affiliated person, partner, or shareholder who is 23 not eligible to participate. 2.4 (c) An applicant, owner, or person who has a 5 percent or greater interest in a licensed entity: 25 26 Has been previously found by any licensing, 1 27 certifying, or professional standards board or agency to have 2.8 violated the standards or conditions that relate to home health related licensure or certification, or to the quality 29 30 of home health related services provided; or 31

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1 2. Has been or is currently excluded, suspended, 2 terminated from, or has involuntarily withdrawn from, 3 participation in the Medicaid program of this state or any 4 other state, the Medicare program, or any other governmental 5 health care or health insurance program. б Section 79. Subsection (1) and paragraphs (a) and (b) 7 of subsection (2) of section 400.484, Florida Statutes, are 8 amended to read: 9 400.484 Right of inspection; deficiencies; fines .--10 (1) In addition to the requirements of s. 408.811, Any duly authorized officer or employee of the agency may make 11 12 such inspections and investigations as are necessary in order 13 to determine the state of compliance with this part, part II of chapter 408, and with applicable rules. The right of 14 inspection extends to any business that the agency has reason 15 16 to believe is being operated as a home health agency without a 17 license, but such inspection of any such business may not be made without the permission of the owner or person in charge 18 unless a warrant is first obtained from a circuit court. Any 19 application for a license issued under this part or for 20 21 license renewal constitutes permission for an appropriate 22 inspection to verify the information submitted on or in 23 connection with the application. (2) The agency shall impose fines for various classes 2.4 of deficiencies in accordance with the following schedule: 25 (a) A class I deficiency is any act, omission, or 26 27 practice that results in a patient's death, disablement, or 2.8 permanent injury, or places a patient at imminent risk of death, disablement, or permanent injury. Upon finding a class 29 I deficiency, the agency may impose an administrative fine in 30 the amount of \$5,000 for each occurrence and each day that the 31

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1 deficiency exists. In addition, the agency may immediately 2 revoke the license, or impose a moratorium on the admission of 3 new patients, until the factors causing the deficiency have 4 been corrected. 5 (b) A class II deficiency is any act, omission, or б practice that has a direct adverse effect on the health, 7 safety, or security of a patient. Upon finding a class II 8 deficiency, the agency may impose an administrative fine in the amount of \$1,000 for each occurrence and each day that the 9 deficiency exists. In addition, the agency may suspend the 10 11 license, or impose a moratorium on the admission of new 12 patients, until the deficiency has been corrected. Section 80. Section 400.495, Florida Statutes, is 13 repealed. 14 Section 81. Section 400.497, Florida Statutes, is 15 16 amended to read: 17 400.497 Rules establishing minimum standards.--The 18 agency shall adopt, publish, and enforce rules to implement part II of chapter 408 and this part, including, as 19 applicable, ss. 400.506 and 400.509, which must provide 2.0 21 reasonable and fair minimum standards relating to: 22 (1) The home health aide competency test and home 23 health aide training. The agency shall create the home health aide competency test and establish the curriculum and 2.4 instructor qualifications for home health aide training. 25 26 Licensed home health agencies may provide this training and 27 shall furnish documentation of such training to other licensed 2.8 home health agencies upon request. Successful passage of the 29 competency test by home health aides may be substituted for 30 the training required under this section and any rule adopted pursuant thereto. 31

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1 (2) Shared staffing. The agency shall allow shared 2 staffing if the home health agency is part of a retirement 3 community that provides multiple levels of care, is located on one campus, is licensed under this chapter or chapter 429, and 4 otherwise meets the requirements of law and rule. 5 б (3) The criteria for the frequency of onsite licensure 7 surveys. 8 (4) Licensure application and renewal. (5) The requirements for onsite and electronic 9 accessibility of supervisory personnel of home health 10 11 agencies. 12 (6) Information to be included in patients' records. 13 (7) Geographic service areas. (8) Preparation of a comprehensive emergency 14 management plan pursuant to s. 400.492. 15 (a) The Agency for Health Care Administration shall 16 17 adopt rules establishing minimum criteria for the plan and 18 plan updates, with the concurrence of the Department of Health and in consultation with the Department of Community Affairs. 19 (b) The rules must address the requirements in s. 20 21 400.492. In addition, the rules shall provide for the 22 maintenance of patient-specific medication lists that can 23 accompany patients who are transported from their homes. (c) The plan is subject to review and approval by the 2.4 25 county health department. During its review, the county health department shall contact state and local health and medical 26 27 stakeholders when necessary. The county health department 2.8 shall complete its review to ensure that the plan is in 29 accordance with the criteria in the Agency for Health Care 30 Administration rules within 90 days after receipt of the plan and shall approve the plan or advise the home health agency of 31

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1 necessary revisions. If the home health agency fails to submit 2 a plan or fails to submit the requested information or revisions to the county health department within 30 days after 3 written notification from the county health department, the 4 county health department shall notify the Agency for Health 5 6 Care Administration. The agency shall notify the home health 7 agency that its failure constitutes a deficiency, subject to a 8 fine of \$5,000 per occurrence. If the plan is not submitted, information is not provided, or revisions are not made as 9 requested, the agency may impose the fine. 10 (d) For any home health agency that operates in more 11 12 than one county, the Department of Health shall review the 13 plan, after consulting with state and local health and medical stakeholders when necessary. The department shall complete its 14 review within 90 days after receipt of the plan and shall 15 16 approve the plan or advise the home health agency of necessary 17 revisions. The department shall make every effort to avoid 18 imposing differing requirements on a home health agency that operates in more than one county as a result of differing or 19 conflicting comprehensive plan requirements of the counties in 20 21 which the home health agency operates. 22 (e) The requirements in this subsection do not apply 23 to: 1. A facility that is certified under chapter 651 and 2.4 has a licensed home health agency used exclusively by 25 26 residents of the facility; or 27 2. A retirement community that consists of residential 2.8 units for independent living and either a licensed nursing home or an assisted living facility, and has a licensed home 29 health agency used exclusively by the residents of the 30 retirement community, provided the comprehensive emergency 31 132

1 management plan for the facility or retirement community 2 provides for continuous care of all residents with special needs during an emergency. 3 Section 82. Section 400.506, Florida Statutes, is 4 amended to read: 5 б 400.506 Licensure of nurse registries; requirements; 7 penalties.--8 (1) A nurse registry is exempt from the licensing requirements of a home health agency but must be licensed as a 9 nurse registry. The requirements of part II of chapter 408 10 apply to the provision of services that require licensure 11 12 pursuant to ss. 400.506-400.518 and part II of chapter 408 and 13 to entities licensed by or applying for such license from the Agency for Health Care Administration pursuant to ss. 14 400.506-400.518. A license issued by the agency is required 15 for the operation of a nurse registry. Each operational site 16 17 of the nurse registry must be licensed, unless there is more 18 than one site within a county. If there is more than one site 19 within a county, only one license per county is required. Each operational site must be listed on the license. 20 21 (2) Each applicant for licensure and each licensee 22 must comply with all provisions of part II of chapter 408 and 23 this section. the following requirements: 2.4 (a) Upon receipt of a completed, signed, and dated 25 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 26 27 in chapter 435, of the managing employee, or other similarly 2.8 titled individual who is responsible for the daily operation 29 of the nurse registry, and of the financial officer, or other similarly titled individual who is responsible for the 30 financial operation of the registry, including billings for 31

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

1 screening standards and a disqualification exemption has not 2 been requested of and granted by the agency as set forth in 3 chapter 435. 4 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 5 6 permanent suspensions, or terminations of the applicant from 7 the Medicare or Medicaid programs. Proof of compliance with 8 the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be 9 10 accepted in lieu of this submission. (f) Each applicant must submit to the agency a 11 12 description and explanation of any conviction of an offense 13 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 14 officers, or any individual owning 5 percent or more of the 15 applicant. This requirement does not apply to a director of a 16 17 not for profit corporation or organization if the director 18 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 19 operational decisions of the corporation or organization, 2.0 21 receives no remuneration for his or her services on the 2.2 corporation or organization's board of directors, and has no 23 financial interest and has no family members with a financial interest in the corporation or organization, provided that the 2.4 director and the not for profit corporation or organization 25 26 include in the application a statement affirming that the 27 director's relationship to the corporation satisfies the 2.8 requirements of this paragraph. 29 A license may not be granted to an applicant if  $\left( \alpha \right)$ 30 the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo 31

1 contendere or quilty to, any offense prohibited under the 2 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 3 4 the agency as set forth in chapter 435. (h) The agency may deny or revoke the license if any 5 б applicant: 7 1. Has falsely represented a material fact in the 8 application required by paragraph (e) or paragraph (f), or has 9 omitted any material fact from the application required by 10 paragraph (e) or paragraph (f); or Has had prior action taken against the applicant 11 12 under the Medicaid or Medicare program as set forth in 13 paragraph (e). (i) An application for license renewal must contain 14 the information required under paragraphs (e) and (f). 15 (3) In accordance with s. 408.805, an applicant or 16 17 licensee shall pay a fee for each license application submitted under ss. 400.508-400.518, part II of chapter 408, 18 and applicable rules. The amount of the fee shall be 19 established by rule and may not exceed \$2,000 per biennium. 20 21 Application for license must be made to the Agency for Health 2.2 Care Administration on forms furnished by it and must be 23 accompanied by the appropriate licensure fee, as established by rule and not to exceed the cost of regulation under this 2.4 part. The licensure fee for nurse registries may not exceed 25 \$2,000 and must be deposited in the Health Care Trust Fund. 26 27 (4) The Agency for Health Care Administration may 2.8 deny, revoke, or suspend a license or impose an administrative fine in the manner provided in chapter 120 against a nurse 29 30 registry that: 31

1 (a) Fails to comply with this section or applicable 2 rules. 3 (b)- Commits an intentional, reckless, or negligent act 4 that materially affects the health or safety of a person 5 receiving services. б (5)A license issued for the operation of a nurse 7 registry, unless sooner suspended or revoked, expires 2 years 8 after its date of issuance. Sixty days before the expiration 9 date, an application for renewal must be submitted to the Agency for Health Care Administration on forms furnished by 10 it. The Agency for Health Care Administration shall renew the 11 12 license if the applicant has met the requirements of this 13 section and applicable rules. A nurse registry against which a revocation or suspension proceeding is pending at the time of 14 license renewal may be issued a conditional license effective 15 until final disposition by the Agency for Health Care 16 17 Administration of such proceedings. If judicial relief is 18 sought from the final disposition, the court having jurisdiction may issue a conditional license for the duration 19 of the judicial proceeding. 2.0 21 (6) The Agency for Health Care Administration may 2.2 institute injunctive proceedings under s. 400.515. 23 (4) (4) (7) A person that provides, offers, or advertises to the public any service for which licensure is required 2.4 under this section must include in such advertisement the 25 license number issued to it by the Agency for Health Care 26 27 Administration. The agency shall assess a fine of not less 2.8 than \$100 against any licensee who fails to include the license number when submitting the advertisement for 29 publication, broadcast, or printing. The fine for a second or 30 subsequent offense is \$500. 31

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1 (8)(a) It is unlawful for a person to provide, offer, 2 advertise to the public services as defined by rule without obtaining a valid license from the Agency for Health Care 3 4 Administration. It is unlawful for any holder of a license to advertise or hold out to the public that he or she holds a 5 6 license for other than that for which he or she actually holds 7 a license. A person who violates this subsection is subject to 8 injunctive proceedings under s. 400.515. 9 (b) A person who violates the provisions of paragraph (a) commits a misdemeanor of the second degree, punishable as 10 provided in s. 775.082 or s. 775.083. Each day of continuing 11 12 violation is a separate offense. 13 (5)(a)(c) In addition to the requirements of s. 408.812, any person who owns, operates, or maintains an 14 unlicensed nurse registry and who, within 10 working days 15 after receiving notification from the agency, fails to cease 16 17 operation and apply for a license under this part commits a misdemeanor of the second degree, punishable as provided in s. 18 775.082 or s. 775.083. Each day of continued operation is a 19 separate offense. 20 21 (b)(d) If a nurse registry fails to cease operation 22 after agency notification, the agency may impose a fine of 23 \$500 for each day of noncompliance. (9) Any duly authorized officer or employee of the 2.4 25 Agency for Health Care Administration may make such 26 inspections and investigations as are necessary to respond to 27 complaints or to determine the state of compliance with this 2.8 section and applicable rules. 29 If, in responding to a complaint, an agent or (a)30 employee of the Agency for Health Care Administration has 31

1 reason to believe that a crime has been committed, he or she 2 shall notify the appropriate law enforcement agency. 3 If, in responding to a complaint, an agent or <del>(b)</del> 4 employee of the Agency for Health Care Administration has 5 reason to believe that abuse, neglect, or exploitation has 6 occurred, according to the definitions in chapter 415, he or 7 she shall file a report under chapter 415. 8 (6)(10)(a) A nurse registry may refer for contract in private residences registered nurses and licensed practical 9 nurses registered and licensed under part I of chapter 464, 10 certified nursing assistants certified under part II of 11 12 chapter 464, home health aides who present documented proof of 13 successful completion of the training required by rule of the agency, and companions or homemakers for the purposes of 14 providing those services authorized under s. 400.509(1). Each 15 person referred by a nurse registry must provide current 16 17 documentation that he or she is free from communicable 18 diseases. (b) A certified nursing assistant or home health aide 19 may be referred for a contract to provide care to a patient in 20 21 his or her home only if that patient is under a physician's 22 care. A certified nursing assistant or home health aide 23 referred for contract in a private residence shall be limited to assisting a patient with bathing, dressing, toileting, 2.4 grooming, eating, physical transfer, and those normal daily 25 26 routines the patient could perform for himself or herself were 27 he or she physically capable. A certified nursing assistant or 2.8 home health aide may not provide medical or other health care 29 services that require specialized training and that may be performed only by licensed health care professionals. The 30 nurse registry shall obtain the name and address of the 31

1 attending physician and send written notification to the 2 physician within 48 hours after a contract is concluded that a 3 certified nursing assistant or home health aide will be 4 providing care for that patient.

5 (c) When a certified nursing assistant or home health 6 aide is referred to a patient's home by a nurse registry, the 7 nurse registry shall advise the patient, the patient's family, 8 or any other person acting on behalf of the patient at the 9 time the contract for services is made that registered nurses 10 are available to make visits to the patient's home for an 11 additional cost.

12 (7) (11) A person who is referred by a nurse registry 13 for contract in private residences and who is not a nurse licensed under part I of chapter 464 may perform only those 14 services or care to clients that the person has been certified 15 to perform or trained to perform as required by law or rules 16 17 of the Agency for Health Care Administration or the Department 18 of Business and Professional Regulation. Providing services beyond the scope authorized under this subsection constitutes 19 the unauthorized practice of medicine or a violation of the 20 21 Nurse Practice Act and is punishable as provided under chapter 22 458, chapter 459, or part I of chapter 464.

23 (8)(12) Each nurse registry must require every
24 applicant for contract to complete an application form
25 providing the following information:

26 (a) The name, address, date of birth, and social27 security number of the applicant.

(b) The educational background and employment historyof the applicant.

30 (c) The number and date of the applicable license or 31 certification.

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1 (d) When appropriate, information concerning the 2 renewal of the applicable license, registration, or certification. 3 4 (9)(13) Each nurse registry must comply with the procedures set forth in s. 400.512 for maintaining records of 5 б the work history of all persons referred for contract and is 7 subject to the standards and conditions set forth in that 8 section. However, an initial screening may not be required for persons who have been continuously registered with the nurse 9 registry since October 1, 2000. 10 (10)(14) The nurse registry must maintain the 11 12 application on file, and that file must be open to the 13 inspection of the Agency for Health Care Administration. The nurse registry must maintain on file the name and address of 14 the patient or client to whom nurse registry personnel are 15 referred for contract and the amount of the fee received by 16 17 the nurse registry. A nurse registry must maintain the file 18 that includes the application and other applicable documentation for 3 years after the date of the last file 19 entry of patient-related or client-related information. 20 21 (11)(15) Nurse registries shall assist persons who 22 would need assistance and sheltering during evacuations 23 because of physical, mental, or sensory disabilities in registering with the appropriate local emergency management 2.4 25 agency pursuant to s. 252.355. (12)(16) Each nurse registry shall prepare and 26 27 maintain a comprehensive emergency management plan that is 2.8 consistent with the criteria in this subsection and with the local special needs plan. The plan shall be updated annually. 29 The plan shall include the means by which the nurse registry 30 will continue to provide the same type and quantity of 31

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1 services to its patients who evacuate to special needs 2 shelters which were being provided to those patients prior to evacuation. The plan shall specify how the nurse registry 3 shall facilitate the provision of continuous care by persons 4 5 referred for contract to persons who are registered pursuant 6 to s. 252.355 during an emergency that interrupts the 7 provision of care or services in private residences 8 residencies. Nurse registries may establish links to local 9 emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for 10 a provider to reach its clients. Nurse registries shall 11 12 demonstrate a good faith effort to comply with the 13 requirements of this subsection by documenting attempts of staff to follow procedures outlined in the nurse registry's 14 comprehensive emergency management plan which support a 15 finding that the provision of continuing care has been 16 17 attempted for patients identified as needing care by the nurse 18 registry and registered under s. 252.355 in the event of an emergency under subsection (1). 19 (a) All persons referred for contract who care for 20 21 persons registered pursuant to s. 252.355 must include in the 22 patient record a description of how care will be continued 23 during a disaster or emergency that interrupts the provision of care in the patient's home. It shall be the responsibility 2.4

25 of the person referred for contract to ensure that continuous 26 care is provided.

(b) Each nurse registry shall maintain a current prioritized list of patients in private residences who are registered pursuant to s. 252.355 and are under the care of persons referred for contract and who need continued services during an emergency. This list shall indicate, for each

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patient, if the client is to be transported to a special needs shelter and if the patient is receiving skilled nursing services. Nurse registries shall make this list available to county health departments and to local emergency management agencies upon request.

6 (c) Each person referred for contract who is caring 7 for a patient who is registered pursuant to s. 252.355 shall 8 provide a list of the patient's medication and equipment needs 9 to the nurse registry. Each person referred for contract shall 10 make this information available to county health departments 11 and to local emergency management agencies upon request.

12 (d) Each person referred for contract shall not be 13 required to continue to provide care to patients in emergency 14 situations that are beyond the person's control and that make 15 it impossible to provide services, such as when roads are 16 impassable or when patients do not go to the location 17 specified in their patient records.

18 (e) The comprehensive emergency management plan required by this subsection is subject to review and approval 19 by the county health department. During its review, the county 20 21 health department shall contact state and local health and 22 medical stakeholders when necessary. The county health 23 department shall complete its review to ensure that the plan complies with the criteria in the Agency for Health Care 2.4 Administration rules within 90 days after receipt of the plan 25 26 and shall either approve the plan or advise the nurse registry 27 of necessary revisions. If a nurse registry fails to submit a 2.8 plan or fails to submit requested information or revisions to 29 the county health department within 30 days after written notification from the county health department, the county 30 health department shall notify the Agency for Health Care 31

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1 Administration. The agency shall notify the nurse registry that its failure constitutes a deficiency, subject to a fine 2 of \$5,000 per occurrence. If the plan is not submitted, 3 information is not provided, or revisions are not made as 4 5 requested, the agency may impose the fine. 6 (f) The Agency for Health Care Administration shall 7 adopt rules establishing minimum criteria for the 8 comprehensive emergency management plan and plan updates required by this subsection, with the concurrence of the 9 Department of Health and in consultation with the Department 10 of Community Affairs. 11 12 (13)<del>(17)</del> All persons referred for contract in private 13 residences by a nurse registry must comply with the following 14 requirements for a plan of treatment: (a) When, in accordance with the privileges and 15 restrictions imposed upon a nurse under part I of chapter 464, 16 17 the delivery of care to a patient is under the direction or 18 supervision of a physician or when a physician is responsible for the medical care of the patient, a medical plan of 19 treatment must be established for each patient receiving care 20 21 or treatment provided by a licensed nurse in the home. The 22 original medical plan of treatment must be timely signed by 23 the physician, physician assistant, or advanced registered nurse practitioner, acting within his or her respective scope 2.4 of practice, and reviewed in consultation with the licensed 25 26 nurse at least every 2 months. Any additional order or change 27 in orders must be obtained from the physician, physician 2.8 assistant, or advanced registered nurse practitioner and 29 reduced to writing and timely signed by the physician, physician assistant, or advanced registered nurse 30 practitioner. The delivery of care under a medical plan of 31

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1 treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with 2 nursing practices established under part I of chapter 464. 3 (b) Whenever a medical plan of treatment is 4 established for a patient, the initial medical plan of 5 6 treatment, any amendment to the plan, additional order or 7 change in orders, and copy of nursing notes must be filed in 8 the office of the nurse registry. 9 (14)(18) The nurse registry must comply with the notice requirements of <u>s. 408.810(5)</u> <del>s. 400.495</del>, relating to 10 11 abuse reporting. 12 (15) (19) In addition to any other penalties imposed 13 pursuant to this section or part, the agency may assess costs related to an investigation that results in a successful 14 prosecution, excluding costs associated with an attorney's 15 16 time. If the agency imposes such an assessment and the 17 assessment is not paid, and if challenged is not the subject 18 of a pending appeal, prior to the renewal of the license, the license shall not be issued until the assessment is paid or 19 arrangements for payment of the assessment are made. 20 (16)(20) The Agency for Health Care Administration 21 22 shall adopt rules to implement this section and part II of 23 chapter 408. Section 83. Section 400.509, Florida Statutes, is 2.4 amended to read: 25 400.509 Registration of particular service providers 26 27 exempt from licensure; certificate of registration; regulation 2.8 of registrants. --29 (1) Any organization that provides companion services or homemaker services and does not provide a home health 30 service to a person is exempt from licensure under this part. 31 145

1 However, any organization that provides companion services or 2 homemaker services must register with the agency. 3 (2) The requirements of part II of chapter 408 apply 4 to the provision of services that require registration or 5 licensure pursuant to this section and part II of chapter 408 6 and entities registered by or applying for such registration 7 from the Agency for Health Care Administration pursuant to this section. Each applicant for registration and each 8 registrant must comply with all provisions of part II of 9 10 chapter 408. Registration or a license issued by the agency is required for the operation of an organization that provides 11 12 companion services or homemaker services. Registration 13 consists of annually filing with the agency, under oath, on forms provided by it, the following information: 14 15 If the registrant is a firm or partnership, the (a)16 name, address, date of birth, and social security number of 17 every member. 18 (b) If the registrant is a corporation or association, its name and address; the name, address, date of birth, and 19 social security number of each of its directors and officers; 2.0 21 and the name and address of each person having at least a 5 2.2 percent interest in the corporation or association. 23 (c) The name, address, date of birth, and social 2.4 security number of each person employed by or under contract 25 with the organization. (3) In accordance with s. 408.805, applicants and 26 27 registrants shall pay fees for all registrations issued under 2.8 this part, part II of chapter 408, and applicable rules. The amount of the fee shall be \$50 per biennium. The agency shall 29 charge a registration fee of \$25 to be submitted with the 30 31 information required under subsection (2).

1 (4) Each applicant for registration must comply with 2 the following requirements: 3 (a) Upon receipt of a completed, signed, and dated 4 application, the agency shall require background screening, in 5 accordance with the level 1 standards for screening set forth 6 in chapter 435, of every individual who will have contact with 7 the client. The agency shall require background screening of 8 the managing employee or other similarly titled individual who 9 is responsible for the operation of the entity, and of the 10 financial officer or other similarly titled individual who is responsible for the financial operation of the entity, 11 12 including billings for client services in accordance with the 13 level 2 standards for background screening as set forth in chapter 435. 14 15 (b) The agency may require background screening of any other individual who is affiliated with the applicant if the 16 17 agency has a reasonable basis for believing that he or she has 18 been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth 19 20 in chapter 435. 21 (c) Proof of compliance with the level 2 background 2.2 screening requirements of chapter 435 which has been submitted 23 within the previous 5 years in compliance with any other health care or assisted living licensure requirements of this 2.4 state is acceptable in fulfillment of paragraph (a). 25 26 (d) A provisional registration may be granted to an applicant when each individual required by this section to 27 2.8 undergo background screening has met the standards for the abuse registry background check through the agency and the 29 Department of Law Enforcement background check, but the agency 30 has not yet received background screening results from the 31

1	Federal Bureau of Investigation. A standard registration may
2	be granted to the applicant upon the agency's receipt of a
3	report of the results of the Federal Bureau of Investigation
4	background screening for each individual required by this
5	section to undergo background screening which confirms that
б	all standards have been met, or upon the granting of a
7	disqualification exemption by the agency as set forth in
8	chapter 435. Any other person who is required to undergo level
9	2 background screening may serve in his or her capacity
10	pending the agency's receipt of the report from the Federal
11	Bureau of Investigation. However, the person may not continue
12	to serve if the report indicates any violation of background
13	screening standards and if a disqualification exemption has
14	not been requested of and granted by the agency as set forth
15	<del>in chapter 435.</del>
16	(e) Each applicant must submit to the agency, with its
17	application, a description and explanation of any exclusions,
18	permanent suspensions, or terminations of the applicant from
19	the Medicare or Medicaid programs. Proof of compliance with
20	the requirements for disclosure of ownership and control
21	interests under the Medicaid or Medicare programs may be
22	accepted in lieu of this submission.
23	(f) Each applicant must submit to the agency a
24	description and explanation of any conviction of an offense
25	prohibited under the level 2 standards of chapter 435 which
26	was committed by a member of the board of directors of the
27	applicant, its officers, or any individual owning 5 percent or
28	more of the applicant. This requirement does not apply to a
29	director of a not for profit corporation or organization who
30	serves solely in a voluntary capacity for the corporation or
31	organization, does not regularly take part in the day to day
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1 operational decisions of the corporation or organization, 2 receives no remuneration for his or her services on the corporation's or organization's board of directors, and has no 3 4 financial interest and no family members having a financial interest in the corporation or organization, if the director 5 6 and the not for profit corporation or organization include in 7 the application a statement affirming that the director's 8 relationship to the corporation satisfies the requirements of this paragraph. 9 10 (g) A registration may not be granted to an applicant if the applicant or managing employee has been found guilty 11 12 of, regardless of adjudication, or has entered a plea of nolo 13 contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, 14 unless an exemption from disqualification has been granted by 15 the agency as set forth in chapter 435. 16 17 (h) The agency may deny or revoke the registration of 18 any applicant who: 19 1. Has falsely represented a material fact in the 2.0 application required by paragraph (e) or paragraph (f), or has 21 omitted any material fact from the application required by paragraph (e) or paragraph (f); or 2.2 23 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in 2.4 25 paragraph (e). 26 (i) An application for licensure renewal must contain the information required under paragraphs (e) and (f). 27 28 (4) (4) (5) Each registrant must obtain the employment or contract history of persons who are employed by or under 29 30 contract with the organization and who will have contact at any time with patients or clients in their homes by: 31

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1 (a) Requiring such persons to submit an employment or 2 contractual history to the registrant; and 3 (b) Verifying the employment or contractual history, 4 unless through diligent efforts such verification is not possible. The agency shall prescribe by rule the minimum 5 6 requirements for establishing that diligent efforts have been 7 made. 8 There is no monetary liability on the part of, and no cause of 9 10 action for damages arises against, a former employer of a prospective employee of or prospective independent contractor 11 12 with a registrant who reasonably and in good faith 13 communicates his or her honest opinions about the former employee's or contractor's job performance. This subsection 14 does not affect the official immunity of an officer or 15 employee of a public corporation. 16 17 (6) On or before the first day on which services are 18 provided to a patient or client, any registrant under this part must inform the patient or client and his or her 19 immediate family, if appropriate, of the right to report 2.0 21 abusive, neglectful, or exploitative practices. The statewide 2.2 toll free telephone number for the central abuse hotline must 23 be provided to patients or clients in a manner that is clearly 2.4 legible and must include the words: "To report abuse, neglect, 25 exploitation, please call toll free (phone number) 26 Registrants must establish appropriate policies and 27 procedures for providing such notice to patients or clients. 28 (7)The provisions of s. 400.512 regarding screening 29 apply to any person or business entity registered under this 30 section on or after October 1, 1994. 31

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1 (8) Upon verification that all requirements for 2 registration have been met, the Agency for Health Care Administration shall issue a certificate of registration valid 3 4 for no more than 1 year. 5 (9) The Agency for Health Care Administration may 6 deny, suspend, or revoke the registration of a person that: 7 (a) Fails to comply with this section or applicable 8 rules. 9 (b) Commits an intentional, reckless, or negligent act 10 that materially affects the health or safety of a person receiving services. 11 12 (10) The Agency for Health Care Administration may institute injunctive proceedings under s. 400.515. 13 (5) (11) A person that offers or advertises to the 14 public a service for which registration is required must 15 include in its advertisement the registration number issued by 16 17 the Agency for Health Care Administration. 18 (12) It is unlawful for a person to offer or advertise to the public services, as defined by rule, without obtaining 19 20 a certificate of registration from the Agency for Health Care 21 Administration. It is unlawful for any holder of a certificate 2.2 of registration to advertise or hold out to the public that he 23 or she holds a certificate of registration for other than that for which he or she actually holds a certificate of 2.4 registration. Any person who violates this subsection is 25 subject to injunctive proceedings under s. 400.515. 26 27 (13) Any duly authorized officer or employee of the 2.8 Agency for Health Care Administration has the right to make such inspections and investigations as are necessary in order 29 30 to respond to complaints or to determine the state of compliance with this section and applicable rules. 31

1 (a) If, in responding to a complaint, an officer or 2 employee of the Agency for Health Care Administration has reason to believe that a crime has been committed, he or she 3 4 shall notify the appropriate law enforcement agency. 5 (b) If, in responding to a complaint, an officer or б employee of the Agency for Health Care Administration has 7 reason to believe that abuse, neglect, or exploitation has occurred, according to the definitions in chapter 415, 8 he 9 she shall file a report under chapter 415. 10 (6)(14) In addition to any other penalties imposed pursuant to this section or part, the agency may assess costs 11 12 related to an investigation that results in a successful 13 prosecution, excluding costs associated with an attorney's time. If the agency imposes such an assessment and the 14 assessment is not paid, and if challenged is not the subject 15 16 of a pending appeal, prior to the renewal of the registration, 17 the registration shall not be issued until the assessment is 18 paid or arrangements for payment of the assessment are made. (7)(15) The Agency for Health Care Administration 19 shall adopt rules to administer this section and part II of 2.0 21 chapter 408. 22 Section 84. Subsection (7) of section 400.512, Florida 23 Statutes, is amended to read: 400.512 Screening of home health agency personnel; 2.4 nurse registry personnel; and companions and homemakers .-- The 25 agency shall require employment or contractor screening as 26 27 provided in chapter 435, using the level 1 standards for 2.8 screening set forth in that chapter, for home health agency 29 personnel; persons referred for employment by nurse registries; and persons employed by companion or homemaker 30 services registered under s. 400.509. 31

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1 (7)(a) It is a misdemeanor of the first degree, 2 punishable under s. 775.082 or s. 775.083, for any person willfully, knowingly, or intentionally to: 3 1. Fail, by false statement, misrepresentation, 4 5 impersonation, or other fraudulent means, to disclose in any б application for voluntary or paid employment a material fact 7 used in making a determination as to such person's 8 qualifications to be an employee under this section; 9 2. Operate or attempt to operate an entity licensed or 10 registered under this part with persons who do not meet the minimum standards for good moral character as contained in 11 12 this section; or 3. Use information from the criminal records obtained 13 14 under this section for any purpose other than screening that person for employment as specified in this section or release 15 such information to any other person for any purpose other 16 17 than screening for employment under this section. 18 (b) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person 19 willfully, knowingly, or intentionally to use information from 2.0 21 the juvenile records of a person obtained under this section 2.2 for any purpose other than screening for employment under this 23 section. Section 85. Section 400.515, Florida Statutes, is 2.4 25 repealed. 26 Section 86. Section 400.602, Florida Statutes, is 27 amended to read: 28 400.602 Licensure required; prohibited acts; exemptions; display, transferability of license .--29 (1)(a) The requirements of part II of chapter 408 30 apply to the provision of services that require licensure 31

pursuant to this part and part II of chapter 408 and to
entities licensed by or applying for such licensure from the
agency pursuant to this part. A license issued by the agency
is required in order to operate a hospice in this state It is
unlawful to operate or maintain a hospice without first
obtaining a license from the agency.

7 (b) It is unlawful for Any person or legal entity that 8 is not licensed as a hospice under this part may not to use 9 the word "hospice" in its name, or to offer or advertise 10 hospice services or hospice-like services in such a way as to 11 mislead a person to believe that the offeror is a hospice 12 licensed under this part.

13 (b)(c) It is unlawful for any person or legal entity offering, describing, or advertising hospice services or 14 hospice-like services or otherwise holding itself out as a 15 hospice to do so without stating the year of initial licensure 16 17 as a hospice in the state or the year of initial licensure of 18 the hospice entity or affiliate based in the state that owns the hospice. At a minimum, the year of initial licensure must 19 be stated directly beneath the name of the licensed entity in 20 a type no less than 25 percent of the size of the type used 21 22 for the name or other indication of hospice services or 23 hospice-like services and must be prominently stated at least one time on any document, item, or other medium offering, 2.4 describing, or advertising hospice services or hospice-like 25 26 services. This requirement excludes any materials relating to 27 the care and treatment of an existing hospice patient. 2.8 (2) Services provided by a hospital, nursing home, or other health care facility, health care provider, or 29 caregiver, or under the Community Care for the Elderly Act, do 30 not constitute a hospice unless the facility, provider, or 31

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1 careqiver establishes a separate and distinct administrative program to provide home, residential, and homelike inpatient 2 hospice services. 3 4 (3)(a) A separately licensed hospice may not use a name which is substantially the same as the name of another 5 6 hospice licensed under this part. 7 (b) A licensed hospice which intends to change its 8 name or address must notify the agency at least 60 days before 9 making the change. 10 (4) The license shall be displayed in a conspicuous 11 place inside the hospice program office; shall be valid only 12 in the possession of the person or public agency to which it 13 is issued; shall not be subject to sale, assignment, or other transfer, voluntary or involuntary; and shall not be valid for 14 15 any hospice other than the hospice for which originally 16 issued. 17 Section 87. Section 400.605, Florida Statutes, is 18 amended to read: 400.605 Administration; forms; fees; rules; 19 inspections; fines.--20 21 (1) The agency, in consultation with the department, may adopt rules to administer the requirements of part II of 2.2 23 chapter 408. The department, in consultation with the agency, shall by rule establish minimum standards and procedures for a 2.4 hospice pursuant to this part. The rules must include: 25 (a) License application procedures and requirements. 26 27 (a) (b) The qualifications of professional and 2.8 ancillary personnel to ensure the provision of appropriate and 29 adequate hospice care. 30 (b)(c) Standards and procedures for the administrative management of a hospice. 31

1 (c)(d) Standards for hospice services that ensure the 2 provision of quality patient care. (d)(e) Components of a patient plan of care. 3 4 (e)(f) Procedures relating to the implementation of advanced directives and do-not-resuscitate orders. 5 б (f)(q) Procedures for maintaining and ensuring 7 confidentiality of patient records. 8 (q)(h) Standards for hospice care provided in freestanding inpatient facilities that are not otherwise 9 licensed medical facilities and in residential care facilities 10 such as nursing homes, assisted living facilities, adult 11 12 family care homes, and hospice residential units and 13 facilities. (h)(i) Components of a comprehensive emergency 14 management plan, developed in consultation with the Department 15 of Health, the Department of Elderly Affairs, and the 16 17 Department of Community Affairs. (i) (j) Standards and procedures relating to the 18 establishment and activities of a quality assurance and 19 utilization review committee. 2.0 21 (j)(k) Components and procedures relating to the 22 collection of patient demographic data and other information 23 on the provision of hospice care in this state. (2) In accordance with s. 408.805, an applicant or 2.4 licensee shall pay a fee for each license application 25 26 submitted under this part, part II of chapter 408, and 27 applicable rules. The amount of the fee shall be established 2.8 by rule and may not exceed \$1,200 per biennium. The agency <del>shall:</del> 29 30 31

1 (a) Prepare and furnish all forms necessary under the 2 provisions of this part in relation to applications for licensure or licensure renewals. 3 4 (b) Collect from the applicant at the time of filing 5 an application for a license or at the time of renewal of a 6 license a fee which must be reasonably calculated to cover the 7 cost of regulation under this part, but may not exceed \$600 8 per program. All fees collected under this part shall be 9 deposited in the Health Care Trust Fund for the administration 10 of this part. (c) Issue hospice licenses to all applicants which 11 12 meet the provisions of this part and applicable rules. 13 (3)(d) In accordance with s. 408.811, the agency shall conduct annual licensure inspections of all licensees, except 14 that licensure inspections may be conducted biennially for 15 hospices having a 3-year record of substantial compliance. 16 17 (e) The agency shall conduct such inspections and 18 investigations as are necessary in order to determine the state of compliance with the provisions of this part, part II 19 of chapter 408, and applicable adopted rules. The right of 2.0 21 inspection also extends to any program that the agency has 2.2 reason to believe is offering or advertising itself as a 23 hospice without a license, but no inspection may be made 2.4 without the permission of the owner or person in charge 25 thereof unless a warrant is first obtained from a circuit 26 court authorizing such inspection. An application for a 27 license or license renewal made pursuant to this part 2.8 constitutes permission for an inspection of the hospice for 29 which the license is sought in order to facilitate 30 verification of the information submitted on or in connection 31 with the application.

1 (4) (f) In accordance with part II of chapter 408, the 2 agency may impose an administrative fine for any violation of 3 the provisions of this part, part II of chapter 408, or applicable rules. 4 5 Section 88. Section 400.606, Florida Statutes, is б amended to read: 7 400.606 License; application; renewal; conditional 8 license or permit; certificate of need .--(1) In addition to the requirements of part II of 9 10 chapter 408, A license application must be filed on a form provided by the agency and must be accompanied by the 11 12 appropriate license fee as well as satisfactory proof that the 13 hospice is in compliance with this part and any rules adopted by the department and proof of financial ability to operate 14 and conduct the hospice in accordance with the requirements of 15 this part. the initial application and change of ownership 16 17 application must be accompanied by a plan for the delivery of home, residential, and homelike inpatient hospice services to 18 terminally ill persons and their families. Such plan must 19 contain, but need not be limited to: 2.0 21 (a) The estimated average number of terminally ill 22 persons to be served monthly. 23 (b) The geographic area in which hospice services will be available. 2.4 (c) A listing of services which are or will be 25 provided, either directly by the applicant or through 26 27 contractual arrangements with existing providers. 2.8 (d) Provisions for the implementation of hospice home care within 3 months after licensure. 29 30 (e) Provisions for the implementation of hospice homelike inpatient care within 12 months after licensure. 31 158

1 (f) The number and disciplines of professional staff 2 to be employed. 3 The name and qualifications of any existing or (g) 4 potential contractee. 5 (h) A plan for attracting and training volunteers. б (i) The projected annual operating cost of the 7 hospice. 8 (i)A statement of financial resources and personnel 9 available to the applicant to deliver hospice care. 10 If the applicant is an existing <u>licensed</u> health care provider, 11 12 the application must be accompanied by a copy of the most 13 recent profit-loss statement and, if applicable, the most recent licensure inspection report. 14 15 (2) Each applicant must submit to the agency with its application a description and explanation of any exclusions, 16 17 permanent suspensions, or terminations from the Medicaid or 18 Medicare programs of the owner, if an individual; of any officer or board member of the hospice, if the owner is a 19 firm, corporation, partnership, or association; or of any 2.0 21 person owning 5 percent or more of the hospice. Proof of 22 compliance with disclosure of ownership and control interest 23 requirements of the Medicaid or Medicare programs may be accepted in lieu of this submission. 2.4 25 (2)(3) In addition to the requirements of part II of chapter 408, A license issued for the operation of a hospice, 26 27 unless sooner suspended or revoked, shall expire automatically 2.8 1 year from the date of issuance. Sixty days prior to the expiration date, a hospice wishing to renew its license shall 29 submit an application for renewal to the agency on forms 30 furnished by the agency. The agency shall renew the license if 31

1 the applicant has first met the requirements established under 2 this part and all applicable rules and has provided the information described under this section in addition to the 3 application. However, the application for license renewal 4 5 shall be accompanied by an update of the plan for delivery of 6 hospice care only if information contained in the plan 7 submitted pursuant to subsection (1) is no longer applicable. 8 (4) A hospice against which a revocation or suspension 9 proceeding is pending at the time of license renewal may be issued a conditional license by the agency effective until 10 11 final disposition of such proceeding. If judicial relief is 12 sought from the final agency action, the court having 13 jurisdiction may issue a conditional permit for the duration of the judicial proceeding. 14 (3) (5) The agency shall not issue a license to a 15 hospice that fails to receive a certificate of need under the 16 17 provisions of part I of chapter 408 ss. 408.031 408.045. A 18 licensed hospice is a health care facility as that term is used in s. 408.039(5) and is entitled to initiate or intervene 19 in an administrative hearing. 20 21 (4) (6) A freestanding hospice facility that is 22 primarily engaged in providing inpatient and related services 23 and that is not otherwise licensed as a health care facility shall be required to obtain a certificate of need. However, a 2.4 freestanding hospice facility with six or fewer beds shall not 25 26 be required to comply with institutional standards such as, 27 but not limited to, standards requiring sprinkler systems, 2.8 emergency electrical systems, or special lavatory devices. 29 (5) (7) The agency may deny a license to an applicant 30 that fails to meet any condition for the provision of hospice care or services imposed by the agency on a certificate of 31

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1 need by final agency action, unless the applicant can 2 demonstrate that good cause exists for the applicant's failure to meet such condition. 3 4 Section 89. Section 400.6065, Florida Statutes, is 5 amended to read: б 400.6065 Background screening.--7 (1) Upon receipt of a completed application under s. 8 400.606, the agency shall require level 2 background screening 9 on each of the following persons, who shall be considered 10 employees for the purposes of conducting screening under 11 chapter 435: 12 (a) The hospice administrator and financial officer. 13 (b) An officer or board member if the hospice is a 14 firm, corporation, partnership, or association, or any person owning 5 percent or more of the hospice if the agency has 15 probable cause to believe that such officer, board member, or 16 17 owner has been convicted of any offense prohibited by s. 18 435.04. For each officer, board member, or person owning 5 percent or more who has been convicted of any such offense, 19 the hospice shall submit to the agency a description and 2.0 21 explanation of the conviction at the time of license 2.2 application. This paragraph does not apply to a board member 23 of a not for profit corporation or organization if the board member serves solely in a voluntary capacity, does not 2.4 25 regularly take part in the day to day operational decisions of 26 the corporation or organization, receives no remuneration for 27 his or her services, and has no financial interest and has no 2.8 family members with a financial interest in the corporation or organization, provided that the board member and the 29 30 corporation or organization submit a statement affirming that 31

1 the board member's relationship to the corporation or 2 organization satisfies the requirements of this paragraph. 3 (2) Proof of compliance with level 2 screening standards which has been submitted within the previous 5 years 4 5 to meet any facility or professional licensure requirements of 6 the agency or the Department of Health satisfies the 7 requirements of this section. 8 (3) The agency may grant a provisional license to a hospice applying for an initial license when each individual 9 10 required by this section to undergo screening has completed the Department of Law Enforcement background check, but has 11 12 not yet received results from the Federal Bureau of 13 Investigation. (4) The agency shall require employment or contractor 14 screening as provided in chapter 435, using the level 1 15 standards for screening set forth in that chapter, for hospice 16 17 personnel. 18 (5) The agency may grant exemptions from disqualification from employment under this section as 19 provided in s. 435.07. 20 21 (6) The administration of each hospice must sign an 2.2 affidavit annually, under penalty of perjury, stating that all 23 personnel employed or contracted with on or after October 1, 1998, who provide hospice services in a facility, or who enter 2.4 25 the home of a patient in their service capacity, have been screened. 26 27 (7) Proof of compliance with the screening 2.8 requirements of chapter 435 shall be accepted in lieu of the requirements of this section if the person has been 29 continuously employed or registered without a breach in 30 service that exceeds 180 days, the proof of compliance is not 31

1 more than 2 years old, and the person has been screened, at 2 the discretion of the hospice. 3 (8)(a) It is a misdemeanor of the first degree, 4 punishable under s. 775.082 or s. 775.083, for any person 5 willfully, knowingly, or intentionally to: б 1. Fail, by false statement, misrepresentation, 7 impersonation, or other fraudulent means, to disclose in any 8 application for voluntary or paid employment a material fact 9 used in making a determination as to such person's 10 qualifications to be employed or contracted with under this section; 11 12 2. Operate or attempt to operate an entity licensed 13 under this part with persons who do not meet the minimum standards for good moral character as contained in this 14 15 section; or 3. Use information from the criminal records obtained 16 17 under this section for any purpose other than screening as 18 specified in this section, or release such information to any other person for any purpose other than screening under this 19 20 section. 21 (b) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person 2.2 23 willfully, knowingly, or intentionally to use information from the juvenile records of a person obtained under this section 2.4 25 for any purpose other than screening for employment under this section. 26 27 Section 90. Section 400.607, Florida Statutes, is 28 amended to read: 400.607 Denial, suspension, or revocation of license; 29 emergency actions; imposition of administrative fine; grounds+ 30 injunctions.--31

1 (1) The agency may deny, revoke, and <del>or</del> suspend a 2 license, impose an action under s. 408.814, and or impose an administrative fine, which may not exceed \$5,000 per 3 violation, for the violation of any provision of this part, 4 part II of chapter 408, or applicable rules in the manner 5 6 provided in chapter 120. 7 (2) Any of the following actions by a licensed hospice 8 or any of its employees shall be grounds for action by the 9 agency against a hospice: 10 (a) A violation of the provisions of this part, part II of chapter 408, or applicable rules. 11 12 (b) An intentional or negligent act materially 13 affecting the health or safety of a patient. 14 (3) The agency may deny or revoke a license upon a determination that: 15 16 (a) Persons subject to level 2 background screening under s. 400.6065 do not meet the screening standards of s. 17 18 435.04, and exemptions from disqualification have not been provided by the agency. 19 20 (b) An officer, board member, or person owning 5 21 percent or more of the hospice has been excluded, permanently 22 suspended, or terminated from the Medicare or Medicaid 23 programs. (3) (4) If, 3 months after the date of obtaining a 2.4 license, or at any time thereafter, a hospice does not have in 25 operation the home-care component of hospice care, the agency 26 27 shall immediately revoke the license of such hospice. 28 (4) (5) If, 12 months after the date of obtaining a license pursuant to s. 400.606, or at any time thereafter, a 29 30 hospice does not have in operation the inpatient components of 31

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1 hospice care, the agency shall immediately revoke the license 2 of such hospice. 3 (6) The agency may institute a civil action in a court 4 of competent jurisdiction to seek injunctive relief to enforce 5 compliance with this part or any rule adopted pursuant to this б <del>part.</del> 7 (5) (7) The remedies set forth in this section are 8 independent of and cumulative to other remedies provided by 9 law. 10 Section 91. Subsection (8) of section 400.6095, Florida Statutes, is amended to read: 11 12 400.6095 Patient admission; assessment; plan of care; 13 discharge; death.--(8) The hospice care team may withhold or withdraw 14 cardiopulmonary resuscitation if presented with an order not 15 to resuscitate executed pursuant to s. 401.45. The department 16 17 shall adopt rules providing for the implementation of such orders. Hospice staff shall not be subject to criminal 18 prosecution or civil liability, nor be considered to have 19 engaged in negligent or unprofessional conduct, for 20 21 withholding or withdrawing cardiopulmonary resuscitation 2.2 pursuant to such an order and <u>applicable</u> rules adopted by the 23 department. The absence of an order to resuscitate executed pursuant to s. 401.45 does not preclude a physician from 2.4 withholding or withdrawing cardiopulmonary resuscitation as 25 otherwise permitted by law. 26 27 Section 92. Section 400.801, Florida Statutes, is 28 amended to read: 400.801 Homes for special services.--29 30 (1) As used in this section, the term: 31

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1 (a) "Agency" means the "Agency for Health Care 2 Administration." 3 "Home for special services" means a site licensed (b) by the agency prior to January 1, 2006, where specialized 4 health care services are provided, including personal and 5 6 custodial care, but not continuous nursing services. 7 (2) The requirements of part II of chapter 408 apply 8 to the provision of services that require licensure pursuant 9 to this section and part II of chapter 408 and entities 10 licensed by or applying for such licensure from the agency pursuant to this section. A license issued by the agency is 11 12 required in order to operate a home for special services in 13 this state. A person must obtain a license from the agency to 14 operate a home for special services. A license is valid for 1 15 <del>year.</del> (3) In accordance with s. 408.805, an applicant or 16 17 licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and 18 applicable rules. The amount of the fee shall be established 19 by rule and may not be more than \$2,000 per biennium. The 20 21 application for a license under this section must be made on a 2.2 form provided by the agency. A nonrefundable license fee of 23 not more than \$1,000 must be submitted with the license 2.4 application. 25 (4) Each applicant for licensure must comply with the 26 following requirements: 27 (a) Upon receipt of a completed, signed, and dated 2.8 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 29 30 chapter 435, of the managing employee, or other similarly titled individual who is responsible for the daily operation 31

1 of the facility, and of the financial officer, or other 2 similarly titled individual who is responsible for the financial operation of the facility, including billings for 3 client care and services, in accordance with the level 2 4 5 standards for screening set forth in chapter 435. The 6 applicant must comply with the procedures for level 2 7 background screening as set forth in chapter 435. 8 (b) The agency may require background screening of any 9 other individual who is an applicant if the agency has 10 probable cause to believe that he or she has been convicted of a crime or has committed any other offense prohibited under 11 12 the level 2 standards for screening set forth in chapter 435. 13 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 14 within the previous 5 years in compliance with any other 15 health care or assisted living licensure requirements of this 16 17 state is acceptable in fulfillment of the requirements of 18 paragraph (a). 19 (d) A provisional license may be granted to an applicant when each individual required by this section to 2.0 21 undergo background screening has met the standards for the 2.2 Department of Law Enforcement background check, but the agency 23 has not yet received background screening results from the Federal Bureau of Investigation, or a request for a 2.4 disqualification exemption has been submitted to the agency as 25 set forth in chapter 435, but a response has not yet been 26 issued. A standard license may be granted to the applicant 27 2.8 upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each 29 30 individual required by this section to undergo background screening which confirms that all standards have been met, or 31

1 upon the granting of a disgualification exemption by the 2 agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in 3 his or her capacity pending the agency's receipt of the report 4 5 from the Federal Bureau of Investigation. However, the person 6 may not continue to serve if the report indicates any 7 violation of background screening standards and a 8 disqualification exemption has not been requested of and 9 granted by the agency as set forth in chapter 435. 10 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 11 12 permanent suspensions, or terminations of the applicant from 13 the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control 14 interests under the Medicaid or Medicare programs may be 15 accepted in lieu of this submission. 16 17 (f) Each applicant must submit to the agency a 18 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 19 20 member of the board of directors of the applicant, its 21 officers, or any individual owning 5 percent or more of the 2.2 applicant. This requirement does not apply to a director of a 23 not for profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 2.4 25 organization, does not regularly take part in the day to day 26 operational decisions of the corporation or organization, 27 receives no remuneration for his or her services on the 2.8 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 29 interest in the corporation or organization, provided that the 30 director and the not for profit corporation or organization 31

1 include in the application a statement affirming that the 2 director's relationship to the corporation satisfies the 3 requirements of this paragraph. 4 (g) A license may not be granted to an applicant if 5 the applicant or managing employee has been found quilty of, б regardless of adjudication, or has entered a plea of nolo 7 contendere or guilty to, any offense prohibited under the 8 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 9 10 the agency as set forth in chapter 435. (h) The agency may deny or revoke licensure if the 11 12 applicant: 13 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 14 omitted any material fact from the application required by 15 16 paragraph (e) or paragraph (f); or 17 2. Has had prior action taken against the applicant 18 under the Medicaid or Medicare program as set forth in 19 paragraph (e). (i) An application for license renewal must contain 20 21 the information required under paragraphs (e) and (f). 22 (5) Application for license renewal must be submitted 23 90 days before the expiration of the license. (6) A change of ownership or control of a home for 2.4 25 special services must be reported to the agency in writing at least 60 days before the change is scheduled to take effect. 26 (4) (7) The agency <u>may</u> shall adopt rules for 27 2.8 implementing and enforcing this section and part II of chapter 29 <u>408</u>. 30 31

1 (8)(a) It is unlawful for any person to establish, 2 conduct, manage, or operate a home for special services without obtaining a license from the agency. 3 4 (b) It is unlawful for any person to offer or 5 advertise to the public, in any medium whatever, specialized б health care services without obtaining a license from the 7 agency. It is unlawful for a holder of a license issued 8 (c)9 under this section to advertise or represent to the public 10 that it holds a license for a type of facility other than the facility for which its license is issued. 11 12 (5)(9)(a) In addition to the requirements of part II 13 of chapter 408, a violation of any provision of this section. part II of chapter 408, or applicable rules adopted by the 14 agency for implementing this section is punishable by payment 15 of an administrative fine not to exceed \$5,000. 16 17 (b) A violation of s. 408.812 subsection (8) or rules 18 adopted under that section subsection is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 19 775.083. Each day of continuing violation is a separate 2.0 21 offense. 22 Section 93. Section 400.805, Florida Statutes, is 23 amended to read: 400.805 Transitional living facilities .--2.4 (1) As used in this section, the term: 25 "Agency" means the Agency for Health Care 26 (a) 27 Administration. 2.8 (b) "Department" means the Department of Health. "Transitional living facility" means a site where 29 (C) specialized health care services are provided, including, but 30 not limited to, rehabilitative services, community reentry 31

1 training, aids for independent living, and counseling to 2 spinal-cord-injured persons and head-injured persons. This term does not include a hospital licensed under chapter 395 or 3 any federally operated hospital or facility. 4 5 (2)(a) The requirements of part II of chapter 408 б apply to the provision of services that require licensure 7 pursuant to this section and part II of chapter 408 and to 8 entities licensed by or applying for such licensure from the agency pursuant to this section. A license issued by the 9 10 agency is required for the operation of a transitional living facility in this state. A person must obtain a license from 11 12 the agency to operate a transitional living facility. A 13 license issued under this section is valid for 1 year. (b) In accordance with this section, an applicant or a 14 licensee shall pay a fee for each license application 15 submitted under this part, part II of chapter 408, and 16 17 applicable rules. The fee shall consist of a \$4,000 license 18 fee and a \$78.50 per bed fee per biennium. The application for a license must be made on a form provided by the agency. A 19 nonrefundable license fee of \$2,000 and a fee of up to \$39.25 2.0 21 per bed must be submitted with the license application. 22 (C) The agency may not issue a license to an applicant 23 until the agency receives notice from the department as provided in paragraph(3)(6)(b). 2.4 25 (3) Each applicant for licensure must comply with the 26 following requirements: 27 (a) Upon receipt of a completed, signed, and dated 2.8 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 29 chapter 435, of the managing employee, or other similarly 30 titled individual who is responsible for the daily operation 31

1 of the facility, and of the financial officer, or other 2 similarly titled individual who is responsible for the financial operation of the facility, including billings for 3 client care and services. The applicant must comply with the 4 procedures for level 2 background screening as set forth in 5 б chapter 435. 7 (b) The agency may require background screening of any 8 other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of 9 10 a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435. 11 12 (c) Proof of compliance with the level 2 background 13 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 14 health care or assisted living licensure requirements of this 15 state is acceptable in fulfillment of the requirements of 16 17 paragraph (a). 18 (d) A provisional license may be granted to an applicant when each individual required by this section to 19 20 undergo background screening has met the standards for the 21 Department of Law Enforcement background check, but the agency 2.2 has not yet received background screening results from the 23 Federal Bureau of Investigation, or a request for a disqualification exemption has been submitted to the agency as 2.4 set forth in chapter 435, but a response has not yet been 25 issued. A standard license may be granted to the applicant 26 27 upon the agency's receipt of a report of the results of the 2.8 Federal Bureau of Investigation background screening for each individual required by this section to undergo background 29 screening which confirms that all standards have been met, or 30 upon the granting of a disqualification exemption by the 31

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1 agency as set forth in chapter 435. Any other person who is 2 required to undergo level 2 background screening may serve in 3 his or her capacity pending the agency's receipt of the report 4 from the Federal Bureau of Investigation. However, the person 5 may not continue to serve if the report indicates any 6 violation of background screening standards and a 7 disqualification exemption has not been requested of and 8 granted by the agency as set forth in chapter 435. 9 (e) Each applicant must submit to the agency, with its 10 application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from 11 12 the Medicare or Medicaid programs. Proof of compliance with 13 the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be 14 accepted in lieu of this submission. 15 (f) Each applicant must submit to the agency a 16 17 description and explanation of any conviction of an offense 18 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 19 20 officers, or any individual owning 5 percent or more of the 21 applicant. This requirement does not apply to a director of a 2.2 not for profit corporation or organization if the director 23 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 2.4 operational decisions of the corporation or organization, 25 receives no remuneration for his or her services on the 26 27 corporation or organization's board of directors, and has no 2.8 financial interest and has no family members with a financial interest in the corporation or organization, provided that the 29 30 director and the not for profit corporation or organization include in the application a statement affirming that the 31

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1 director's relationship to the corporation satisfies the 2 requirements of this paragraph. 3 (g) A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, 4 regardless of adjudication, or has entered a plea of nolo 5 6 contendere or guilty to, any offense prohibited under the 7 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 8 9 the agency as set forth in chapter 435. 10 (h) The agency may deny or revoke licensure if the 11 applicant: 12 1. Has falsely represented a material fact in the 13 application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by 14 15 paragraph (e) or paragraph (f); or 16 2. Has had prior action taken against the applicant 17 under the Medicaid or Medicare program as set forth in 18 paragraph (e). (i) An application for license renewal must contain 19 20 the information required under paragraphs (e) and (f). 21 (4) An application for renewal of license must be 2.2 submitted 90 days before the expiration of the license. Upon 23 renewal of licensure, each applicant must submit to the agency, under penalty of perjury, an affidavit as set forth in 2.4 25 paragraph (3)(d). 26 (5) A change of ownership or control of a transitional 27 living facility must be reported to the agency in writing at 2.8 least 60 days before the change is scheduled to take effect. 29 (3)(6)(a) The agency shall adopt rules in consultation 30 with the department governing the physical plant of 31

1 transitional living facilities and the fiscal management of 2 transitional living facilities. (b) The department shall adopt rules in consultation 3 4 with the agency governing the services provided to clients of transitional living facilities. The department shall enforce 5 6 all requirements for providing services to the facility's 7 clients. The department must notify the agency when it 8 determines that an applicant for licensure meets the service requirements adopted by the department. 9 10 (c) The agency and the department shall enforce requirements under this section and part II of chapter 408, as 11 12 such requirements relate to them respectively, and their 13 respective adopted rules. (7)(a) It is unlawful for any person to establish, 14 15 conduct, manage, or operate a transitional living facility without obtaining a license from the agency. 16 17 (b) It is unlawful for any person to offer or 18 advertise to the public, in any medium whatever, services care defined in paragraph (1)(c) without obtaining a license 19 from the agency. 20 21 (c) It is unlawful for a holder of a license issued 2.2 under this section to advertise or represent to the public 23 that it holds a license for a type of facility other than the facility for which its license is issued. 2.4 (4)(8) In accordance with s. 408.811, any designated 25 officer or employee of the agency, of the state, or of the 26 27 local fire marshal may enter unannounced upon and into the 2.8 premises of any facility licensed under this section in order 29 to determine the state of compliance with this section, part II of chapter 408, and applicable rules and the rules or 30 standards in force under this section. The right of entry and 31

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1 inspection also extends to any premises that the agency has 2 reason to believe are being operated or maintained as a facility without a license; but such an entry or inspection 3 may not be made without the permission of the owner or person 4 in charge of the facility unless a warrant that authorizes the 5 6 entry is first obtained from the circuit court. The warrant 7 requirement extends only to a facility that the agency has 8 reason to believe is being operated or maintained as a facility without a license. An application for a license or 9 10 renewal thereof which is made under this section constitutes permission for, and acquiescence in, any entry or inspection 11 12 of 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. A current valid 16 17 license constitutes unconditional permission for, and 18 acquiescence in, any entry or inspection of the premises by authorized personnel. The agency retains the right of entry 19 and inspection of facilities that have had a license revoked 2.0 21 or suspended within the previous 24 months, to ensure that the 2.2 facility is not operating unlawfully. However, before the 23 facility is entered, a statement of probable cause must be filed with the director of the agency, who must approve or 2.4 disapprove the action within 48 hours. Probable cause 25 includes, but is not limited to, evidence that the facility 26 27 holds itself out to the public as a provider of personal 2.8 assistance services, or the receipt by the advisory council on 29 brain and spinal cord injuries of a complaint about the 30 facility. 31

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1 (9) The agency may institute injunctive proceedings in 2 a court of competent jurisdiction for temporary or permanent 3 relief to: 4 (a) Enforce this section or any minimum standard, or order issued pursuant thereto if the agency's effort 5 6 to correct a violation through administrative fines has failed 7 or when the violation materially affects the health, safety, 8 or welfare of residents; or 9 (b) Terminate the operation of a facility if a 10 violation of this section or of any standard or rule adopted pursuant thereto exists which materially affects the health, 11 12 safety, or welfare of residents. 13 The Legislature recognizes that, in some instances, action is 14 necessary to protect residents of facilities from immediately 15 life threatening situations. If it appears by competent 16 17 evidence or a sworn, substantiated affidavit that a temporary 18 injunction should issue, the court, pending the determination on final hearing, shall enjoin operation of the facility. 19 20 (10) The agency may impose an immediate moratorium on 21 admissions to a facility when the agency determines that any 2.2 condition in the facility presents a threat to the health, 23 safety, or welfare of the residents in the facility. If a facility's license is denied, revoked, or suspended, the 2.4 facility may be subject to the immediate imposition of a 25 moratorium on admissions to run concurrently with licensure 26 27 denial, revocation, or suspension. 2.8 (5)(11)(a) In accordance with part II of chapter 408, a violation of any provision of this section, part II of 29 30 chapter 408, or applicable rules adopted by the agency or 31

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1 department under this section is punishable by payment of an 2 administrative or a civil penalty fine not to exceed \$5,000. (b) Unlicensed activity pursuant to s. 408.812 A 3 4 violation of subsection (7) or rules adopted under that subsection is a misdemeanor of the first degree, punishable as 5 6 provided in s. 775.082 or s. 775.083. Each day of a continuing 7 violation is a separate offense. (6) The agency may adopt rules to administer the 8 requirements of part II of chapter 408. 9 10 Section 94. Subsection (4) of section 400.902, Florida Statutes, is amended to read: 11 12 400.902 Definitions.--As used in this part, the term: "Owner or operator" means <u>a licensee</u> any 13 (4) 14 individual who has general administrative charge of a PPEC 15 <del>center</del>. Section 95. Subsection (3) is added to section 16 17 400.903, Florida Statutes, to read: 18 400.903 PPEC centers to be licensed; exemptions.--(3) The requirements of part II of chapter 408 apply 19 to the provision of services that require licensure pursuant 2.0 21 to this part and part II of chapter 408 and to entities 22 licensed by or applying for such licensure from the agency 23 pursuant to this part. A license issued by the agency is required for the operation of a PPEC center in this state. 2.4 25 Section 96. Section 400.905, Florida Statutes, is amended to read: 26 27 400.905 License required; fee; exemption; display.--2.8 (1)(a) It is unlawful to operate or maintain a PPEC center without first obtaining from the agency a license 29 30 authorizing such operation. The agency is responsible for 31

1 licensing PPEC centers in accordance with the provisions of 2 this part. 3 (b) Any person who violates paragraph (a) is guilty of 4 a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. 5 б (1) (1) (2) In addition to the requirements of part II of 7 chapter 408, separate licenses are required for PPEC centers 8 maintained on separate premises, even though they are operated 9 under the same management. Separate licenses are not required for separate buildings on the same grounds. 10 (2) (2) (3) In accordance with s. 408.805, an applicant or 11 12 licensee shall pay a fee for each license application 13 submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be established 14 by rule and may not be less than \$1,000 or more than \$3,000 15 per biennium. The annual license fee required of a PPEC center 16 17 shall be in an amount determined by the agency to be 18 sufficient to cover the agency's costs in carrying out its responsibilities under this part, but shall not be less than 19 20 <del>\$500 or more than \$1,500.</del> 21 (3)(4) County-operated or municipally operated PPEC centers applying for licensure under this part are exempt from 22 23 the payment of license fees. (5) The license shall be displayed in a conspicuous 2.4 place inside the PPEC center. 25 (6) A license shall be valid only in the possession of 26 27 the individual, firm, partnership, association, or corporation 2.8 to whom it is issued and shall not be subject to sale, 29 assignment, or other transfer, voluntary or involuntary; nor shall a license be valid for any premises other than that for 30 31 which originally issued.

1 (7) Any license granted by the agency shall state the 2 maximum capacity of the facility, the date the license was issued, the expiration date of the license, and any other 3 4 information deemed necessary by the agency. 5 Section 97. Section 400.906, Florida Statutes, is б amended to read: 7 400.906 Initial application for license; zoning.--8 (1) Application for a license shall be made to the agency on forms furnished by it and shall be accompanied by 9 10 the appropriate license fee unless the applicant is exempt from payment of the fee as provided in s. 400.905. 11 12 (2) In addition to the requirements of part II of 13 chapter 408, the application <u>must</u> shall be under oath and shall contain the following: 14 15 (a) The name and address of the applicant and the name by which the facility is to be known. Pursuant thereto: 16 17 1. If the applicant is a firm, partnership, or association, the application shall contain the name and 18 address of every member thereof. 19 20 2. If the applicant is a corporation, the application 21 shall contain its name and address, the names and addresses of 2.2 its directors and officers, and the name and address of each 23 person having at least a 10 percent interest in the 2.4 corporation. 25 (b) Information which provides a source to establish the suitable character and competency of the applicant in 26 27 accordance with the provisions of s. 402.305(2) and, if 2.8 applicable, of the owner or operator, including the name and address of any licensed facility with which the applicant or 29 30 owner or operator has been affiliated through ownership or 31

1 employment within 5 years of the date of the application for a 2 license. 3 (c) The names and addresses of other persons of whom 4 the agency may inquire as to the character and reputation of 5 the applicant and, if applicable, of the owner or operator. б (d) The names and addresses of other persons of whom 7 the agency may inquire as to the financial responsibility of 8 the applicant. 9 (e) Such other reasonable information as may be 10 required by the agency to evaluate the ability of the applicant to meet the responsibilities entailed under this 11 12 part. 13 (f) The location of the facility for which a license is sought and documentation, signed by the appropriate local 14 government official, which states that the applicant has met 15 local zoning requirements. 16 17 (3) The applicant for licensure shall furnish satisfactory proof of financial ability to operate and conduct 18 19 the PPEC center in accordance with the requirements of this 20 <del>part.</del> 21 (4) The applicant for licensure shall furnish proof of adequate liability insurance coverage or protection. 2.2 23 (5) Each applicant for licensure must comply with the 2.4 following requirements: 25 (a) Upon receipt of a completed, signed, and dated 26 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 27 2.8 in chapter 435, of the operator, and of the financial officer, or other similarly titled individual who is responsible for 29 30 the financial operation of the center, including billings for patient care and services. The applicant must comply with the 31

1 procedures for level 2 background screening as set forth in 2 chapter 435, as well as the requirements of s. 435.03(3). 3 (b) The agency may require background screening of any 4 other individual who is an applicant if the agency has a 5 reasonable basis for believing that he or she has been 6 convicted of a crime or has committed any other offense 7 prohibited under the level 2 standards for screening set forth 8 in chapter 435. 9 (c) Proof of compliance with the level 2 background 10 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 11 12 health care licensure requirements of this state is acceptable 13 in fulfillment of the requirements of paragraph (a). (d) A provisional license may be granted to an 14 applicant when each individual required by this section to 15 undergo background screening has met the standards for the 16 17 Department of Law Enforcement background check, but the agency 18 has not yet received background screening results from the Federal Bureau of Investigation, or a request for a 19 disqualification exemption has been submitted to the agency as 2.0 21 set forth in chapter 435, but a response has not yet been 2.2 issued. A standard license may be granted to the applicant 23 upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each 2.4 individual required by this section to undergo background 25 screening which confirms that all standards have been met, or 26 upon the granting of a disqualification exemption by the 27 2.8 agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve 29 30 his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person 31

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

1 regardless of adjudication, or has entered a plea of nolo 2 contendere or guilty to, any offense prohibited under the 3 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 4 5 the agency as set forth in chapter 435. б (h) The agency may deny or revoke licensure if the 7 applicant: 8 1. Has falsely represented a material fact in the 9 application required by paragraph (e) or paragraph (f), or has 10 omitted any material fact from the application required by 11 paragraph (e) or paragraph (f); or 12 2. Has had prior action taken against the applicant 13 under the Medicaid or Medicare program as set forth in 14 paragraph (e). (i) An application for license renewal must contain 15 16 the information required under paragraphs (e) and (f). 17 Section 98. Section 400.907, Florida Statutes, is 18 amended to read: 400.907 Denial, suspension, revocation of licensure; 19 administrative fines; grounds. --20 21 (1) In accordance with part II of chapter 408, the 22 agency may deny, revoke, and or suspend a license and or 23 impose an administrative fine for the violation of any provision of this part, part II of chapter 408, or applicable 2.4 rules in the manner provided in chapter 120. 25 (2) Any of the following actions by a PPEC center or 26 27 its employee is grounds for action by the agency against a 2.8 PPEC center or its employee: (a) An intentional or negligent act materially 29 30 affecting the health or safety of children in the PPEC center. 31

1 (b) A violation of the provisions of this part, part 2 II of chapter 408, or applicable rules or of any standards or rules adopted pursuant to this part. 3 4 (c) Multiple and repeated violations of this part or 5 part II of chapter 408 or of minimum standards or rules б adopted pursuant to this part or part II of chapter 408. 7 (3) The agency shall be responsible for all 8 investigations and inspections conducted pursuant to this 9 <del>part.</del> 10 Section 99. Section 400.908, Florida Statutes, is amended to read: 11 12 400.908 Administrative fines; disposition of fees and 13 fines.--(1)(a) If the agency determines that a PPEC center is 14 being operated without a license or is otherwise not in 15 compliance with rules adopted under this part, part II of 16 17 chapter 408, or applicable rules, the agency, notwithstanding 18 any other administrative action it takes, shall make a reasonable attempt to discuss each violation and recommended 19 corrective action with the owner of the PPEC center prior to 2.0 21 written notification thereof. The agency may request that the 22 PPEC center submit a corrective action plan that which 23 demonstrates a good faith effort to remedy each violation by a specific date, subject to the approval of the agency. 2.4 25 (b) In accordance with part II of chapter 408, the agency may fine a PPEC center or employee found in violation 26 27 of rules adopted pursuant to this part, part II of chapter 2.8 408, or applicable rules, in an amount not to exceed \$500 for each violation. Such fine may not exceed \$5,000 in the 29 30 aggregate. 31

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1 (c) The failure to correct a violation by the date set 2 by the agency, or the failure to comply with an approved corrective action plan, is a separate violation for each day 3 such failure continues, unless the agency approves an 4 extension to a specific date. 5 б (d) If a PPEC center desires to appeal any agency action under this section and the fine is upheld, the violator 7 8 shall pay the fine, plus interest at the legal rate specified in s. 687.01, for each day beyond the date set by the agency 9 for payment of the fine. 10 (2) In determining if a fine is to be imposed and in 11 12 fixing the amount of any fine, the agency shall consider the 13 following factors: (a) The gravity of the violation, including the 14 probability that death or serious physical or emotional harm 15 to a child will result or has resulted, the severity of the 16 17 actual or potential harm, and the extent to which the 18 provisions of the applicable statutes or rules were violated. 19 (b) Actions taken by the owner or operator to correct violations. 2.0 21 (c) Any previous violations. 22 (d) The financial benefit to the PPEC center of 23 committing or continuing the violation. (3) Fees and fines received by the agency under this 2.4 25 part shall be deposited in the Health Care Trust Fund created 26 in s. 408.16. 27 Section 100. Section 400.910, Florida Statutes, is 2.8 repealed. Section 101. Section 400.911, Florida Statutes, is 29 30 repealed. 31

1 Section 102. Section 400.912, Florida Statutes, is 2 amended to read: 3 400.912 Closing of a PPEC center.--4 (1) Whenever a PPEC center voluntarily discontinues 5 operation, it shall, inform the agency in writing at least 30 6 days before the discontinuance of operation. The PPEC center 7 shall also, at such time, inform each child's legal guardian 8 of the fact and the proposed time of such discontinuance. 9 (2) Immediately upon discontinuance of the operation of a PPEC center, the owner or operator shall surrender the 10 license therefor to the agency and the license shall be 11 12 canceled. 13 Section 103. Section 400.913, Florida Statutes, is repealed. 14 Section 104. Subsection (1) of section 400.914, 15 Florida Statutes, is amended to read: 16 17 400.914 Rules establishing standards.--18 (1) Pursuant to the intention of the Legislature to provide safe and sanitary facilities and healthful programs, 19 20 the agency in conjunction with the Division of Children's 21 Medical Services Prevention and Intervention of the Department 22 of Health shall adopt and publish rules to implement the 23 provisions of this part and part II of chapter 408, which shall include reasonable and fair standards. Any conflict 2.4 between these standards and those that may be set forth in 25 26 local, county, or city ordinances shall be resolved in favor 27 of those having statewide effect. Such standards shall relate 28 to: 29 (a) The assurance that PPEC services are family 30 centered and provide individualized medical, developmental, and family training services. 31

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(b) The maintenance of PPEC centers, not in conflict 1 2 with the provisions of chapter 553 and based upon the size of 3 the structure and number of children, relating to plumbing, heating, lighting, ventilation, and other building conditions, 4 including adequate space, which will ensure the health, 5 6 safety, comfort, and protection from fire of the children 7 served. 8 (c) The appropriate provisions of the most recent edition of the "Life Safety Code" (NFPA-101) shall be applied. 9 10 (d) The number and qualifications of all personnel who have responsibility for the care of the children served. 11 12 (e) All sanitary conditions within the PPEC center and 13 its surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance thereof, 14 which will ensure the health and comfort of children served. 15 (f) Programs and basic services promoting and 16 17 maintaining the health and development of the children served 18 and meeting the training needs of the children's legal guardians. 19 Supportive, contracted, other operational, and 20 (q) 21 transportation services. 22 (h) Maintenance of appropriate medical records, data, 23 and information relative to the children and programs. Such records shall be maintained in the facility for inspection by 2.4 25 the agency. Section 105. Subsection (3) of section 400.915, 26 27 Florida Statutes, is amended to read: 28 400.915 Construction and renovation; 29 requirements. -- The requirements for the construction or 30 renovation of a PPEC center shall comply with: 31

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1 (3) The standards or rules adopted pursuant to this 2 part and part II of chapter 408. Section 106. Section 400.916, Florida Statutes, is 3 4 amended to read: 5 400.916 Prohibited acts; penalty for violation .-б (1) It is unlawful for any person or public body to 7 offer or advertise to the public, in any way or by any medium, 8 basic services as defined in this part without obtaining a valid current license. It is unlawful for any holder of a 9 license issued pursuant to this part to advertise or hold out 10 to the public that it holds a license for a PPEC center other 11 12 than that for which it actually holds a license. 13 (2) Any person who violates <u>s. 408.812 commits</u> the provisions of subsection (1) is guilty of a misdemeanor of the 14 second degree, punishable as provided in s. 775.083. Each day 15 16 of continuing violation is shall be considered a separate 17 offense. 18 Section 107. Section 400.917, Florida Statutes, is repealed. 19 Section 108. Section 400.925, Florida Statutes, is 20 21 amended to read: 22 400.925 Definitions.--As used in this part, the term: 23 (1) "Accrediting organizations" means the Joint Commission on Accreditation of Healthcare Organizations or 2.4 other national accreditation agencies whose standards for 25 accreditation are comparable to those required by this part 26 27 for licensure. 2.8 (2) "Affiliated person" means any person who directly 29 indirectly manages, controls, or oversees the operation of 30 corporation or other business entity that is a licensee, 31

1 reqardless of whether such person is a partner, shareholder, 2 owner, officer, director, agent, or employee of the entity. (2)(3) "Agency" means the Agency for Health Care 3 4 Administration. 5 (4) "Applicant" means an individual applicant in the б case of a sole proprietorship, or any officer, director, 7 agent, managing employee, general manager, or affiliated 8 person, or any partner or shareholder having an ownership 9 interest equal to 5 percent or greater in the corporation, partnership, or other business entity. 10 (3)(5) "Consumer" or "patient" means any person who 11 12 uses home medical equipment in his or her place of residence. 13 (4)(6) "Department" means the Department of Children and Family Services. 14 (5)(7) "General manager" means the individual who has 15 the general administrative charge of the premises of a 16 17 licensed home medical equipment provider. 18 (6)(8) "Home medical equipment" includes any product as defined by the Federal Drug Administration's Drugs, Devices 19 and Cosmetics Act, any products reimbursed under the Medicare 2.0 21 Part B Durable Medical Equipment benefits, or any products 2.2 reimbursed under the Florida Medicaid durable medical 23 equipment program. Home medical equipment includes oxygen and related respiratory equipment; manual, motorized, or 2.4 customized wheelchairs and related seating and positioning, 25 26 but does not include prosthetics or orthotics or any splints, 27 braces, or aids custom fabricated by a licensed health care 2.8 practitioner; motorized scooters; personal transfer systems; and specialty beds, for use by a person with a medical need. 29 30 31

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1 (7)<del>(9)</del> "Home medical equipment provider" means any 2 person or entity that sells or rents or offers to sell or rent 3 to or for a consumer: (a) Any home medical equipment and services; or 4 5 (b) Home medical equipment that requires any home б medical equipment services. 7 (8)(10) "Home medical equipment provider personnel" 8 means persons who are employed by or under contract with a 9 home medical equipment provider. 10 (9)(11) "Home medical equipment services" means equipment management and consumer instruction, including 11 12 selection, delivery, setup, and maintenance of equipment, and 13 other related services for the use of home medical equipment in the consumer's regular or temporary place of residence. 14 15 (12) "Licensee" means the person or entity to whom a 16 license to operate as a home medical equipment provider is 17 issued by the agency. 18 (10)(13) "Life-supporting or life-sustaining equipment" means a device that is essential to, or that yields 19 information that is essential to, the restoration or 2.0 21 continuation of a bodily function important to the 22 continuation of human life. Life-supporting or life-sustaining 23 equipment includes apnea monitors, enteral feeding pumps, infusion pumps, portable home dialysis equipment, and 2.4 ventilator equipment and supplies for all related equipment, 25 26 including oxygen equipment and related respiratory equipment. 27 (11)(14) "Moratorium" means a mandated temporary 2.8 cessation or suspension of the sale, rental, or offering of 29 equipment after the imposition of the moratorium, in accordance with part II of chapter 408. Services related to 30 equipment sold or rented prior to the moratorium must be 31

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1 continued without interruption, unless determined deemed 2 otherwise by the agency. (15) "Person" means any individual, firm, partnership, 3 4 corporation, or association. 5 (12)(16) "Premises" means those buildings and б equipment which are located at the address of the licensed 7 home medical equipment provider for the provision of home 8 medical equipment services, which are in such reasonable 9 proximity as to appear to the public to be a single provider location, and which comply with zoning ordinances. 10 (13)(17) "Residence" means the consumer's home or 11 12 place of residence, which may include nursing homes, assisted 13 living facilities, transitional living facilities, adult family-care homes, or other congregate residential facilities. 14 Section 109. Subsections (3) and subsection (6) of 15 section 400.93, Florida Statutes, are amended to read: 16 17 400.93 Licensure required; exemptions; unlawful acts; 18 penalties.--(3) The requirements of part II of chapter 408 apply 19 to the provision of services that require licensure pursuant 20 21 to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the agency 2.2 23 pursuant to this part. A license issued by the agency is required in order to provide home medical equipment and 2.4 25 services in this state. A home medical equipment provider must 26 be licensed by the agency to operate in this state or to 27 provide home medical equipment and services to consumers in 2.8 this state. A standard license issued to a home medical 29 equipment provider, unless sooner suspended or revoked, 30 expires 2 years after its effective date. 31 (6)

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1 (a) It is unlawful for any person to offer or 2 advertise home medical equipment and services to the public unless he or she has a valid license under this part or is 3 4 exempted from licensure under subsection (5). It is unlawful for any holder of a license issued under this part to 5 6 advertise or indicate to the public that it holds a home 7 medical equipment provider license other than the one it has 8 been issued. 9 (a)(b) A person who violates paragraph (a) is subject 10 to an injunctive proceeding under s. 400.956. A violation of s. 408.812 paragraph (a) is a deceptive and unfair trade 11 12 practice and constitutes a violation of the Florida Deceptive 13 and Unfair Trade Practices Act. (b)(c) A person who violates s. 408.812 paragraph (a) 14 commits a misdemeanor of the second degree, punishable as 15 provided in s. 775.082 or s. 775.083. A person who commits a 16 17 second or subsequent violation commits a misdemeanor of the 18 first degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continuing violation constitutes a 19 separate offense. 2.0 21 (d) The following penalties shall be imposed for 2.2 operating an unlicensed home medical equipment provider: 23 1. Any person or entity who operates an unlicensed 2.4 provider commits a felony of the third degree. 25 For any person or entity who has received 2 26 government reimbursement for services provided by an 27 unlicensed provider, the agency shall make a fraud referral to 2.8 the appropriate government reimbursement program. For any licensee found to be concurrently operating 29 30 licensed and unlicensed provider premises, the agency may 31 impose a fine or moratorium, or revoke existing licenses of

1 any or all of the licensee's licensed provider locations until 2 such time as the unlicensed provider premises is licensed. 3 A provider found to be operating without a license 4 may apply for licensure, and must cease operations until a 5 license is awarded by the agency. б Section 110. Section 400.931, Florida Statutes, is 7 amended to read: 8 400.931 Application for license; fee; provisional 9 license; temporary permit. --10 (1) Application for an initial license or for renewal of an existing license must be made under oath to the agency 11 12 on forms furnished by it and must be accompanied by the 13 appropriate license fee as provided in subsection (12). (1)(2) In addition to the requirements of part II of 14 chapter 408, the applicant must file with the application 15 satisfactory proof that the home medical equipment provider is 16 17 in compliance with this part and applicable rules, including: 18 (a) A report, by category, of the equipment to be provided, indicating those offered either directly by the 19 applicant or through contractual arrangements with existing 20 21 providers. Categories of equipment include: 22 1. Respiratory modalities. 23 2. Ambulation aids. 3. Mobility aids. 2.4 4. Sickroom setup. 25 5. Disposables. 26 27 (b) A report, by category, of the services to be 2.8 provided, indicating those offered either directly by the applicant or through contractual arrangements with existing 29 30 providers. Categories of services include: 31 1. Intake.

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1 2. Equipment selection. 2 3. Delivery. 4. Setup and installation. 3 4 5. Patient training. 5 6. Ongoing service and maintenance. б 7. Retrieval. 7 (c) A listing of those with whom the applicant 8 contracts, both the providers the applicant uses to provide equipment or services to its consumers and the providers for 9 10 whom the applicant provides services or equipment. (2) (3) As an alternative to submitting proof of 11 12 financial ability to operate as required in s. 408.810(8) The 13 applicant for initial licensure must demonstrate financial ability to operate, the applicant may submit which may be 14 accomplished by the submission of a \$50,000 surety bond to the 15 16 agency. 17 (4) An applicant for renewal who has demonstrated 18 financial inability to operate must demonstrate financial 19 ability to operate. 20 (5) Each applicant for licensure must comply with the 21 following requirements: 22 (a) Upon receipt of a completed, signed, and dated 23 application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for 2.4 screening set forth in chapter 435. As used in this 25 subsection, the term "applicant" means the general manager and 26 27 the financial officer or similarly titled individual who is 2.8 responsible for the financial operation of the licensed facility. 29 30 (b) The agency may require background screening for a member of the board of directors of the licensee or an officer 31

1 or an individual owning 5 percent or more of the licensee if 2 the agency has probable cause to believe that such individual has been convicted of an offense prohibited under the level 2 3 4 standards for screening set forth in chapter 435. 5 (c) Proof of compliance with the level 2 background 6 screening requirements of chapter 435 which has been submitted 7 within the previous 5 years in compliance with any other 8 health care licensure requirements of this state is acceptable 9 in fulfillment of paragraph (a). 10 (d) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 11 12 permanent suspensions, or terminations of the applicant from 13 the Medicare or Medicaid programs. Proof of compliance with disclosure of ownership and control interest requirements of 14 the Medicaid or Medicare programs shall be accepted in lieu of 15 this submission. 16 17 (e) Each applicant must submit to the agency a 18 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 19 member of the board of directors of the applicant, its 2.0 21 officers, or any individual owning 5 percent or more of the 2.2 applicant. This requirement does not apply to a director of a 23 not for profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 2.4 25 organization, does not regularly take part in the day to day 26 operational decisions of the corporation or organization, 27 receives no remuneration for his or her services on the 2.8 corporation's or organization's board of directors, and has no financial interest and has no family members with a financial 29 interest in the corporation or organization, provided that the 30 31 director and the not for profit corporation or organization

1 include in the application a statement affirming that the 2 director's relationship to the corporation satisfies the 3 requirements of this provision. 4 (f) A license may not be granted to any potential licensee if any applicant, administrator, or financial officer 5 6 has been found guilty of, regardless of adjudication, or has 7 entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth 8 9 in chapter 435, unless an exemption from disqualification has 10 been granted by the agency as set forth in chapter 435. 11 (g) The agency may deny or revoke licensure to any 12 potential licensee if any applicant: 13 1. Has falsely represented a material fact in the application required by paragraphs (d) and (e), or has omitted 14 15 any material fact from the application required by paragraphs 16 (d) and (e); or 17 2. Has had prior Medicaid or Medicare action taken 18 against the applicant as set forth in paragraph (d). 19 (h) Upon licensure renewal, each applicant must submit to the agency, under penalty of perjury, an affidavit of 20 21 compliance with the background screening provisions of this 2.2 section. 23 (3) (6) As specified in part II of chapter 408, the home medical equipment provider must also obtain and maintain 2.4 professional and commercial liability insurance. Proof of 25 liability insurance, as defined in s. 624.605, must be 26 27 submitted with the application. The agency shall set the 2.8 required amounts of liability insurance by rule, but the required amount must not be less than \$250,000 per claim. In 29 30 the case of contracted services, it is required that the 31

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1 contractor have liability insurance not less than \$250,000 per 2 claim. (7) A provisional license shall be issued to an 3 4 approved applicant for initial licensure for a period of 90 5 days, during which time a survey must be conducted 6 demonstrating substantial compliance with this section. A 7 provisional license shall also be issued pending the results of an applicant's Federal Bureau of Investigation report of 8 background screening confirming that all standards have been 9 met. If substantial compliance is demonstrated, a standard 10 license shall be issued to expire 2 years after the effective 11 12 date of the provisional license. 13 (8) Ninety days before the expiration date, an application for license renewal must be submitted to the 14 agency under oath on forms furnished by the agency, and a 15 license shall be renewed if the applicant has met the 16 17 requirements established under this part and applicable rules. The home medical equipment provider must file with the 18 application satisfactory proof that it is in compliance with 19 this part and applicable rules. The home medical equipment 2.0 21 provider must submit satisfactory proof of its financial 2.2 ability to comply with the requirements of this part. 23 (9) When a change of ownership of a home medical equipment provider occurs, the prospective owner must submit 2.4 an initial application for a license at least 15 days before 25 the effective date of the change of ownership. An application 26 27 for change of ownership of a license is required when 2.8 ownership, a majority of the ownership, or controlling interest of a licensed home medical equipment provider 29 transferred or assigned and when a licensee agrees to 30 undertake or provide services to the extent that legal 31

1 liability for operation of the home medical equipment provider 2 rests with the licensee. A provisional license shall be issued to the new owner for a period of 90 days, during which time 3 4 all required documentation must be submitted and a survey must 5 conducted demonstrating substantial compliance with this be-6 section. If substantial compliance is demonstrated, a standard 7 license shall be issued to expire 2 years after the issuance of the provisional license. 8 9 (4) (10) When a change of the general manager of a home 10 medical equipment provider occurs, the licensee must notify the agency of the change within 45 days. thereof and must 11 12 provide evidence of compliance with the background screening 13 requirements in subsection (5); except that a general manager who has met the standards for the Department of Law 14 15 Enforcement background check, but for whom background 16 screening results from the Federal Bureau of Investigation 17 have not yet been received, may be employed pending receipt of 18 the Federal Bureau of Investigation background screening report. An individual may not continue to serve as general 19 manager if the Federal Bureau of Investigation background 2.0 21 screening report indicates any violation of background 22 screening standards. 23 (5) (11) In accordance with s. 408.805, an applicant or a licensee shall pay a fee for each license application 2.4 submitted under this part, part II of chapter 408, and 25 applicable rules. The amount of the fee shall be established 26 27 by rule and may not exceed \$300 per biennium. All licensure 2.8 fees required of a home medical equipment provider are 29 nonrefundable. The agency shall set the fees in an amount that is sufficient to cover its costs in carrying out its 30 responsibilities under this part. However, state, county, or 31

1 municipal governments applying for licenses under this part 2 are exempt from the payment of license fees. All fees collected under this part must be deposited in the Health Care 3 4 Trust Fund for the administration of this part. 5 (6)<del>(12)</del> An applicant for initial licensure, renewal, б or change of ownership shall <u>also</u> pay a license processing fee 7 not to exceed \$300, to be paid by all applicants, and an 8 inspection fee not to exceed \$400, which shall to be paid by all applicants except those not subject to licensure 9 10 inspection by the agency as described in s. 400.933(2). (13) When a change is reported which requires issuance 11 12 of a license, a fee must be assessed. The fee must be based on 13 the actual cost of processing and issuing the license. (14) When a duplicate license is issued, a fee must be 14 15 assessed, not to exceed the actual cost of duplicating and 16 mailing. 17 (15) When applications are mailed out upon request, a 18 must be assessed, not to exceed the cost of the printing, 19 preparation, and mailing. 20 (16) The license must be displayed in a conspicuous 21 place in the administrative office of the home medical 2.2 equipment provider and is valid only while in the possession 23 of the person or entity to which it is issued. The license may not be sold, assigned, or otherwise transferred, voluntarily 2.4 or involuntarily, and is valid only for the home medical 25 equipment provider and location for which originally issued. 26 27 (17) A home medical equipment provider against whom a 2.8 proceeding for revocation or suspension, or for denial of a renewal application, is pending at the time of license renewal 29 may be issued a provisional license effective until final 30 disposition by the agency of such proceedings. If judicial 31

1 relief is sought from the final disposition, the court that 2 has jurisdiction may issue a temporary permit for the duration 3 of the judicial proceeding. Section 111. Section 400.932, Florida Statutes, is 4 amended to read: 5 б 400.932 Administrative penalties; injunctions; 7 emergency orders; moratoriums. --8 (1) The agency may deny, revoke, and or suspend a license and, or impose an administrative fine not to exceed 9 10 \$5,000 per violation, per day, or initiate injunctive proceedings under s. 400.956. 11 12 (2) Any of the following actions by an employee of a 13 home medical equipment provider are or any of its employees is grounds for administrative action or penalties by the agency: 14 (a) Violation of this part, part II of chapter 408, or 15 16 of applicable rules. 17 (b) An intentional, reckless, or negligent act that 18 materially affects the health or safety of a patient. 19 (3) The agency may deny or revoke the license of any applicant that: 20 21 (a) Made a false representation or omission of any 2.2 material fact in making the application, including the 23 submission of an application that conceals the controlling or ownership interest or any officer, director, agent, managing 2.4 25 employee, affiliated person, partner, or shareholder who may 26 not be eligible to participate; 27 (a) (b) Has been previously found by any professional 2.8 licensing, certifying, or standards board or agency to have violated the standards or conditions relating to licensure or 29 certification or the quality of services provided. 30 "Professional licensing, certifying, or standards board or 31 201

1 agency" shall include, but is not limited to, practitioners, 2 health care facilities, programs, or services, or residential care, treatment programs, or other human services; or 3 4 (b)(c) Has been or is currently excluded, suspended, or terminated from, or has involuntarily withdrawn from, 5 6 participation in Florida's Medicaid program or any other 7 state's Medicaid program, or participation in the Medicare 8 program or any other governmental or private health care or 9 health insurance program. 10 (4) The agency may issue an emergency order immediately suspending or revoking a license when it 11 12 determines that any condition within the responsibility of the 13 home medical equipment provider presents a clear and present danger to public health and safety. 14 15 (5) The agency may impose an immediate moratorium on any licensed home medical equipment provider when the agency 16 17 determines that any condition within the responsibility of the 18 home medical equipment provider presents a threat to public health or safety. 19 Section 112. Section 400.933, Florida Statutes, is 20 21 amended to read: 22 400.933 Licensure inspections and investigations. --23 (1)In addition to the requirements of s. 408.811, the agency shall make or cause to be made such inspections and 2.4 investigations as it considers necessary, including: 25 (a) Licensure inspections. 26 27 Inspections directed by the federal Centers for (b) 2.8 Medicare and Medicaid Services Health Care Financing Administration. 29 (c) Licensure complaint investigations, including full 30 licensure investigations with a review of all licensure 31 202

standards as outlined in the administrative rules. Complaints 1 2 received by the agency from individuals, organizations, or other sources are subject to review and investigation by the 3 4 agency. 5 The agency shall accept, in lieu of its own (2) 6 periodic inspections for licensure, submission of the 7 following: (a) The survey or inspection of an accrediting 8 organization, provided the accreditation of the licensed home 9 10 medical equipment provider is not provisional and provided the licensed home medical equipment provider authorizes release 11 12 of, and the agency receives the report of, the accrediting 13 organization; or (b) A copy of a valid medical oxygen retail 14 establishment permit issued by the Department of Health, 15 16 pursuant to chapter 499. 17 Section 113. Section 400.935, Florida Statutes, is 18 amended to read: 400.935 Rules establishing minimum standards.--The 19 agency shall adopt, publish, and enforce rules to implement 20 21 this part and part II of chapter 408, which must provide 2.2 reasonable and fair minimum standards relating to: 23 (1) The qualifications and minimum training requirements of all home medical equipment provider personnel. 2.4 25 (2) License application and renewal. (3) License and inspection fees. 26 27 (2) (4) Financial ability to operate. 2.8 (3) (3) (5) The administration of the home medical 29 equipment provider. 30 (4)(6) Procedures for maintaining patient records. 31

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1 (5) (7) Ensuring that the home medical equipment and 2 services provided by a home medical equipment provider are in accordance with the plan of treatment established for each 3 patient, when provided as a part of a plan of treatment. 4 5 (6)<del>(8)</del> Contractual arrangements for the provision of 6 home medical equipment and services by providers not employed 7 by the home medical equipment provider providing for the 8 consumer's needs. 9 (7)(9) Physical location and zoning requirements. 10 (8)(10) Home medical equipment requiring home medical 11 equipment services. 12 (9)(11) Preparation of the comprehensive emergency 13 management plan under s. 400.934 and the establishment of minimum criteria for the plan, including the maintenance of 14 patient equipment and supply lists that can accompany patients 15 who are transported from their homes. Such rules shall be 16 17 formulated in consultation with the Department of Health and 18 the Department of Community Affairs. Section 114. Section 400.95, Florida Statutes, is 19 repealed. 20 21 Section 115. Subsections (3) through (7) of section 22 400.953, Florida Statutes, are renumbered as subsections (2) 23 through (6), respectively, and present subsection (2) of that section is amended to read: 2.4 400.953 Background screening of home medical equipment 25 provider personnel. -- The agency shall require employment 26 27 screening as provided in chapter 435, using the level 1 2.8 standards for screening set forth in that chapter, for home 29 medical equipment provider personnel. 30 (2) The general manager of each home medical equipment provider must sign an affidavit annually, under penalty of 31 204

1 perjury, stating that all home medical equipment provider 2 personnel hired on or after July 1, 1999, who enter the home 3 of a patient in the capacity of their employment have been 4 screened and that its remaining personnel have worked for the 5 home medical equipment provider continuously since before July 6 1, 1999. 7 Section 116. Subsection (4) of section 400.955, Florida Statutes, is amended to read: 8 400.955 Procedures for screening of home medical 9 10 equipment provider personnel. --(4) The general manager of each home medical equipment 11 12 provider must sign an affidavit annually, under penalty of perjury, stating that all personnel hired on or after July 1, 13 1999, have been screened and that its remaining personnel have 14 worked for the home medical equipment provider continuously 15 since before July 1, 1999. 16 17 Section 117. Section 400.956, Florida Statutes, is 18 repealed. Section 118. Section 400.962, Florida Statutes, is 19 amended to read: 20 21 400.962 License required; license application.--22 (1) The requirements of part II of chapter 408 apply 23 to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities 2.4 licensed by or applying for such licensure from the Agency for 25 Health Care Administration pursuant to this part. A license 26 27 issued by the agency is required in order to operate It is 2.8 unlawful to operate an intermediate care facility for the developmentally disabled in this state without a license. 29 30 (2) Separate licenses are required for facilities maintained on separate premises even if operated under the 31

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1 same management. However, a separate license is not required 2 for separate buildings on the same grounds. 3 (3) In accordance with s. 408.805, an applicant or 4 licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and 5 б applicable rules. The amount of the fee shall be \$234 per bed 7 unless modified by rule. The basic license fee collected shall 8 be deposited in the Health Care Trust Fund, established for carrying out the purposes of this chapter. 9 10 (4) The license must be conspicuously displayed inside 11 the facility. 12 (5) A license is valid only in the hands of the 13 individual, firm, partnership, association, or corporation to whom it is issued. A license is not valid for any premises 14 other than those for which it was originally issued and may 15 16 not be sold, assigned, or otherwise transferred, voluntarily 17 or involuntarily. 18 (6) An application for a license shall be made to the agency on forms furnished by it and must be accompanied by the 19 20 appropriate license fee. 21 (7) The application must be under oath and must 2.2 contain the following: 23 (a) The name, address, and social security number of the applicant if an individual; if the applicant is a firm, 2.4 partnership, or association, its name, address, and employer 25 identification number (EIN), and the name and address of every 26 member; if the applicant is a corporation, its name, address, 27 2.8 and employer identification number (EIN), and the name and address of its director and officers and of each person having 29 30 least a 5 percent interest in the corporation; and the name by which the facility is to be known. 31

1 (b) The name of any person whose name is required on 2 the application under paragraph (a) and who owns at least a 10 percent interest in any professional service, firm, 3 4 association, partnership, or corporation providing goods, 5 leases, or services to the facility for which the application 6 is made, and the name and address of the professional service, 7 firm, association, partnership, or corporation in which such 8 interest is held. 9 (c) The application must indicate the location of the 10 facility for which a license is sought and an indication that such location conforms to the local zoning ordinances. 11 12 (d) The name of the persons under whose management or 13 supervision the facility will be operated. (e) The total number of beds. 14 (4)(8) The applicant must demonstrate that sufficient 15 numbers of staff, qualified by training or experience, will be 16 17 employed to properly care for the type and number of residents 18 who will reside in the facility. 19 (9) The applicant must submit evidence that establishes the good moral character of the applicant, 2.0 21 manager, supervisor, and administrator. An applicant who is an 2.2 individual or a member of a board of directors or officer of 23 an applicant that is a firm, partnership, association, or 2.4 corporation must not have been convicted, or found quilty, 25 regardless of adjudication, of a crime in any jurisdiction which affects or may potentially affect residents in the 26 27 facility. 2.8 (10)(a) Upon receipt of a completed, signed, and dated 29 application, the agency shall require background screening of 30 the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this 31

1 subsection, the term "applicant" means the facility 2 administrator, or similarly titled individual who is responsible for the day to day operation of the licensed 3 facility, and the facility financial officer, or similarly 4 titled individual who is responsible for the financial 5 6 operation of the licensed facility. 7 (b) The agency may require background screening for a member of the board of directors of the licensee or an officer 8 or an individual owning 5 percent or more of the licensee if 9 10 the agency has probable cause to believe that such individual has been convicted of an offense prohibited under the level 2 11 12 standards for screening set forth in chapter 435. 13 (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 14 within the previous 5 years in compliance with any other 15 licensure requirements under this chapter or chapter 429 16 17 satisfies the requirements of paragraph (a). Proof of 18 compliance with background screening which has been submitted within the previous 5 years to fulfill the requirements of the 19 Financial Services Commission and the Office of Insurance 20 21 Regulation under chapter 651 as part of an application for a 2.2 certificate of authority to operate a continuing care 23 retirement community satisfies the requirements for the Department of Law Enforcement and Federal Bureau of 2.4 25 Investigation background checks. (d) A provisional license may be granted to an 26 27 applicant when each individual required by this section to 2.8 undergo background screening has met the standards for the 29 Department of Law Enforcement background check, but the agency has not yet received background screening results from the 30 Federal Bureau of Investigation, or a request for a 31

1	disqualification exemption has been submitted to the agency as
2	<del>set forth in chapter 435, but a response has not yet been</del>
3	issued. A license may be granted to the applicant upon the
4	agency's receipt of a report of the results of the Federal
5	Bureau of Investigation background screening for each
б	individual required by this section to undergo background
7	screening which confirms that all standards have been met, or
8	upon the granting of a disqualification exemption by the
9	agency as set forth in chapter 435. Any other person who is
10	required to undergo level 2 background screening may serve in
11	his or her capacity pending the agency's receipt of the report
12	from the Federal Bureau of Investigation; however, the person
13	may not continue to serve if the report indicates any
14	violation of background screening standards and a
15	disqualification exemption has not been granted by the agency
16	as set forth in chapter 435.
17	(e) Each applicant must submit to the agency, with its
18	application, a description and explanation of any exclusions,
19	permanent suspensions, or terminations of the applicant from
20	the Medicare or Medicaid programs. Proof of compliance with
21	disclosure of ownership and control interest requirements of
22	the Medicaid or Medicare programs shall be accepted in lieu of
23	this submission.
24	(f) Each applicant must submit to the agency a
25	description and explanation of any conviction of an offense
26	prohibited under the level 2 standards of chapter 435 by a
27	member of the board of directors of the applicant, its
28	officers, or any individual owning 5 percent or more of the
29	applicant. This requirement does not apply to a director of a
30	not for profit corporation or organization if the director
31	serves solely in a voluntary capacity for the corporation or
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1 organization, does not regularly take part in the day to day 2 operational decisions of the corporation or organization, 3 receives no remuneration for his or her services on the 4 corporation's or organization's board of directors, and has no financial interest and has no family members with a financial 5 6 interest in the corporation or organization, provided that the 7 director and the not for profit corporation or organization 8 include in the application a statement affirming that the 9 director's relationship to the corporation satisfies the requirements of this paragraph. 10 (g) An application for license renewal must contain 11 12 the information required under paragraphs (e) and (f). 13 (11) The applicant must furnish satisfactory proof of financial ability to operate and conduct the facility in 14 accordance with the requirements of this part and all rules 15 16 adopted under this part, and the agency shall establish 17 standards for this purpose. (5) (12) The applicant must agree to provide or arrange 18 for active treatment services by an interdisciplinary team to 19 maximize individual independence or prevent regression or loss 20 21 of functional status. Standards for active treatment shall be 2.2 adopted by the Agency for Health Care Administration by rule 23 pursuant to ss. 120.536(1) and 120.54. Active treatment services shall be provided in accordance with the individual 2.4 support plan and shall be reimbursed as part of the per diem 25 rate as paid under the Medicaid program. 26 27 Section 119. Section 400.963, Florida Statutes, is 2.8 repealed. Section 120. Section 400.965, Florida Statutes, is 29 30 repealed. 31

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1 Section 121. Section 400.967, Florida Statutes, is 2 amended to read: 3 400.967 Rules and classification of deficiencies .--4 (1) It is the intent of the Legislature that rules adopted and enforced under this part and part II of chapter 5 б 408 include criteria by which a reasonable and consistent 7 quality of resident care may be ensured, the results of such 8 resident care can be demonstrated, and safe and sanitary 9 facilities can be provided. 10 (2) Pursuant to the intention of the Legislature, the agency, in consultation with the Agency for Persons with 11 12 Disabilities and the Department of Elderly Affairs, shall 13 adopt and enforce rules to administer this part and part II of chapter 408, which shall include reasonable and fair criteria 14 15 governing: (a) The location and construction of the facility; 16 17 including fire and life safety, plumbing, heating, cooling, lighting, ventilation, and other housing conditions that will 18 ensure the health, safety, and comfort of residents. The 19 agency shall establish standards for facilities and equipment 20 21 to increase the extent to which new facilities and a new wing 22 or floor added to an existing facility after July 1, 2000, are 23 structurally capable of serving as shelters only for residents, staff, and families of residents and staff, and 2.4 equipped to be self-supporting during and immediately 25 following disasters. The Agency for Health Care Administration 26 27 shall work with facilities licensed under this part and report 2.8 to the Governor and the Legislature by April 1, 2000, its recommendations for cost-effective renovation standards to be 29 applied to existing facilities. In making such rules, the 30 agency shall be guided by criteria recommended by nationally 31

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1	recognized, reputable professional groups and associations
2	having knowledge concerning such subject matters. The agency
3	shall update or revise such criteria as the need arises. All
4	facilities must comply with those lifesafety code requirements
5	and building code standards applicable at the time of approval
6	of their construction plans. The agency may require
7	alterations to a building if it determines that an existing
8	condition constitutes a distinct hazard to life, health, or
9	safety. The agency shall adopt fair and reasonable rules
10	setting forth conditions under which existing facilities
11	undergoing additions, alterations, conversions, renovations,
12	or repairs are required to comply with the most recent updated
13	or revised standards.
14	(b) The number and qualifications of all personnel,
15	including management, medical nursing, and other personnel,
16	having responsibility for any part of the care given to
17	residents.
18	(c) All sanitary conditions within the facility and
19	its surroundings, including water supply, sewage disposal,
20	food handling, and general hygiene, which will ensure the
21	health and comfort of residents.
22	(d) The equipment essential to the health and welfare
23	of the residents.
24	(e) A uniform accounting system.
25	(f) The care, treatment, and maintenance of residents
26	and measurement of the quality and adequacy thereof.
27	(g) The preparation and annual update of a
28	comprehensive emergency management plan. The agency shall
29	adopt rules establishing minimum criteria for the plan after
30	consultation with the Department of Community Affairs. At a
31	minimum, the rules must provide for plan components that
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1 address emergency evacuation transportation; adequate 2 sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; 3 supplies; staffing; emergency equipment; individual 4 identification of residents and transfer of records; and 5 6 responding to family inquiries. The comprehensive emergency 7 management plan is subject to review and approval by the local 8 emergency management agency. During its review, the local 9 emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review 10 the plan: the Department of Elderly Affairs, the Agency for 11 12 Persons with Disabilities, the Agency for Health Care 13 Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the 14 opportunity to review the plan. The local emergency management 15 16 agency shall complete its review within 60 days and either 17 approve the plan or advise the facility of necessary 18 revisions. (h) The posting of licenses. Each licensee shall post 19 20 its license in a prominent place that is in clear and 21 unobstructed public view at or near the place where residents 22 are being admitted to the facility. 23 (h) (*i*) The use of restraint and seclusion. Such rules must be consistent with recognized best practices; prohibit 2.4 inherently dangerous restraint or seclusion procedures; 25 establish limitations on the use and duration of restraint and 26 27 seclusion; establish measures to ensure the safety of clients 2.8 and staff during an incident of restraint or seclusion; 29 establish procedures for staff to follow before, during, and after incidents of restraint or seclusion, including 30 individualized plans for the use of restraints or seclusion in 31 213

emergency situations; establish professional qualifications of 1 2 and training for staff who may order or be engaged in the use of restraint or seclusion; establish requirements for facility 3 data collection and reporting relating to the use of restraint 4 and seclusion; and establish procedures relating to the 5 6 documentation of the use of restraint or seclusion in the 7 client's facility or program record. 8 (3) The agency shall adopt rules to provide that, when the criteria established under this part and part II of 9 chapter 408 subsection (2) are not met, such deficiencies 10 shall be classified according to the nature of the deficiency. 11 12 The agency shall indicate the classification on the face of 13 the notice of deficiencies as follows: (a) Class I deficiencies are those which the agency 14 determines present an and imminent danger to the residents or 15 quests of the facility or a substantial probability that death 16 17 or serious physical harm would result therefrom. The condition 18 or practice constituting a class I violation must be abated or eliminated immediately, unless a fixed period of time, as 19 determined by the agency, is required for correction. 20 Notwithstanding s. 400.121(2), A class I deficiency is subject 21 22 to a civil penalty in an amount not less than \$5,000 and not 23 exceeding \$10,000 for each deficiency. A fine may be levied notwithstanding the correction of the deficiency. 2.4 (b) Class II deficiencies are those which the agency 25 determines have a direct or immediate relationship to the 26 27 health, safety, or security of the facility residents, other 2.8 than class I deficiencies. A class II deficiency is subject to a civil penalty in an amount not less than \$1,000 and not 29 exceeding \$5,000 for each deficiency. A citation for a class 30 II deficiency shall specify the time within which the 31

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deficiency must be corrected. If a class II deficiency is
 corrected within the time specified, no civil penalty shall be
 imposed, unless it is a repeated offense.

(c) Class III deficiencies are those which the agency 4 determines to have an indirect or potential relationship to 5 6 the health, safety, or security of the facility residents, 7 other than class I or class II deficiencies. A class III 8 deficiency is subject to a civil penalty of not less than \$500 and not exceeding \$1,000 for each deficiency. A citation for a 9 class III deficiency shall specify the time within which the 10 deficiency must be corrected. If a class III deficiency is 11 12 corrected within the time specified, no civil penalty shall be 13 imposed, unless it is a repeated offense.

14 (4) Civil penalties paid by any licensee under
15 subsection (3) shall be deposited in the Health Care Trust
16 Fund and expended as provided in s. 400.063.

17 (4) (5) The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the 18 final plans and specifications. The agency may be granted one 19 15-day extension for the review period, if the secretary of 20 21 the agency so approves. If the agency fails to act within the 22 specified time, it is deemed to have approved the plans and 23 specifications. When the agency disapproves plans and specifications, it must set forth in writing the reasons for 2.4 25 disapproval. Conferences and consultations may be provided as 26 necessary.

27 (5)(6) The agency may charge an initial fee of \$2,000
28 for review of plans and construction on all projects, no part
29 of which is refundable. The agency may also collect a fee, not
30 to exceed 1 percent of the estimated construction cost or the
31 actual cost of review, whichever is less, for the portion of

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1	the review which encompasses initial review through the
2	initial revised construction document review. The agency may
3	collect its actual costs on all subsequent portions of the
4	review and construction inspections. Initial fee payment must
5	accompany the initial submission of plans and specifications.
6	Any subsequent payment that is due is payable upon receipt of
7	the invoice from the agency. Notwithstanding any other
8	provision of law, all money received by the agency under this
9	section shall be deemed to be trust funds, to be held and
10	applied solely for the operations required under this section.
11	Section 122. Section 400.968, Florida Statutes, is
12	amended to read:
13	400.968 Right of entry <del>; protection of health, safety,</del>
14	and welfare
15	(1) In addition to the requirements of s. 408.811, any
16	designated officer or employee of the agency, or any officer
17	<u>or employee</u> of the state <del>,</del> or of the local fire marshal <u>,</u> may
18	enter unannounced the premises of any facility licensed under
19	this part in order to determine the state of compliance with
20	this part <u>, part II of chapter 408, and applicable rules</u> and
21	the rules or standards in force under this part. The right of
22	entry and inspection also extends to any premises that the
23	agency has reason to believe are being operated or maintained
24	as a facility without a license; but such an entry or
25	inspection may not be made without the permission of the owner
26	or person in charge of the facility unless a warrant that
27	authorizes the entry is first obtained from the circuit court.
28	The warrant requirement extends only to a facility that the
29	agency has reason to believe is being operated or maintained
30	as a facility without a license. An application for a license
31	or renewal thereof which is made under this section

1	constitutes permission for, and acquiescence in, any entry or
2	inspection of the premises for which the license is sought, in
3	order to facilitate verification of the information submitted
4	in connection with the application; to discover, investigate,
5	and determine the existence of abuse or neglect; or to elicit,
б	receive, respond to, and resolve complaints. A current valid
7	license constitutes unconditional permission for, and
8	acquiescence in, any entry or inspection of the premises by
9	authorized personnel. The agency retains the right of entry
10	and inspection of facilities that have had a license revoked
11	or suspended within the previous 24 months, to ensure that the
12	facility is not operating unlawfully. However, before the
13	facility is entered, a statement of probable cause must be
14	filed with the director of the agency, who must approve or
15	disapprove the action within 48 hours.
16	(2) The agency may institute injunctive proceedings in
17	a court of competent jurisdiction for temporary or permanent
18	relief to:
19	(a) Enforce this section or any minimum standard,
20	rule, or order issued pursuant thereto if the agency's effort
21	to correct a violation through administrative fines has failed
22	or when the violation materially affects the health, safety,
23	or welfare of residents; or
24	(b) Terminate the operation of a facility if a
25	violation of this section or of any standard or rule adopted
26	pursuant thereto exists which materially affects the health,
27	safety, or welfare of residents.
28	
29	The Legislature recognizes that, in some instances, action is
30	necessary to protect residents of facilities from immediately
31	life threatening situations. If it appears by competent
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1 evidence or a sworn, substantiated affidavit that a temporary 2 injunction should issue, the court, pending the determination 3 on final hearing, shall enjoin operation of the facility. 4 (3) The agency may impose an immediate moratorium on 5 admissions to a facility when the agency determines that any б condition in the facility presents a threat to the health, 7 safety, or welfare of the residents in the facility. If a 8 facility's license is denied, revoked, or suspended, the 9 facility may be subject to the immediate imposition of a moratorium on admissions to run concurrently with licensure 10 11 denial, revocation, or suspension. 12 Section 123. Subsection (1) of section 400.969, 13 Florida Statutes, is amended to read: 400.969 Violation of part; penalties.--14 (1) In addition to the requirements of part II of 15 chapter 408, and except as provided in s. 400.967(3), a 16 17 violation of any provision of this part, part II of chapter 18 408, or applicable rules adopted by the agency under this part is punishable by payment of an administrative or civil penalty 19 not to exceed \$5,000. 2.0 21 Section 124. Section 400.980, Florida Statutes, is 2.2 amended to read: 23 400.980 Health care services pools .--(1) As used in this section, the term: 2.4 "Agency" means the Agency for Health Care 25 (a) Administration. 26 (b) "Health care services pool" means any person, 27 2.8 firm, corporation, partnership, or association engaged for hire in the business of providing temporary employment in 29 health care facilities, residential facilities, and agencies 30 for licensed, certified, or trained health care personnel 31 218

1 including, without limitation, nursing assistants, nurses' 2 aides, and orderlies. However, the term does not include nursing registries, a facility licensed under this chapter or 3 chapter 429, a health care services pool established within a 4 health care facility to provide services only within the 5 6 confines of such facility, or any individual contractor 7 directly providing temporary services to a health care 8 facility without use or benefit of a contracting agent. (2) The requirements of part II of chapter 408 apply 9 10 to the provision of services that require licensure or registration pursuant to this part and part II of chapter 408 11 12 and to entities registered by or applying for such 13 registration from the agency pursuant to this part. <u>Registration or a license issued by the agency is required for</u> 14 the operation of Each person who operates a health care 15 16 services pool in this state. In accordance with s. 408.805, an 17 applicant or licensee shall pay a fee for each license application submitted using this part, part II of chapter 408, 18 and applicable rules. must register each separate business 19 location with the agency. The agency shall adopt rules and 20 21 provide forms required for such registration and shall impose 22 a registration fee in an amount sufficient to cover the cost 23 of administering this part and part II of chapter 408 section. In addition to the requirements in part II of chapter 408, the 2.4 registrant must provide the agency with any change of 25 26 information contained on the original registration application 27 within 14 days prior to the change. The agency may inspect the 2.8 offices of any health care services pool at any reasonable 29 time for the purpose of determining compliance with this section or the rules adopted under this section. 30 Each application for registration must include: 31

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1 (a) The name and address of any person who has an 2 ownership interest in the business, and, in the case of a corporate owner, copies of the articles of incorporation, 3 4 bylaws, and names and addresses of all officers and directors 5 of the corporation. б (b) Any other information required by the agency. 7 (3) (4) Each applicant for registration must comply 8 with the following requirements: 9 (a) Upon receipt of a completed, signed, and dated 10 application, the agency shall require background screening, in accordance with the level 1 standards for screening set forth 11 12 in chapter 435, of every individual who will have contact with patients. The agency shall require background screening of the 13 managing employee or other similarly titled individual who is 14 responsible for the operation of the entity, and of the 15 financial officer or other similarly titled individual who is 16 17 responsible for the financial operation of the entity, 18 including billings for services in accordance with the level 2 19 standards for background screening as set forth in chapter 435.20 21 (b) The agency may require background screening of any 2.2 other individual who is affiliated with the applicant if the 23 agency has a reasonable basis for believing that he or she has been convicted of a crime or has committed any other offense 2.4 prohibited under the level 2 standards for screening set forth 25 in chapter 435. 26 27 (c) Proof of compliance with the level 2 background 2.8 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 29 30 health care or assisted living licensure requirements of this state is acceptable in fulfillment of paragraph (a). 31

1	(d) A provisional registration may be granted to an
2	applicant when each individual required by this section to
3	undergo background screening has met the standards for the
4	Department of Law Enforcement background check but the agency
5	has not yet received background screening results from the
6	Federal Bureau of Investigation. A standard registration may
7	be granted to the applicant upon the agency's receipt of a
8	report of the results of the Federal Bureau of Investigation
9	background screening for each individual required by this
10	section to undergo background screening which confirms that
11	all standards have been met, or upon the granting of a
12	disqualification exemption by the agency as set forth in
13	chapter 435. Any other person who is required to undergo level
14	2 background screening may serve in his or her capacity
15	pending the agency's receipt of the report from the Federal
16	Bureau of Investigation. However, the person may not continue
17	to serve if the report indicates any violation of background
18	screening standards and if a disqualification exemption has
19	not been requested of and granted by the agency as set forth
20	<del>in chapter 435.</del>
21	(e) Each applicant must submit to the agency, with its
22	application, a description and explanation of any exclusions,
23	permanent suspensions, or terminations of the applicant from
24	the Medicare or Medicaid programs. Proof of compliance with
25	the requirements for disclosure of ownership and controlling
26	interests under the Medicaid or Medicare programs may be
27	accepted in lieu of this submission.
28	(f) Each applicant must submit to the agency a
29	description and explanation of any conviction of an offense
30	prohibited under the level 2 standards of chapter 435 which
31	was committed by a member of the board of directors of the
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1	applicant, its officers, or any individual owning 5 percent or
2	more of the applicant. This requirement does not apply to a
3	director of a not for profit corporation or organization who
4	serves solely in a voluntary capacity for the corporation or
5	organization, does not regularly take part in the day to day
б	operational decisions of the corporation or organization,
7	receives no remuneration for his or her services on the
8	corporation's or organization's board of directors, and has no
9	financial interest and no family members having a financial
10	interest in the corporation or organization, if the director
11	and the not for profit corporation or organization include in
12	the application a statement affirming that the director's
13	relationship to the corporation satisfies the requirements of
14	this paragraph.
15	(g) A registration may not be granted to an applicant
16	if the applicant or managing employee has been found guilty
17	of, regardless of adjudication, or has entered a plea of nolo
18	contendere or guilty to, any offense prohibited under the
19	level 2 standards for screening set forth in chapter 435,
20	unless an exemption from disqualification has been granted by
21	the agency as set forth in chapter 435.
22	(h) Failure to provide all required documentation
23	within 30 days after a written request from the agency will
24	result in denial of the application for registration.
25	(i) The agency must take final action on an
26	application for registration within 60 days after receipt of
27	all required documentation.
28	(j) The agency may deny, revoke, or suspend the
29	registration of any applicant or registrant who:
30	1. Has falsely represented a material fact in the
31	application required by paragraph (e) or paragraph (f), or has
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1 omitted any material fact from the application required by 2 paragraph (e) or paragraph (f); or 3 2. Has had prior action taken against the applicant 4 under the Medicaid or Medicare program as set forth in 5 paragraph (e). б 3. Fails to comply with this section or applicable 7 rules. 8 4 Commits an intentional, reckless, or negligent act that materially affects the health or safety of a person 9 10 receiving services. (5) It is a misdemeanor of the first degree, 11 punishable under s. 775.082 or s. 775.083, for any person 12 13 willfully, knowingly, or intentionally to: (a) Fail, by false statement, misrepresentation, 14 impersonation, or other fraudulent means, to disclose in any 15 application for voluntary or paid employment a material fact 16 17 used in making a determination as to an applicant's 18 qualifications to be a contractor under this section; 19 (b) Operate or attempt to operate an entity registered 20 under this part with persons who do not meet the minimum 21 standards of chapter 435 as contained in this section; or 22 (c) Use information from the criminal records obtained 23 under this section for any purpose other than screening an applicant for temporary employment as specified in this 2.4 25 section, or release such information to any other person for 26 any purpose other than screening for employment under this 27 section. 28 (6) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person 29 willfully, knowingly, or intentionally to use information from 30 the juvenile records of a person obtained under this section 31

1 for any purpose other than screening for employment under this 2 section. 3 (7) It is unlawful for a person to offer or advertise 4 services, as defined by rule, to the public without obtaining 5 a certificate of registration from the Agency for Health Care 6 Administration. It is unlawful for any holder of a certificate 7 of registration to advertise or hold out to the public that he 8 she holds a certificate of registration for other than that 9 for which he or she actually holds a certificate of registration. Any person who violates this subsection is 10 11 subject to injunctive proceedings under s. 400.515. 12 (8) Each registration shall be for a period of 2 13 years. The application for renewal must be received by the agency at least 30 days before the expiration date of the 14 15 registration. An application for a new registration is 16 required within 30 days prior to the sale of a controlling 17 interest in a health care services pool. 18 (4) (9) A health care services pool may not require an employee to recruit new employees from persons employed at a 19 health care facility to which the health care services pool 20 21 employee is assigned. Nor shall a health care facility to 2.2 which employees of a health care services pool are assigned 23 recruit new employees from the health care services pool. (5) (10) A health care services pool shall document 2.4 that each temporary employee provided to a health care 25 26 facility has met the licensing, certification, training, or 27 continuing education requirements, as established by the 2.8 appropriate regulatory agency, for the position in which he or 29 she will be working. 30 (6) (11) When referring persons for temporary employment in health care facilities, a health care services 31 224

1 pool shall comply with all pertinent state and federal laws, 2 rules, and regulations relating to health, background screening, and other qualifications required of persons 3 working in a facility of that type. 4 (7)(12)(a) As a condition of registration and prior to 5 6 the issuance or renewal of a certificate of registration, a 7 health care services pool applicant must prove financial 8 responsibility to pay claims, and costs ancillary thereto, arising out of the rendering of services or failure to render 9 services by the pool or by its employees in the course of 10 their employment with the pool. The agency shall promulgate 11 12 rules establishing minimum financial responsibility coverage 13 amounts which shall be adequate to pay potential claims and costs ancillary thereto. 14 (b) Each health care services pool shall give written 15 notification to the agency within 20 days after any change in 16 17 the method of assuring financial responsibility or upon cancellation or nonrenewal of professional liability 18 insurance. Unless the pool demonstrates that it is otherwise 19 in compliance with the requirements of this subsection 20 21 section, the agency shall suspend the registration of the pool 22 pursuant to s. 408.814 ss. 120.569 and 120.57. Any suspension 23 under this section shall remain in effect until the pool demonstrates compliance with the requirements of this 2.4 25 subsection section. (c) Proof of financial responsibility must be 26 27 demonstrated to the satisfaction of the agency, through one of 2.8 the following methods: 1. Establishing and maintaining an escrow account 29 consisting of cash or assets eligible for deposit in 30 accordance with s. 625.52; 31

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1	2. Obtaining and maintaining an unexpired irrevocable
2	letter of credit established pursuant to chapter 675. Such
3	letters of credit shall be nontransferable and nonassignable
4	and shall be issued by any bank or savings association
5	organized and existing under the laws of this state or any
б	bank or savings association organized under the laws of the
7	United States that has its principal place of business in this
8	state or has a branch office which is authorized under the
9	laws of this state or of the United States to receive deposits
10	in this state; or
11	3. Obtaining and maintaining professional liability
12	coverage from one of the following:
13	a. An authorized insurer as defined under s. 624.09;
14	b. An eligible surplus lines insurer as defined under
15	s. 626.918(2);
16	c. A risk retention group or purchasing group as
17	defined under s. 627.942; or
18	d. A plan of self-insurance as provided in s. 627.357.
19	(d) If financial responsibility requirements are met
20	by maintaining an escrow account or letter of credit, as
21	provided in this <u>subsection</u> <del>section</del> , upon the entry of an
22	adverse final judgment arising from a medical malpractice
23	arbitration award from a claim of medical malpractice either
24	in contract or tort, or from noncompliance with the terms of a
25	settlement agreement arising from a claim of medical
26	malpractice either in contract or tort, the financial
27	institution holding the escrow account or the letter of credit
28	shall pay directly to the claimant the entire amount of the
29	judgment together with all accrued interest or the amount
30	maintained in the escrow account or letter of credit as
31	required by this <u>subsection</u> <del>section</del> , whichever is less, within
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1 60 days after the date such judgment became final and subject 2 to execution, unless otherwise mutually agreed to in writing by the parties. If timely payment is not made, the agency 3 shall suspend the registration of the pool pursuant to 4 5 procedures set forth by the agency through rule. Nothing in 6 this paragraph shall abrogate a judgment debtor's obligation 7 to satisfy the entire amount of any judgment. 8 (e) Each health care services pool carrying claims-made coverage must demonstrate proof of extended 9 reporting coverage through either tail or nose coverage, in 10 the event the policy is canceled, replaced, or not renewed. 11 12 Such extended coverage shall provide coverage for incidents 13 that occurred during the claims-made policy period but were reported after the policy period. 14 (f) The financial responsibility requirements of this 15 subsection section shall apply to claims for incidents that 16 17 occur on or after January 1, 1991, or the initial date of 18 registration in this state, whichever is later. (g) Meeting the financial responsibility requirements 19 of this subsection section must be established at the time of 20 21 issuance or renewal of a certificate of registration. 22 (8) (13) In addition to the requirements of part II of 23 chapter 408, the agency shall adopt rules to implement this part section, including rules providing for the establishment 2.4 of: 25 (a) Minimum standards for the operation and 26 27 administration of health care personnel pools, including 2.8 procedures for recordkeeping and personnel. 29 (b) Fines for the violation of this part, part II of 30 chapter 408, or applicable rules section in an amount not to exceed \$2,500 and suspension or revocation of registration. 31 227

1 (c) Disciplinary sanctions for failure to comply with 2 this section or the rules adopted under this section. 3 Section 125. Section 400.991, Florida Statutes, is amended to read: 4 5 400.991 License requirements; background screenings; б prohibitions.--7 (1)(a) The requirements of part II of chapter 408 apply to the provision of services that require licensure 8 pursuant to this part and part II of chapter 408 and to 9 10 entities licensed by or applying for such licensure from the agency pursuant to this part. A license issued by the agency 11 12 is required in order to operate a clinic in this state. Each 13 clinic, as defined in s. 400.9905, must be licensed and shall at all times maintain a valid license with the agency. Each 14 clinic location shall be licensed separately regardless of 15 whether the clinic is operated under the same business name or 16 17 management as another clinic. (b) Each mobile clinic must obtain a separate health 18 care clinic license and must provide to the agency, at least 19 quarterly, its projected street location to enable the agency 20 21 to locate and inspect such clinic. A portable equipment 2.2 provider must obtain a health care clinic license for a single 23 administrative office and is not required to submit quarterly projected street locations. 2.4 (2) The initial clinic license application shall be 25 filed with the agency by all clinics, as defined in s. 26 27 400.9905, on or before July 1, 2004. A clinic license must be 2.8 renewed biennially. 29 (3) Applicants that submit an application on or before 30 1, 2004, which meets all requirements for initial licensure as specified in this section shall receive a 31

1 temporary license until the completion of an initial 2 inspection verifying that the applicant meets all requirements in rules authorized in s. 400.9925. However, a clinic engaged 3 4 in magnetic resonance imaging services may not receive a 5 temporary license unless it presents evidence satisfactory to б the agency that such clinic is making a good faith effort and 7 substantial progress in seeking accreditation required under <del>s. 400.9935.</del> 8 9 (4) Application for an initial clinic license or for 10 renewal of an existing license shall be notarized on forms 11 furnished by the agency and must be accompanied by the 12 appropriate license fee as provided in s. 400.9925. The agency 13 shall take final action on an initial license application within 60 days after receipt of all required documentation. 14 (3)(5) The application shall contain information that 15 includes, but need not be limited to, information pertaining 16 17 to the name, residence and business address, phone number, social security number, and license number of the medical or 18 clinic director, of the licensed medical providers employed or 19 under contract with the clinic, and of each person who, 2.0 21 directly or indirectly, owns or controls 5 percent or more of 2.2 an interest in the clinic, or general partners in limited 23 liability partnerships. (4)(6) In addition to the requirements of part II of 2.4 chapter 408, the applicant must file with the application 25 satisfactory proof that the clinic is in compliance with this 26 27 part and applicable rules, including: 28 (a) A listing of services to be provided either directly by the applicant or through contractual arrangements 29 30 with existing providers; 31

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1 (b) The number and discipline of each professional 2 staff member to be employed; and 3 (c) Proof of financial ability to operate as required 4 under s. 408.810(8). An applicant must demonstrate financial ability to operate a clinic by submitting a balance sheet and 5 6 an income and expense statement for the first year of 7 operation which provide evidence of the applicant's having 8 sufficient assets, credit, and projected revenues to cover liabilities and expenses. The applicant shall have 9 demonstrated financial ability to operate if the applicant's 10 11 assets, credit, and projected revenues meet or exceed 12 projected liabilities and expenses. All documents required 13 under this subsection must be prepared in accordance with generally accepted accounting principles, may be in a 14 compilation form, and the financial statement must be signed 15 by a certified public accountant. As an alternative to 16 17 submitting proof of financial ability to operate as required 18 under s. 408.810(8) a balance sheet and an income and expense statement for the first year of operation, the applicant may 19 file a surety bond of at least \$500,000 which guarantees that 20 21 the clinic will act in full conformity with all legal 22 requirements for operating a clinic, payable to the agency. 23 The agency may adopt rules to specify related requirements for 2.4 such surety bond. (5)(7) Each applicant for licensure shall comply with 25 the following requirements: 26 27 (a) As used in this subsection, the term "applicant" 2.8 means individuals owning or controlling, directly or indirectly, 5 percent or more of an interest in a clinic; the 29 medical or clinic director, or a similarly titled person who 30 is responsible for the day-to-day operation of the licensed 31 230

clinic; the financial officer or similarly titled individual
 who is responsible for the financial operation of the clinic;
 and licensed health care practitioners at the clinic.

4 (b) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of 5 б the applicant, in accordance with the level 2 standards for 7 screening set forth in chapter 435. Proof of compliance with 8 the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in 9 compliance with any other health care licensure requirements 10 of this state is acceptable in fulfillment of this paragraph. 11 12 Applicants who own less than 10 percent of a health care 13 clinic are not required to submit fingerprints under this section. 14

(c) Each applicant must submit to the agency, with the 15 application, a description and explanation of any exclusions, 16 17 permanent suspensions, or terminations of an applicant from the Medicare or Medicaid programs. Proof of compliance with 18 the requirements for disclosure of ownership and control 19 interest under the Medicaid or Medicare programs may be 20 21 accepted in lieu of this submission. The description and 22 explanation may indicate whether such exclusions, suspensions, 23 or terminations were voluntary or not voluntary on the part of the applicant. 2.4

(d) A license may not be granted to a clinic if the
applicant has been found guilty of, regardless of
adjudication, or has entered a plea of nolo contendere or
guilty to, any offense prohibited under the level 2 standards
for screening set forth in chapter 435, or a violation of
insurance fraud under s. 817.234, within the past 5 years. If
the applicant has been convicted of an offense prohibited

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1 under the level 2 standards or insurance fraud in any 2 jurisdiction, the applicant must show that his or her civil rights have been restored prior to submitting an application. 3 4 (e) The agency may deny or revoke licensure if the 5 applicant has falsely represented any material fact or omitted 6 any material fact from the application required by this part. 7 (8) Requested information omitted from an application for licensure, license renewal, or transfer of ownership must 8 be filed with the agency within 21 days after receipt of the 9 10 agency's request for omitted information, or the application shall be deemed incomplete and shall be withdrawn from further 11 12 consideration. 13 (9) The failure to file a timely renewal application shall result in a late fee charged to the facility in an 14 amount equal to 50 percent of the current license fee. 15 Section 126. Section 400.9915, Florida Statutes, is 16 17 amended to read: 400.9915 Clinic inspections; Emergency suspension; 18 19 costs.--20 (1) Any authorized officer or employee of the agency 21 shall make inspections of the clinic as part of the initial 2.2 license application or renewal application. The application 23 for a clinic license issued under this part or for a renewal 2.4 license constitutes permission for an appropriate agency inspection to verify the information submitted on or in 25 connection with the application or renewal. 26 27 (2) An authorized officer or employee of the agency 2.8 may make unannounced inspections of clinics licensed pursuant 29 to this part as are necessary to determine that the clinic is in compliance with this part and with applicable rules. A 30 licensed clinic shall allow full and complete access to the 31

1 premises and to billing records or information to any 2 representative of the agency who makes an inspection to 3 determine compliance with this part and with applicable rules. 4 (1)(3) Failure by a clinic licensed under this part to 5 allow full and complete access to the premises and to billing б records or information to any representative of the agency who 7 makes a request to inspect the clinic to determine compliance 8 with this part or failure by a clinic to employ a qualified medical director or clinic director constitutes a ground for 9 10 emergency suspension of the license by the agency pursuant to <u>s. 408.814</u> <del>s. 120.60(6)</del>. 11 12 (2) (4) In addition to any administrative fines imposed 13 pursuant to this part or part II of chapter 408, the agency may assess a fee equal to the cost of conducting a complaint 14 15 investigation. Section 127. Section 400.992, Florida Statutes, is 16 17 repealed. 18 Section 128. Section 400.9925, Florida Statutes, is 19 amended to read: 400.9925 Rulemaking authority; license fees.--20 21 (1) The agency shall adopt rules necessary to 22 administer the clinic administration, regulation, and 23 licensure program, including rules pursuant to this part and part II of chapter 408, establishing the specific licensure 2.4 requirements, procedures, forms, and fees. It shall adopt 25 26 rules establishing a procedure for the biennial renewal of 27 licenses. The agency may issue initial licenses for less than 2.8 the full 2-year period by charging a prorated licensure fee and specifying a different renewal date than would otherwise 29 be required for biennial licensure. The rules shall specify 30 the expiration dates of licenses, the process of tracking 31

1 compliance with financial responsibility requirements, and any 2 other conditions of renewal required by law or rule. 3 (2) The agency shall adopt rules specifying 4 limitations on the number of licensed clinics and licensees for which a medical director or a clinic director may assume 5 6 responsibility for purposes of this part. In determining the 7 quality of supervision a medical director or a clinic director 8 can provide, the agency shall consider the number of clinic employees, the clinic location, and the health care services 9 10 provided by the clinic. (3) In accordance with s. 408.805, an applicant or a 11 12 licensee shall pay a fee for each license application 13 submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be established 14 by rule and may not exceed \$2,000. License application and 15 renewal fees must be reasonably calculated by the agency to 16 17 cover its costs in carrying out its responsibilities under 18 this part, including the cost of licensure, inspection, and regulation of clinics, and must be of such amount that the 19 total fees collected do not exceed the cost of administering 2.0 21 and enforcing compliance with this part. Clinic licensure fees 2.2 are nonrefundable and may not exceed \$2,000. The agency shall 23 adjust the license fee annually by not more than the change in the Consumer Price Index based on the 12 months immediately 2.4 preceding the increase. All fees collected under this part 25 26 must be deposited in the Health Care Trust Fund for the administration of this part. 27 28 Section 129. Section 400.993, Florida Statutes, is amended to read: 29 30 400.993 Unlicensed clinics; reporting penalties; fines; verification of licensure status.--31

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1 (1) It is unlawful to own, operate, or maintain a 2 clinic without obtaining a license under this part. 3 (1)(2) Any person who violates s. 408.812 regarding 4 unlicensed activity owns, operates, or maintains an unlicensed clinic commits a felony of the third degree, punishable as 5 6 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 7 continued operation is a separate offense. 8 (2) (3) Any person found guilty of violating <u>s. 408.812</u> subsection (2) a second or subsequent time commits a felony of 9 10 the second degree, punishable as provided under s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a 11 12 separate offense. 13 (4) Any person who owns, operates, or maintains an unlicensed clinic due to a change in this part or a 14 15 modification in agency rules within 6 months after the effective date of such change or modification and who, within 16 17 10 working days after receiving notification from the agency, 18 fails to cease operation or apply for a license under this part commits a felony of the third degree, punishable as 19 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 2.0 21 continued operation is a separate offense. 22 (5)Any clinic that fails to cease operation after 23 agency notification may be fined for each day of noncompliance 2.4 pursuant to this part. 25 (6) When a person has an interest in more than one 26 clinic, and fails to obtain a license for any one of these 27 clinics, the agency may revoke the license, impose a 2.8 moratorium, or impose a fine pursuant to this part on any or all of the licensed clinics until such time as the unlicensed 29 30 clinic is licensed or ceases operation. 31

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1 (7) Any person aware of the operation of an unlicensed 2 clinic must report that facility to the agency. 3 (3)(8) In addition to the requirements of part II of 4 chapter 408, any health care provider who is aware of the operation of an unlicensed clinic shall report that facility 5 6 to the agency. Failure to report a clinic that the provider 7 knows or has reasonable cause to suspect is unlicensed shall 8 be reported to the provider's licensing board. 9 (9) The agency may not issue a license to a clinic that has any unpaid fines assessed under this part. 10 Section 130. Section 400.9935, Florida Statutes, is 11 12 amended to read: 13 400.9935 Clinic responsibilities.--(1) Each clinic shall appoint a medical director or 14 clinic director who shall agree in writing to accept legal 15 responsibility for the following activities on behalf of the 16 17 clinic. The medical director or the clinic director shall: 18 (a) Have signs identifying the medical director or clinic director posted in a conspicuous location within the 19 clinic readily visible to all patients. 20 21 (b) Ensure that all practitioners providing health 22 care services or supplies to patients maintain a current 23 active and unencumbered Florida license. (c) Review any patient referral contracts or 2.4 agreements executed by the clinic. 25 (d) Ensure that all health care practitioners at the 26 27 clinic have active appropriate certification or licensure for 2.8 the level of care being provided. 29 (e) Serve as the clinic records owner as defined in s. 456.057. 30 31

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1 (f) Ensure compliance with the recordkeeping, office 2 surgery, and adverse incident reporting requirements of chapter 456, the respective practice acts, and rules adopted 3 under this part and part II of chapter 408. 4 5 (g) Conduct systematic reviews of clinic billings to б ensure that the billings are not fraudulent or unlawful. Upon 7 discovery of an unlawful charge, the medical director or 8 clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic 9 resonance imaging, static radiographs, computed tomography, or 10 positron emission tomography, and provides the professional 11 12 interpretation of such services, in a fixed facility that is 13 accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Accreditation Association for 14 Ambulatory Health Care, and the American College of Radiology; 15 and if, in the preceding quarter, the percentage of scans 16 17 performed by that clinic which was billed to all personal 18 injury protection insurance carriers was less than 15 percent, the chief financial officer of the clinic may, in a written 19 acknowledgment provided to the agency, assume the 20 21 responsibility for the conduct of the systematic reviews of 22 clinic billings to ensure that the billings are not fraudulent 23 or unlawful. (h) Not refer a patient to the clinic if the clinic 2.4

performs magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography. The term "refer a patient" means the referral of one or more patients of the medical or clinical director or a member of the medical or clinical director's group practice to the clinic for magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography. A medical

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1 director who is found to violate this paragraph commits a felony of the third degree, punishable as provided in s. 2 775.082, s. 775.083, or s. 775.084. 3 4 (2) Any business that becomes a clinic after 5 commencing operations must, within 5 days after becoming a 6 clinic, file a license application under this part and shall 7 be subject to all provisions of this part applicable to a 8 <del>clinic.</del> 9 (2) Any contract to serve as a medical director or a clinic director entered into or renewed by a physician or a 10 licensed health care practitioner in violation of this part is 11 void as contrary to public policy. This subsection shall apply 12 13 to contracts entered into or renewed on or after March 1, 2004. 14 (3)(4) All charges or reimbursement claims made by or 15 on behalf of a clinic that is required to be licensed under 16 17 this part, but that is not so licensed, or that is otherwise 18 operating in violation of this part, are unlawful charges, and therefore are noncompensable and unenforceable. 19 (4)(5) In addition to the requirements of s. 408.812, 20 21 any person establishing, operating, or managing an unlicensed 22 clinic otherwise required to be licensed under this part or 23 part II of chapter 408, or any person who knowingly files a false or misleading license application or license renewal 2.4 application, or false or misleading information related to 25 26 such application or department rule, commits a felony of the 27 third degree, punishable as provided in s. 775.082, s. 2.8 775.083, or s. 775.084. 29 (5) (6) Any licensed health care provider who violates 30 this part is subject to discipline in accordance with this

31 chapter and his or her respective practice act.

1 (7) The agency may fine, or suspend or revoke the 2 license of, any clinic licensed under this part for operating 3 in violation of the requirements of this part or the rules 4 adopted by the agency.

5 (8) The agency shall investigate allegations of
6 noncompliance with this part and the rules adopted under this
7 part.

8 (6) (9) Any person or entity providing health care services which is not a clinic, as defined under s. 400.9905, 9 may voluntarily apply for a certificate of exemption from 10 licensure under its exempt status with the agency on a form 11 12 that sets forth its name or names and addresses, a statement 13 of the reasons why it cannot be defined as a clinic, and other information deemed necessary by the agency. An exemption is 14 not transferable. The agency may charge an applicant for a 15 certificate of exemption in an amount equal to \$100 or the 16 17 actual cost of processing the certificate, whichever is less. 18 (10)The clinic shall display its license in a

19 conspicuous location within the clinic readily visible to all 20 patients.

21 (7)(11)(a) Each clinic engaged in magnetic resonance 22 imaging services must be accredited by the Joint Commission on 23 Accreditation of Healthcare Organizations, the American College of Radiology, or the Accreditation Association for 2.4 Ambulatory Health Care, within 1 year after licensure. 25 However, a clinic may request a single, 6-month extension if 26 27 it provides evidence to the agency establishing that, for good 2.8 cause shown, such clinic can not be accredited within 1 year after licensure, and that such accreditation will be completed 29 30 within the 6-month extension. After obtaining accreditation as 31

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1 required by this subsection, each such clinic must maintain 2 accreditation as a condition of renewal of its license. 3 (b) The agency may deny the application or revoke the 4 license of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this 5 6 subsection and whose principals were previously principals of 7 an entity that was unable to meet the accreditation 8 requirements within the specified timeframes. The agency may 9 adopt rules as to the accreditation of magnetic resonance 10 imaging clinics. (8)(12) The agency shall give full faith and credit 11 12 pertaining to any past variance and waiver granted to a 13 magnetic resonance imaging clinic from rule 64-2002, Florida Administrative Code, by the Department of Health, until 14 September 2004. After that date, such clinic must request a 15 variance and waiver from the agency under s. 120.542. 16 17 (9) (13) In addition to the requirements of part II of 18 chapter 408, the clinic shall display a sign in a conspicuous location within the clinic readily visible to all patients 19 indicating that, pursuant to s. 626.9892, the Department of 20 21 Financial Services may pay rewards of up to \$25,000 to persons 22 providing information leading to the arrest and conviction of 23 persons committing crimes investigated by the Division of Insurance Fraud arising from violations of s. 440.105, s. 2.4 624.15, s. 626.9541, s. 626.989, or s. 817.234. An authorized 25 employee of the Division of Insurance Fraud may make 26 27 unannounced inspections of a clinic licensed under this part 2.8 as necessary to determine whether the clinic is in compliance with this subsection. A licensed clinic shall allow full and 29 30 complete access to the premises to such authorized employee of 31

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1 the division who makes an inspection to determine compliance 2 with this subsection. Section 131. Section 400.994, Florida Statutes, is 3 repealed. 4 5 Section 132. Section 400.9945, Florida Statutes, is б repealed. 7 Section 133. Section 400.995, Florida Statutes, is 8 amended to read: 9 400.995 Agency administrative penalties .--10 (1) In addition to the requirements of part II of chapter 408, the agency may deny the application for a license 11 12 renewal, revoke and or suspend the license, and impose 13 administrative fines of up to \$5,000 per violation for violations of the requirements of this part or rules of the 14 agency. In determining if a penalty is to be imposed and in 15 fixing the amount of the fine, the agency shall consider the 16 17 following factors: (a) The gravity of the violation, including the 18 probability that death or serious physical or emotional harm 19 to a patient will result or has resulted, the severity of the 20 21 action or potential harm, and the extent to which the 22 provisions of the applicable laws or rules were violated. 23 (b) Actions taken by the owner, medical director, or clinic director to correct violations. 2.4 (c) Any previous violations. 25 (d) The financial benefit to the clinic of committing 26 27 or continuing the violation. 2.8 (2) Each day of continuing violation after the date fixed for termination of the violation, as ordered by the 29 agency, constitutes an additional, separate, and distinct 30 31 violation.

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1 (3) Any action taken to correct a violation shall be 2 documented in writing by the owner, medical director, or clinic director of the clinic and verified through followup 3 visits by agency personnel. The agency may impose a fine and, 4 in the case of an owner-operated clinic, revoke or deny a 5 6 clinic's license when a clinic medical director or clinic 7 director knowingly misrepresents actions taken to correct a 8 violation. 9 (4) For fines that are upheld following administrative or judicial review, the violator shall pay the fine, plus 10 11 interest at the rate as specified in s. 55.03, for each day 12 beyond the date set by the agency for payment of the fine. 13 (5) Any unlicensed clinic that continues to operate after agency notification is subject to a \$1,000 fine per day. 14 (4)(6) Any licensed clinic whose owner, medical 15 director, or clinic director concurrently operates an 16 17 unlicensed clinic shall be subject to an administrative fine 18 of \$5,000 per day. (5) (7) Any clinic whose owner fails to apply for a 19 change-of-ownership license in accordance with s. 400.992 and 20 21 operates the clinic under the new ownership is subject to a 22 fine of \$5,000. 23 (6) (6) (8) The agency, as an alternative to or in conjunction with an administrative action against a clinic for 2.4 violations of this part and adopted rules, shall make a 25 26 reasonable attempt to discuss each violation and recommended 27 corrective action with the owner, medical director, or clinic 2.8 director of the clinic, prior to written notification. The 29 agency, instead of fixing a period within which the clinic shall enter into compliance with standards, may request a plan 30 of corrective action from the clinic which demonstrates a good 31

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1 faith effort to remedy each violation by a specific date, 2 subject to the approval of the agency. (9) Administrative fines paid by any clinic under this 3 4 section shall be deposited into the Health Care Trust Fund. 5 (10) If the agency issues a notice of intent to deny a б license application after a temporary license has been issued 7 pursuant to s. 400.991(3), the temporary license shall expire 8 on the date of the notice and may not be extended during any 9 proceeding for administrative or judicial review pursuant to <del>chapter 120.</del> 10 Section 134. Section 408.802, Florida Statutes, is 11 12 amended to read: 13 408.802 Applicability.--The provisions of this part apply to the provision of services that require licensure as 14 defined in this part and to the following entities licensed, 15 registered, or certified by the agency, as described in 16 17 chapters 112, 383, 390, 394, 395, 400, 429, 440, 483, and 765: (1) Laboratories authorized to perform testing under 18 the Drug-Free Workplace Act, as provided under ss. 112.0455 19 and 440.102. 20 21 (2) Birth centers, as provided under chapter 383. 22 (3) Abortion clinics, as provided under chapter 390. 23 (4) Crisis stabilization units, as provided under parts I and IV of chapter 394. 2.4 25 (5) Short-term residential treatment facilities, as 26 provided under parts I and IV of chapter 394. 27 (6) Residential treatment facilities, as provided 2.8 under part IV of chapter 394. (7) Residential treatment centers for children and 29 30 adolescents, as provided under part IV of chapter 394. 31

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1 (8) Hospitals, as provided under part I of chapter 2 395. 3 (9) Ambulatory surgical centers, as provided under part I of chapter 395. 4 5 (10) Mobile surgical facilities, as provided under 6 part I of chapter 395. 7 (11) Private review agents, as provided under part I 8 of chapter 395. (12) Health care risk managers, as provided under part 9 10 I of chapter 395. (13) Nursing homes, as provided under part II of 11 chapter 400. 12 13 (14) Assisted living facilities, as provided under part <u>I</u> <del>III</del> of chapter <u>429</u> <del>400</del>. 14 (15) Home health agencies, as provided under part III 15 16  $\pm$  of chapter 400. 17 (16) Nurse registries, as provided under part III IV 18 of chapter 400. 19 (17) Companion services or homemaker services providers, as provided under part <u>III <del>IV</del></u> of chapter 400. 20 21 (18) Adult day care centers, as provided under part 22 <u>III</u>  $\forall$  of chapter <u>429</u> 400. 23 (19) Hospices, as provided under part IV <del>VI</del> of chapter 400. 2.4 (20) Adult family-care homes, as provided under part 25 <u>II</u>  $\forall$ II of chapter <u>429</u> 400. 26 27 (21) Homes for special services, as provided under 2.8 part  $\underline{V}$   $\underline{VIII}$  of chapter 400. (22) Transitional living facilities, as provided under 29 part <u>V</u> VIII of chapter 400. 30 31

1 (23) Prescribed pediatric extended care centers, as 2 provided under part <u>VI</u> <del>IX</del> of chapter 400. 3 (24) Home medical equipment providers, as provided under part <u>VII</u>  $\times$  of chapter 400. 4 5 (25) Intermediate care facilities for persons with 6 developmental disabilities, as provided under part VIII <del>XI</del> of 7 chapter 400. 8 (26) Health care services pools, as provided under 9 part <u>IX</u> <del>XII</del> of chapter 400. (27) Health care clinics, as provided under part  $\underline{X}$ 10 11 XIII of chapter 400. 12 (28) Clinical laboratories, as provided under part I 13 of chapter 483. (29) Multiphasic health testing centers, as provided 14 under part II of chapter 483. 15 (30) Organ and tissue procurement agencies, as 16 17 provided under chapter 765. Section 135. Section 408.832, Florida Statutes, is 18 amended to read: 19 408.832 Conflicts.--In case of conflict between the 20 21 provisions of part II of chapter 408 and the authorizing 22 statutes governing the licensure of health care providers by 23 the Agency for Health Care Administration found in s. 112.0455 and chapters 383, 390, 394, 395, 400, 429, 440, 483, and 765, 2.4 the provisions of part II of chapter 408 shall prevail. 25 Section 136. Paragraph (e) of subsection (4) of 26 27 section 409.221, Florida Statutes, is amended to read: 2.8 409.221 Consumer-directed care program. --(4) CONSUMER-DIRECTED CARE.--29 30 (e) Services.--Consumers shall use the budget allowance only to pay for home and community-based services 31

1 that meet the consumer's long-term care needs and are a 2 cost-efficient use of funds. Such services may include, but are not limited to, the following: 3 4 1. Personal care. 5 2. Homemaking and chores, including housework, meals, б shopping, and transportation. 7 3. Home modifications and assistive devices which may 8 increase the consumer's independence or make it possible to 9 avoid institutional placement. 10 4. Assistance in taking self-administered medication. 5. Day care and respite care services, including those 11 12 provided by nursing home facilities pursuant to s. 400.141(6) 13 or by adult day care facilities licensed pursuant to s. <u>429.907</u> <del>400.554</del>. 14 6. Personal care and support services provided in an 15 16 assisted living facility. 17 Section 137. Paragraph (g) of subsection (2) of 18 section 409.815, Florida Statutes, is amended to read: 409.815 Health benefits coverage; limitations.--19 20 (2) BENCHMARK BENEFITS. -- In order for health benefits 21 coverage to qualify for premium assistance payments for an 22 eligible child under ss. 409.810-409.820, the health benefits 23 coverage, except for coverage under Medicaid and Medikids, must include the following minimum benefits, as medically 2.4 25 necessary. (g) Behavioral health services.--26 27 1. Mental health benefits include: 2.8 a. Inpatient services, limited to not more than 30 29 inpatient days per contract year for psychiatric admissions, or residential services in facilities licensed under s. 30 394.875(6)(8) or s. 395.003 in lieu of inpatient psychiatric 31 246

1 admissions; however, a minimum of 10 of the 30 days shall be 2 available only for inpatient psychiatric services when authorized by a physician; and 3 b. Outpatient services, including outpatient visits 4 for psychological or psychiatric evaluation, diagnosis, and 5 6 treatment by a licensed mental health professional, limited to 7 a maximum of 40 outpatient visits each contract year. 2. Substance abuse services include: 8 a. Inpatient services, limited to not more than 7 9 inpatient days per contract year for medical detoxification 10 only and 30 days of residential services; and 11 12 b. Outpatient services, including evaluation, 13 diagnosis, and treatment by a licensed practitioner, limited to a maximum of 40 outpatient visits per contract year. 14 Section 138. Subsection (8) of section 409.905, 15 Florida Statutes, is amended to read: 16 17 409.905 Mandatory Medicaid services. -- The agency may 18 make payments for the following services, which are required of the state by Title XIX of the Social Security Act, 19 furnished by Medicaid providers to recipients who are 20 21 determined to be eligible on the dates on which the services 22 were provided. Any service under this section shall be 23 provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by 2.4 providers in mobile units to Medicaid recipients may be 25 26 restricted by the agency. Nothing in this section shall be 27 construed to prevent or limit the agency from adjusting fees, 2.8 reimbursement rates, lengths of stay, number of visits, number 29 of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions 30 provided for in the General Appropriations Act or chapter 216. 31

1	(8) NURSING FACILITY SERVICESThe agency shall pay
2	for 24-hour-a-day nursing and rehabilitative services for a
3	recipient in a nursing facility licensed under part II of
4	chapter 400 or in a rural hospital, as defined in s. 395.602,
5	or in a Medicare certified skilled nursing facility operated
6	by a hospital, as defined by s. 395.002 <u>(10)<del>(11)</del>, that is</u>
7	licensed under part I of chapter 395, and in accordance with
8	provisions set forth in s. 409.908(2)(a), which services are
9	ordered by and provided under the direction of a licensed
10	physician. However, if a nursing facility has been destroyed
11	or otherwise made uninhabitable by natural disaster or other
12	emergency and another nursing facility is not available, the
13	agency must pay for similar services temporarily in a hospital
14	licensed under part I of chapter 395 provided federal funding
15	is approved and available. The agency shall pay only for
16	bed-hold days if the facility has an occupancy rate of 95
17	percent or greater. The agency is authorized to seek any
18	federal waivers to implement this policy.
19	Section 139. Subsection (7) of section 409.907,
20	Florida Statutes, is amended to read:
21	409.907 Medicaid provider agreementsThe agency may
22	make payments for medical assistance and related services
23	rendered to Medicaid recipients only to an individual or
24	entity who has a provider agreement in effect with the agency,
25	who is performing services or supplying goods in accordance
26	with federal, state, and local law, and who agrees that no
27	person shall, on the grounds of handicap, race, color, or
28	national origin, or for any other reason, be subjected to
29	discrimination under any program or activity for which the
30	provider receives payment from the agency.
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1 (7) The agency may require, as a condition of 2 participating in the Medicaid program and before entering into the provider agreement, that the provider submit information, 3 in an initial and any required renewal applications, 4 concerning the professional, business, and personal background 5 6 of the provider and permit an onsite inspection of the 7 provider's service location by agency staff or other personnel 8 designated by the agency to perform this function. The agency 9 shall perform a random onsite inspection, within 60 days after 10 receipt of a fully complete new provider's application, of the provider's service location prior to making its first payment 11 12 to the provider for Medicaid services to determine the 13 applicant's ability to provide the services that the applicant is proposing to provide for Medicaid reimbursement. The agency 14 is not required to perform an onsite inspection of a provider 15 or program that is licensed by the agency, that provides 16 17 services under waiver programs for home and community-based 18 services, or that is licensed as a medical foster home by the Department of Children and Family Services. As a continuing 19 condition of participation in the Medicaid program, a provider 20 21 shall immediately notify the agency of any current or pending 22 bankruptcy filing. Before entering into the provider 23 agreement, or as a condition of continuing participation in the Medicaid program, the agency may also require that 2.4 Medicaid providers reimbursed on a fee-for-services basis or 25 fee schedule basis which is not cost-based, post a surety bond 26 27 not to exceed \$50,000 or the total amount billed by the 2.8 provider to the program during the current or most recent 29 calendar year, whichever is greater. For new providers, the amount of the surety bond shall be determined by the agency 30 based on the provider's estimate of its first year's billing. 31

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1 If the provider's billing during the first year exceeds the 2 bond amount, the agency may require the provider to acquire an additional bond equal to the actual billing level of the 3 provider. A provider's bond shall not exceed \$50,000 if a 4 physician or group of physicians licensed under chapter 458, 5 6 chapter 459, or chapter 460 has a 50 percent or greater 7 ownership interest in the provider or if the provider is an 8 assisted living facility licensed under chapter 429. The bonds permitted by this section are in addition to the bonds 9 referenced in s. 400.179(2)(5)(d). If the provider is a 10 corporation, partnership, association, or other entity, the 11 12 agency may require the provider to submit information 13 concerning the background of that entity and of any principal of the entity, including any partner or shareholder having an 14 ownership interest in the entity equal to 5 percent or 15 greater, and any treating provider who participates in or 16 17 intends to participate in Medicaid through the entity. The 18 information must include: (a) Proof of holding a valid license or operating 19 certificate, as applicable, if required by the state or local 20 21 jurisdiction in which the provider is located or if required 22 by the Federal Government. 23 (b) Information concerning any prior violation, fine,

suspension, termination, or other administrative action taken 2.4 under the Medicaid laws, rules, or regulations of this state 25 26 or of any other state or the Federal Government; any prior 27 violation of the laws, rules, or regulations relating to the 2.8 Medicare program; any prior violation of the rules or 29 regulations of any other public or private insurer; and any prior violation of the laws, rules, or regulations of any 30 regulatory body of this or any other state. 31

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1 (c) Full and accurate disclosure of any financial or 2 ownership interest that the provider, or any principal, partner, or major shareholder thereof, may hold in any other 3 Medicaid provider or health care related entity or any other 4 entity that is licensed by the state to provide health or 5 6 residential care and treatment to persons. 7 (d) If a group provider, identification of all members 8 of the group and attestation that all members of the group are enrolled in or have applied to enroll in the Medicaid program. 9 10 Section 140. Subsections (6) through (27) of section 429.02, Florida Statutes, are renumbered as subsections (5) 11 12 through (26), respectively, and present subsections (5) and 13 (12) of that section are amended to read: 429.02 Definitions.--When used in this part, the term: 14 15 (5) "Applicant" means an individual owner, 16 corporation, partnership, firm, association, or governmental 17 entity that applies for a license. 18 (11)(12) "Extended congregate care" means acts beyond those authorized in subsection (16)(17) that may be performed 19 pursuant to part I of chapter 464 by persons licensed 20 21 thereunder while carrying out their professional duties, and 22 other supportive services which may be specified by rule. The 23 purpose of such services is to enable residents to age in place in a residential environment despite mental or physical 2.4 limitations that might otherwise disqualify them from 25 26 residency in a facility licensed under this part. Section 141. Section 429.07, Florida Statutes, is 27 2.8 amended to read: 29 429.07 License required; fee, display.--30 (1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant 31 251

1 to this part and part II of chapter 408 and to entities 2 licensed by or applying for such licensure from the agency pursuant to this part. A license issued by the agency is 3 required in order to operate for an assisted living facility 4 5 operating in this state. б (2) Separate licenses shall be required for facilities 7 maintained in separate premises, even though operated under 8 the same management. A separate license shall not be required for separate buildings on the same grounds. 9 10 (3) In addition to the requirements of s. 408.806, 11 each Any license granted by the agency must state the maximum 12 resident capacity of the facility, the type of care for which 13 the license is granted, the date the license is issued, the expiration date of the license, and any other information 14 deemed necessary by the agency. Licenses shall be issued for 15 one or more of the following categories of care: standard, 16 17 extended congregate care, limited nursing services, or limited 18 mental health. 19 (a) A standard license shall be issued to facilities providing one or more of the personal services identified in 20 21 s. 429.02. Such facilities may also employ or contract with a 2.2 person licensed under part I of chapter 464 to administer 23 medications and perform other tasks as specified in s. 429.255. 2.4 (b) An extended congregate care license shall be 25 issued to facilities providing, directly or through contract, 26 27 services beyond those authorized in paragraph (a), including 2.8 acts performed pursuant to part I of chapter 464 by persons licensed thereunder, and supportive services defined by rule 29 to persons who otherwise would be disqualified from continued 30 residence in a facility licensed under this part. 31

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

1 extended congregate care license has at least 25 percent 2 ownership interest; or 3 f. Imposition of a moratorium pursuant to this part or 4 part II of chapter 408 on admissions or initiation of injunctive proceedings. 5 б 2. Facilities that are licensed to provide extended 7 congregate care services shall maintain a written progress 8 report on each person who receives such services, which report 9 describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the 10 resident's health. A registered nurse, or appropriate 11 12 designee, representing the agency shall visit such facilities 13 at least quarterly to monitor residents who are receiving extended congregate care services and to determine if the 14 facility is in compliance with this part, part II of chapter 15 408, and with rules that relate to extended congregate care. 16 17 One of these visits may be in conjunction with the regular 18 survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. 19 A registered nurse shall serve as part of the team that 20 21 inspects such facility. The agency may waive one of the 22 required yearly monitoring visits for a facility that has been 23 licensed for at least 24 months to provide extended congregate care services, if, during the inspection, the registered nurse 2.4 determines that extended congregate care services are being 25 26 provided appropriately, and if the facility has no class I or 27 class II violations and no uncorrected class III violations. 2.8 Before such decision is made, the agency shall consult with 29 the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been 30 made and substantiated about the quality of services or care. 31

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1 The agency may not waive one of the required yearly monitoring 2 visits if complaints have been made and substantiated. 3. Facilities that are licensed to provide extended 3 congregate care services shall: 4 5 a. Demonstrate the capability to meet unanticipated б resident service needs. 7 b. Offer a physical environment that promotes a 8 homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space 9 as defined by rule. 10 c. Have sufficient staff available, taking into 11 12 account the physical plant and firesafety features of the 13 building, to assist with the evacuation of residents in an emergency, as necessary. 14 d. Adopt and follow policies and procedures that 15 maximize resident independence, dignity, choice, and 16 17 decisionmaking to permit residents to age in place to the 18 extent possible, so that moves due to changes in functional status are minimized or avoided. 19 e. Allow residents or, if applicable, a resident's 20 21 representative, designee, surrogate, guardian, or attorney in 22 fact to make a variety of personal choices, participate in 23 developing service plans, and share responsibility in 2.4 decisionmaking. f. Implement the concept of managed risk. 25 g. Provide, either directly or through contract, the 26 27 services of a person licensed pursuant to part I of chapter 28 464. 29 h. In addition to the training mandated in s. 429.52, provide specialized training as defined by rule for facility 30 31 staff.

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1 4. Facilities licensed to provide extended congregate 2 care services are exempt from the criteria for continued residency as set forth in rules adopted under s. 429.41. 3 Facilities so licensed shall adopt their own requirements 4 within guidelines for continued residency set forth by the 5 6 department in rule. However, such facilities may not serve 7 residents who require 24-hour nursing supervision. Facilities 8 licensed to provide extended congregate care services shall 9 provide each resident with a written copy of facility policies governing admission and retention. 10 5. The primary purpose of extended congregate care 11 12 services is to allow residents, as they become more impaired, 13 the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A 14 facility licensed to provide extended congregate care services 15 may also admit an individual who exceeds the admission 16 17 criteria for a facility with a standard license, if the individual is determined appropriate for admission to the 18 extended congregate care facility. 19 20 6. Before admission of an individual to a facility licensed to provide extended congregate care services, the 21 22 individual must undergo a medical examination as provided in 23 s. 429.26(4) and the facility must develop a preliminary service plan for the individual. 2.4 7. When a facility can no longer provide or arrange 25 for services in accordance with the resident's service plan 26 27 and needs and the facility's policy, the facility shall make 2.8 arrangements for relocating the person in accordance with s. 29 429.28(1)(k). 30 31

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1 8. Failure to provide extended congregate care 2 services may result in denial of extended congregate care 3 license renewal. 4 9. No later than January 1 of each year, the department, in consultation with the agency, shall prepare and 5 б submit to the Governor, the President of the Senate, the 7 Speaker of the House of Representatives, and the chairs of 8 appropriate legislative committees, a report on the status of, and recommendations related to, extended congregate care 9 services. The status report must include, but need not be 10 limited to, the following information: 11 12 a. A description of the facilities licensed to provide 13 such services, including total number of beds licensed under 14 this part. b. The number and characteristics of residents 15 16 receiving such services. 17 c. The types of services rendered that could not be 18 provided through a standard license. 19 d. An analysis of deficiencies cited during licensure inspections. 20 21 e. The number of residents who required extended 22 congregate care services at admission and the source of 23 admission. f. Recommendations for statutory or regulatory 2.4 25 changes. g. The availability of extended congregate care to 26 27 state clients residing in facilities licensed under this part 2.8 and in need of additional services, and recommendations for appropriations to subsidize extended congregate care services 29 30 for such persons. 31

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h. Such other information as the department considers
 appropriate.

3 (c) A limited nursing services license shall be issued
4 to a facility that provides services beyond those authorized
5 in paragraph (a) and as specified in this paragraph.

б 1. In order for limited nursing services to be 7 provided in a facility licensed under this part, the agency 8 must first determine that all requirements established in law and rule are met and must specifically designate, on the 9 facility's license, that such services may be provided. Such 10 designation may be made at the time of initial licensure or 11 12 relicensure, or upon request in writing by a licensee under 13 this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with 14 part II of chapter 408 within 90 days after receipt of such 15 16 request and all necessary documentation. Existing facilities 17 qualifying to provide limited nursing services shall have 18 maintained a standard license and may not have been subject to administrative sanctions that affect the health, safety, and 19 welfare of residents for the previous 2 years or since initial 20 21 licensure if the facility has been licensed for less than 2 22 years.

23 2. Facilities that are licensed to provide limited nursing services shall maintain a written progress report on 2.4 25 each person who receives such nursing services, which report describes the type, amount, duration, scope, and outcome of 26 27 services that are rendered and the general status of the 2.8 resident's health. A registered nurse representing the agency 29 shall visit such facilities at least twice a year to monitor residents who are receiving limited nursing services and to 30 determine if the facility is in compliance with applicable 31

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1 provisions of this part, part II of chapter 408, and with 2 related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. 3 A registered nurse shall also serve as part of the team that 4 5 inspects such facility. 6 3. A person who receives limited nursing services 7 under this part must meet the admission criteria established 8 by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed 9 under this part, arrangements for relocating the person shall 10 be made in accordance with s. 429.28(1)(k), unless the 11 12 facility is licensed to provide extended congregate care 13 services. (4) In accordance with s. 408.805, an applicant or 14 licensee shall pay a fee for each license application 15 submitted under this part, part II of chapter 408, and 16 applicable rules. The amount of the fee shall be established 17 18 by rule. (a) The biennial license fee required of a facility is 19 \$300 per license, with an additional fee of \$50 per resident 20 21 based on the total licensed resident capacity of the facility, 22 except that no additional fee will be assessed for beds 23 designated for recipients of optional state supplementation payments provided for in s. 409.212. The total fee may not 2.4 25 exceed \$10,000, no part of which shall be returned to the 26 facility. The agency shall adjust the per bed license fee and 27 the total licensure fee annually by not more than the change 2.8 in the consumer price index based on the 12 months immediately 29 preceding the increase. 30 (b) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are 31

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1 licensed to provide extended congregate care services under 2 this part to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$400 per license, with an 3 additional fee of \$10 per resident based on the total licensed 4 resident capacity of the facility. No part of this fee shall 5 6 be returned to the facility. The agency may adjust the per bed 7 license fee and the annual license fee once each year by not 8 more than the average rate of inflation for the 12 months 9 immediately preceding the increase. 10 (c) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are 11 12 licensed to provide limited nursing services under this part 13 to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$250 per license, with an additional 14 fee of \$10 per resident based on the total licensed resident 15 capacity of the facility. No part of this fee shall be 16 17 returned to the facility. The agency may adjust the per bed 18 license fee and the biennial license fee once each year by not more than the average rate of inflation for the 12 months 19 20 immediately preceding the increase. 21 (5) Counties or municipalities applying for licenses under this part are exempt from the payment of license fees. 22 23 (6) The license shall be displayed in a conspicuous 2.4 place inside the facility. 25 (7)A license shall be valid only in the possession of 26 the individual, firm, partnership, association, or corporation 27 to which it is issued and shall not be subject to sale, 2.8 assignment, or other transfer, voluntary or involuntary; nor 29 shall a license be valid for any premises other than that for 30 which originally issued. 31

1 (8) A fee may be charged to a facility requesting a 2 duplicate license. The fee shall not exceed the actual cost of 3 duplication and postage. Section 142. Subsection (1) of section 429.075, 4 Florida Statutes, is amended to read: 5 б 429.075 Limited mental health license.--An assisted 7 living facility that serves three or more mental health 8 residents must obtain a limited mental health license. (1) To obtain a limited mental health license, a 9 facility must hold a standard license as an assisted living 10 facility, must not have any current uncorrected deficiencies 11 12 or violations, and must ensure that, within 6 months after 13 receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct 14 contact with mental health residents must complete training of 15 no less than 6 hours related to their duties. Such designation 16 17 may be made at the time of initial licensure or relicensure or 18 upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such 19 request shall be made in accordance with this part, part II of 2.0 21 chapter 408, and applicable rules. This training will be 22 provided by or approved by the Department of Children and 23 Family Services. Section 143. Section 429.08, Florida Statutes, is 2.4 amended to read: 25 429.08 Unlicensed facilities; referral of person for 26 27 residency to unlicensed facility; penalties; verification of 2.8 licensure status. --(1)(a) This section applies to the unlicensed 29 operation of an assisted living facility in addition to the 30 requirements of part II of chapter 408. It is unlawful to own, 31

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1 operate, or maintain an assisted living facility without 2 obtaining a license under this part. (b) Except as provided under paragraph (d), any person 3 4 who owns, operates, or maintains an unlicensed assisted living facility commits a felony of the third degree, punishable as 5 6 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 7 continued operation is a separate offense. (c) Any person found guilty of violating paragraph (a) 8 a second or subsequent time commits a felony of the second 9 degree, punishable as provided under s. 775.082, s. 775.083, 10 or s. 775.084. Each day of continued operation is a separate 11 12 offense. 13 (d) Any person who owns, operates, or maintains an unlicensed assisted living facility due to a change in this 14 part or a modification in department rule within 6 months 15 after the effective date of such change and who, within 10 16 17 working days after receiving notification from the agency, 18 fails to cease operation or apply for a license under this part commits a felony of the third degree, punishable as 19 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 2.0 21 continued operation is a separate offense. Any facility that fails to cease operation after 22 (e)23 agency notification may be fined for each day of noncompliance 2.4 pursuant to s. 429.19. 25 (f) When a licensee has an interest in more than one 26 assisted living facility, and fails to license any one of 27 these facilities, the agency may revoke the license, impose a 2.8 moratorium, or impose a fine pursuant to s. 429.19, on any or of the licensed facilities until such time as the 29 30 unlicensed facility is licensed or ceases operation. 31

1 (q) If the agency determines that an owner is 2 operating or maintaining an assisted living facility without 3 obtaining a license and determines that a condition exists in 4 the facility that poses a threat to the health, safety, or 5 welfare of a resident of the facility, the owner is subject to 6 the same actions and fines imposed against a licensed facility 7 as specified in ss. 429.14 and 429.19. 8 (e) (h) Any person aware of the operation of an 9 unlicensed assisted living facility must report that facility to the agency. The agency shall provide to the department's 10 elder information and referral providers a list, by county, of 11 12 licensed assisted living facilities, to assist persons who are 13 considering an assisted living facility placement in locating a licensed facility. 14 (2)(i) Each field office of the Agency for Health Care 15 Administration shall establish a local coordinating workgroup 16 17 which includes representatives of local law enforcement 18 agencies, state attorneys, the Medicaid Fraud Control Unit of the Department of Legal Affairs, local fire authorities, the 19 Department of Children and Family Services, the district 20 21 long-term care ombudsman council, and the district human 22 rights advocacy committee to assist in identifying the 23 operation of unlicensed facilities and to develop and implement a plan to ensure effective enforcement of state laws 2.4 relating to such facilities. The workgroup shall report its 25 26 findings, actions, and recommendations semiannually to the 27 Director of Health Quality Assurance Facility Regulation of 2.8 the agency. 29 (3) (2) It is unlawful to knowingly refer a person for residency to an unlicensed assisted living facility; to an 30 assisted living facility the license of which is under denial 31

1 or has been suspended or revoked; or to an assisted living 2 facility that has a moratorium pursuant to part II of chapter 408 on admissions. Any person who violates this subsection 3 commits a noncriminal violation, punishable by a fine not 4 exceeding \$500 as provided in s. 775.083. 5 б (a) Any health care practitioner, as defined in s. 7 456.001, who is aware of the operation of an unlicensed 8 facility shall report that facility to the agency. Failure to 9 report a facility that the practitioner knows or has reasonable cause to suspect is unlicensed shall be reported to 10 the practitioner's licensing board. 11 12 (b) Any hospital or community mental health center 13 licensed under chapter 395 or chapter 394 which knowingly discharges a patient or client to an unlicensed facility is 14 subject to sanction by the agency. 15 (c) Any employee of the agency or department, or the 16 17 Department of Children and Family Services, who knowingly 18 refers a person for residency to an unlicensed facility; to a facility the license of which is under denial or has been 19 suspended or revoked; or to a facility that has a moratorium 20 21 pursuant to part II of chapter 408 on admissions is subject to 22 disciplinary action by the agency or department, or the 23 Department of Children and Family Services. (d) The employer of any person who is under contract 2.4 25 with the agency or department, or the Department of Children and Family Services, and who knowingly refers a person for 26 27 residency to an unlicensed facility; to a facility the license 2.8 of which is under denial or has been suspended or revoked; or 29 to a facility that has a moratorium pursuant to part II of 30 chapter 408 on admissions shall be fined and required to 31

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prepare a corrective action plan designed to prevent such prepare a corrective action plan designed to prevent such

3 (e) The agency shall provide the department and the
4 Department of Children and Family Services with a list of
5 licensed facilities within each county and shall update the
6 list at least quarterly.

7 (f) At least annually, the agency shall notify, in 8 appropriate trade publications, physicians licensed under chapter 458 or chapter 459, hospitals licensed under chapter 9 395, nursing home facilities licensed under part II of chapter 10 400, and employees of the agency or the department, or the 11 12 Department of Children and Family Services, who are 13 responsible for referring persons for residency, that it is unlawful to knowingly refer a person for residency to an 14 unlicensed assisted living facility and shall notify them of 15 the penalty for violating such prohibition. The department and 16 17 the Department of Children and Family Services shall, in turn, notify service providers under contract to the respective 18 departments who have responsibility for resident referrals to 19 facilities. Further, the notice must direct each noticed 20 21 facility and individual to contact the appropriate agency 22 office in order to verify the licensure status of any facility 23 prior to referring any person for residency. Each notice must include the name, telephone number, and mailing address of the 2.4 appropriate office to contact. 25 Section 144. Section 429.11, Florida Statutes, is 26 27 amended to read: 2.8 429.11 Initial application for license; provisional 29 license.--

30 (1) <u>Each applicant for licensure must comply with all</u>
31 provisions of part II of chapter 408 and must: <u>Application for</u>

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1 a license shall be made to the agency on forms furnished by it 2 and shall be accompanied by the appropriate license fee. 3 (2) The applicant may be an individual owner, a 4 corporation, a partnership, a firm, an association, or a 5 governmental entity. б (3) The application must be signed by the applicant 7 under oath and must contain the following: 8 (a) The name, address, date of birth, and social security number of the applicant and the name by which the 9 10 facility is to be known. If the applicant is a firm, partnership, or association, the application shall contain the 11 12 name, address, date of birth, and social security number of every member thereof. If the applicant is a corporation, the 13 application shall contain the corporation's name and address; 14 the name, address, date of birth, and social security number 15 of each of its directors and officers; and the name and 16 17 address of each person having at least a 5 percent ownership 18 interest in the corporation. 19 (b) The name and address of any professional service, firm, association, partnership, or corporation that is to 20 21 provide goods, leases, or services to the facility if a 2.2 5 percent or greater ownership interest in the service, firm, 23 association, partnership, or corporation is owned by a person whose name must be listed on the application under paragraph 2.4 25 <del>(a).</del> 26 (c) The name and address of any long term care 27 facility with which the applicant, administrator, or financial 2.8 officer has been affiliated through ownership or employment within 5 years of the date of this license application; and a 29 signed affidavit disclosing any financial or ownership 30 interest that the applicant, or any person listed in paragraph 31

 $1 \left| \frac{a}{a} \right|$ , holds or has held within the last 5 years in any facility 2 licensed under this part, or in any other entity licensed by 3 this state or another state to provide health or residential 4 care, which facility or entity closed or ceased to operate as 5 a result of financial problems, or has had a receiver б appointed or a license denied, suspended or revoked, or was 7 subject to a moratorium on admissions, or has had an 8 injunctive proceeding initiated against it. 9 (d) A description and explanation of any exclusions, 10 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 11 12 disclosure of ownership and control interest requirements of 13 the Medicaid or Medicare programs shall be accepted in lieu of this submission. 14 (e) The names and addresses of persons of whom the 15 16 agency may inquire as to the character, reputation, and 17 financial responsibility of the owner and, if different from 18 the applicant, the administrator and financial officer. (a)(f) Identify Identification of all other homes or 19 facilities, including the addresses and the license or 20 21 licenses under which they operate, if applicable, which are 22 currently operated by the applicant or administrator and which 23 provide housing, meals, and personal services to residents. (b)(g) Provide the location of the facility for which 2.4 a license is sought and documentation, signed by the 25 26 appropriate local government official, which states that the 27 applicant has met local zoning requirements. 28 (c) (h) Provide the name, address, date of birth, social security number, education, and experience of the 29 administrator, if different from the applicant. 30 31

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1 (4) The applicant shall furnish satisfactory proof of 2 financial ability to operate and conduct the facility in accordance with the requirements of this part. A certificate 3 4 of authority, pursuant to chapter 651, may be provided as 5 proof of financial ability. (5) If the applicant is a continuing care facility б 7 certified under chapter 651, a copy of the facility's 8 certificate of authority must be provided. 9 (2) (6) The applicant shall provide proof of liability 10 insurance as defined in s. 624.605. (3) (7) If the applicant is a community residential 11 12 home, the applicant must provide proof that it has met the 13 requirements specified in chapter 419. 14 (8) The applicant must provide the agency with proof 15 of legal right to occupy the property. (4) (4) (9) The applicant must furnish proof that the 16 17 facility has received a satisfactory firesafety inspection. The local authority having jurisdiction or the State Fire 18 Marshal must conduct the inspection within 30 days after 19 written request by the applicant. 20 21 (5) (10) The applicant must furnish documentation of a 22 satisfactory sanitation inspection of the facility by the 23 county health department. (11) The applicant must furnish proof of compliance 2.4 25 with level 2 background screening as required under s. 429.174. 26 27 (6)<del>(12)</del> In addition to the license categories 2.8 available in s. 408.808, a provisional license may be issued to an applicant making initial application for licensure or 29 30 making application for a change of ownership. A provisional 31

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1 license shall be limited in duration to a specific period of 2 time not to exceed 6 months, as determined by the agency. (7) (13) A county or municipality may not issue an 3 4 occupational license that is being obtained for the purpose of operating a facility regulated under this part without first 5 6 ascertaining that the applicant has been licensed to operate 7 such facility at the specified location or locations by the 8 agency. The agency shall furnish to local agencies responsible for issuing occupational licenses sufficient instruction for 9 making such determinations. 10 Section 145. Section 429.12, Florida Statutes, is 11 12 amended to read: 13 429.12 Sale or transfer of ownership of a facility.--It is the intent of the Legislature to protect the 14 rights of the residents of an assisted living facility when 15 the facility is sold or the ownership thereof is transferred. 16 17 Therefore, in addition to the requirements of part II of chapter 408, whenever a facility is sold or the ownership 18 thereof is transferred, including leasing: 19 20 (1) The transferee shall make application to the 21 agency for a new license at least 60 days before the date of 22 transfer of ownership. The application must comply with the 23 provisions of s. 429.11. 2.4 (2)(a) The transferor shall notify the agency in 25 writing at least 60 days before the date of transfer of 26 ownership. 27 (1) (b) The transferee new owner shall notify the 2.8 residents, in writing, of the change transfer of ownership within 7 days after of his or her receipt of the new license. 29 30 (3) The transferor shall be responsible and liable 31 for:

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1 (a) The lawful operation of the facility and the 2 welfare of the residents domiciled in the facility until the date the transferee is licensed by the agency. 3 4 (b) Any and all penalties imposed against the facility 5 for violations occurring before the date of transfer of 6 ownership unless the penalty imposed is a moratorium on 7 admissions or denial of licensure. The moratorium on admissions or denial of licensure remains in effect after the 8 9 transfer of ownership, unless the agency has approved the transferee's corrective action plan or the conditions which 10 created the moratorium or denial have been corrected, and may 11 12 be grounds for denial of license to the transferee in 13 accordance with chapter 120. (c) Any outstanding liability to the state, unless the 14 15 transferee has agreed, as a condition of sale or transfer, to accept the outstanding liabilities and to guarantee payment 16 17 therefor; except that, if the transferee fails to meet these obligations, the transferor shall remain liable for the 18 outstanding liability. 19 (2)(4) The transferor of a facility the license of 20 21 which is denied pending an administrative hearing shall, as a 2.2 part of the written change-of-ownership transfer of ownership 23 contract, advise the transferee that a plan of correction must be submitted by the transferee and approved by the agency at 2.4 least 7 days before the change transfer of ownership and that 25 failure to correct the condition which resulted in the 26 27 moratorium pursuant to part II of chapter 408 on admissions or 2.8 denial of licensure is grounds for denial of the transferee's 29 license. 30 (5) The transferee must provide the agency with proof of legal right to occupy the property before a license may be 31

1 issued. Proof may include, but is not limited to, copies of 2 warranty deeds, or copies of lease or rental agreements, 3 contracts for deeds, quitclaim deeds, or other such 4 documentation. 5 Section 146. Section 429.14, Florida Statutes, is 6 amended to read: 7 429.14 Denial, revocation, or suspension of license; 8 imposition of Administrative penalties fine; grounds. --9 (1) In addition to the requirements of part II of 10 chapter 408, the agency may deny, revoke, and or suspend any license issued under this part and, or impose an 11 12 administrative fine in the manner provided in chapter 120 against a licensee of an assisted living facility for a 13 violation of any provision of this part, part II of chapter 14 408, or applicable rules, or for any of the following actions 15 by a licensee of an assisted living facility, for the actions 16 17 of any person subject to level 2 background screening under s. 408.809 s. 429.174, or for the actions of any facility 18 employee: 19 (a) An intentional or negligent act seriously 20 21 affecting the health, safety, or welfare of a resident of the 22 facility. 23 (b) The determination by the agency that the owner lacks the financial ability to provide continuing adequate 2.4 25 care to residents. (c) Misappropriation or conversion of the property of 26 27 a resident of the facility. 28 (d) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the 29 30 transportation, voluntary admission, and involuntary examination of a facility resident. 31

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1 (e) A citation of any of the following deficiencies as 2 defined in s. 429.19: 3 1. One or more cited class I deficiencies. 4 2. Three or more cited class II deficiencies. 5 3. Five or more cited class III deficiencies that have б been cited on a single survey and have not been corrected 7 within the times specified. (f) A determination that a person subject to level 2 8 background screening under <u>s. 408.809</u> s. 429.174(1) does not 9 10 meet the screening standards of s. 435.04 or that the facility is retaining an employee subject to level 1 background 11 12 screening standards under s. 429.174(2) who does not meet the 13 screening standards of s. 435.03 and for whom exemptions from disqualification have not been provided by the agency. 14 (g) A determination that an employee, volunteer, 15 administrator, or owner, or person who otherwise has access to 16 17 the residents of a facility does not meet the criteria 18 specified in s. 435.03(2), and the owner or administrator has not taken action to remove the person. Exemptions from 19 disqualification may be granted as set forth in s. 435.07. No 20 21 administrative action may be taken against the facility if the 2.2 person is granted an exemption. 23 (h) Violation of a moratorium. (i) Failure of the license applicant, the licensee 2.4 during relicensure, or a licensee that holds a provisional 25 license to meet the minimum license requirements of this part, 26 27 or related rules, at the time of license application or 2.8 renewal. 29 A fraudulent statement or omission of any material 30 fact on an application for a license or any other document 31 required by the agency, including the submission of a license

1 application that conceals the fact that any board member, 2 officer, or person owning 5 percent or more of the facility 3 may not meet the background screening requirements of s. 4 429.174, or that the applicant has been excluded, permanently 5 suspended, or terminated from the Medicaid or Medicare б programs. 7 (j)(k) An intentional or negligent life-threatening 8 act in violation of the uniform firesafety standards for assisted living facilities or other firesafety standards that 9 threatens the health, safety, or welfare of a resident of a 10 facility, as communicated to the agency by the local authority 11 12 having jurisdiction or the State Fire Marshal. 13 (1) Exclusion, permanent suspension, or termination from the Medicare or Medicaid programs. 14 (k)(m) Knowingly operating any unlicensed facility or 15 providing without a license any service that must be licensed 16 17 under this chapter or chapter 400. 18 (1)(n) Any act constituting a ground upon which application for a license may be denied. 19 20 21 Administrative proceedings challenging agency action under 2.2 this subsection shall be reviewed on the basis of the facts 23 and conditions that resulted in the agency action. (2) Upon notification by the local authority having 2.4 jurisdiction or by the State Fire Marshal, the agency may deny 25 or revoke the license of an assisted living facility that 26 27 fails to correct cited fire code violations that affect or 2.8 threaten the health, safety, or welfare of a resident of a 29 facility. 30 (3) The agency may deny a license to any applicant or controlling interest as defined in part II of chapter 408 31

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1 which to any officer or board member of an applicant who is a 2 firm, corporation, partnership, or association or who owns 5 percent or more of the facility, if the applicant, officer, or 3 board member has or had a 25-percent or greater financial or 4 ownership interest in any other facility licensed under this 5 6 part, or in any entity licensed by this state or another state 7 to provide health or residential care, which facility or 8 entity during the 5 years prior to the application for a license closed due to financial inability to operate; had a 9 receiver appointed or a license denied, suspended, or revoked; 10 was subject to a moratorium on admissions; or had an 11 12 injunctive proceeding initiated against it; or has an outstanding fine assessed under this chapter or chapter 400. 13 (4) The agency shall deny or revoke the license of an 14 assisted living facility that has two or more class I 15 violations that are similar or identical to violations 16 17 identified by the agency during a survey, inspection, 18 monitoring visit, or complaint investigation occurring within the previous 2 years. 19 (5) An action taken by the agency to suspend, deny, or 20 21 revoke a facility's license under this part or part II of 22 chapter 408, in which the agency claims that the facility 23 owner or an employee of the facility has threatened the health, safety, or welfare of a resident of the facility be 2.4 heard by the Division of Administrative Hearings of the 25 26 Department of Management Services within 120 days after 27 receipt of the facility's request for a hearing, unless that 2.8 time limitation is waived by both parties. The administrative 29 law judge must render a decision within 30 days after receipt 30 of a proposed recommended order. 31

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(6) The agency shall provide to the Division of Hotels 1 2 and Restaurants of the Department of Business and Professional Regulation, on a monthly basis, a list of those assisted 3 living facilities that have had their licenses denied, 4 suspended, or revoked or that are involved in an appellate 5 6 proceeding pursuant to s. 120.60 related to the denial, 7 suspension, or revocation of a license. 8 (7) Agency notification of a license suspension or revocation, or denial of a license renewal, shall be posted 9 10 and visible to the public at the facility. 11 (8) The agency may issue a temporary license pending 12 final disposition of a proceeding involving the suspension or 13 revocation of an assisted living facility license. Section 147. Section 429.15, Florida Statutes, is 14 15 <u>repealed.</u> Section 148. Section 429.17, Florida Statutes, is 16 17 amended to read: 429.17 Expiration of license; renewal; conditional 18 license.--19 20 (1) Biennial licenses, unless sooner suspended or 21 revoked, shall expire 2 years from the date of issuance. 22 Limited nursing, extended congregate care, and limited mental 23 health licenses shall expire at the same time as the facility's standard license, regardless of when issued. The 2.4 agency shall notify the facility at least 120 days prior to 25 26 expiration that a renewal license is necessary to continue 27 operation. The notification must be provided electronically or 2.8 by mail delivery. Ninety days prior to the expiration date, an application for renewal shall be submitted to the agency. Fees 29 30 must be prorated. The failure to file a timely renewal 31

1 application shall result in a late fee charged to the facility 2 in an amount equal to 50 percent of the current fee. 3 (2) A license shall be renewed <u>in accordance with part</u> 4 II of chapter 408 within 90 days upon the timely filing of an 5 application on forms furnished by the agency and the provision 6 of satisfactory proof of ability to operate and conduct the 7 facility in accordance with the requirements of this part and adopted rules, including proof that the facility has received 8 a satisfactory firesafety inspection, conducted by the local 9 10 authority having jurisdiction or the State Fire Marshal, within the preceding 12 months and an affidavit of compliance 11 12 with the background screening requirements of s. 429.174. 13 (3) In addition to the requirements of part II of chapter 408, An applicant for renewal of a license who has 14 complied with the provisions of s. 429.11 with respect to 15 proof of financial ability to operate shall not be required to 16 17 provide further proof unless the facility or any other 18 facility owned or operated in whole or in part by the same person has demonstrated financial instability as provided 19 under s. 429.47(2) or unless the agency suspects that the 2.0 21 facility is not financially stable as a result of the annual 2.2 survey or complaints from the public or a report from the 23 State Long Term Care Ombudsman Council. each facility must report to the agency any adverse court action concerning the 2.4 facility's financial viability, within 7 days after its 25 occurrence. The agency shall have access to books, records, 26 27 and any other financial documents maintained by the facility 2.8 to the extent necessary to determine the facility's financial 29 stability. A license for the operation of a facility shall not 30 renewed if the licensee has any outstanding fines assessed pursuant to this part which are in final order status. 31

1 (4) A licensee against whom a revocation or suspension 2 proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition 3 4 by the agency. If judicial relief is sought from the final 5 disposition, the court having jurisdiction may issue a 6 conditional license for the duration of the judicial 7 proceeding. (4)(5) In addition to the license categories available 8 in s. 408.808, a conditional license may be issued to an 9 applicant for license renewal if the applicant fails to meet 10 all standards and requirements for licensure. A conditional 11 license issued under this subsection shall be limited in 12 13 duration to a specific period of time not to exceed 6 months, as determined by the agency, and shall be accompanied by an 14 agency-approved plan of correction. 15 (5) (6) When an extended care or limited nursing 16 17 license is requested during a facility's biennial license period, the fee shall be prorated in order to permit the 18 additional license to expire at the end of the biennial 19 license period. The fee shall be calculated as of the date the 2.0 21 additional license application is received by the agency. 22 (6)(7) The department may by rule establish renewal 23 procedures, identify forms, and specify documentation necessary to administer this section. The agency, in 2.4 consultation with the department, may adopt rules to 25 26 administer the requirements of part II of chapter 408. 27 Section 149. Section 429.174, Florida Statutes, is 2.8 amended to read: 29 429.174 Background screening; exemptions.--30 (1)(a) Level 2 background screening must be conducted on each of the following persons, who shall be considered 31 277

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

1 compliance with the background screening requirements of the 2 Financial Services Commission and the Office of Insurance 3 Regulation for applicants for a certificate of authority to 4 operate a continuing care retirement community under chapter 5 submitted within the last 5 years, satisfies the 651. б Department of Law Enforcement and Federal Bureau of 7 Investigation portions of a level 2 background check. 8  $\left( c \right)$ The agency may grant a provisional license to facility applying for an initial license when each individual 9 required by this subsection to undergo screening has completed 10 11 Department of Law Enforcement background checks, but has the 12 not yet received results from the Federal Bureau of 13 Investigation, or when a request for an exemption from disqualification has been submitted to the agency pursuant to 14 s. 435.07, but a response has not been issued. 15 (2) The owner or administrator of an assisted living 16 17 facility must conduct level 1 background screening, as set 18 forth in chapter 435, on all employees hired on or after October 1, 1998, who perform personal services as defined in 19 s. 429.02(16)(17). The agency may exempt an individual from 20 21 employment disqualification as set forth in chapter 435. Such 2.2 persons shall be considered as having met this requirement if: 23 (1)(a) Proof of compliance with level 1 screening requirements obtained to meet any professional license 2.4 requirements in this state is provided and accompanied, under 25 26 penalty of perjury, by a copy of the person's current 27 professional license and an affidavit of current compliance 2.8 with the background screening requirements. 29 (2) (b) The person required to be screened has been 30 continuously employed in the same type of occupation for which the person is seeking employment without a breach in service 31

which exceeds 180 days, and proof of compliance with the level 1 2 1 screening requirement which is no more than 2 years old is provided. Proof of compliance shall be provided directly from 3 one employer or contractor to another, and not from the person 4 screened. Upon request, a copy of screening results shall be 5 6 provided by the employer retaining documentation of the 7 screening to the person screened. 8 (3) (c) The person required to be screened is employed 9 by a corporation or business entity or related corporation or business entity that owns, operates, or manages more than one 10 facility or agency licensed under this chapter, and for whom a 11 12 level 1 screening was conducted by the corporation or business 13 entity as a condition of initial or continued employment. Section 150. Section 429.176, Florida Statutes, is 14 amended to read: 15 429.176 Notice of change of administrator.--If, during 16 17 the period for which a license is issued, the owner changes 18 administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that 19 the new administrator has completed the applicable core 20 21 educational requirements under s. 429.52. Background screening 2.2 shall be completed on any new administrator as specified in s. 23 429.174. Section 151. Section 429.18, Florida Statutes, is 2.4 amended to read: 25 429.18 Disposition of fees and administrative fines.--26 27 (1) Income from license fees, inspection fees, late 2.8 fees, and administrative fines collected under this part generated pursuant to ss. 429.07, 429.08, 429.17, 429.19, and 29 30 429.31 shall be deposited in the Health Care Trust Fund 31

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1 administered by the agency. Such funds shall be directed to 2 and used by the agency for the following purposes: 3 (1)(a) Up to 50 percent of the trust funds accrued 4 each fiscal year under this part may be used to offset the expenses of receivership, pursuant to s. 429.22, if the court 5 6 determines that the income and assets of the facility are 7 insufficient to provide for adequate management and operation. (2)(b) An amount of \$5,000 of the trust funds accrued 8 9 each year under this part shall be allocated to pay for inspection-related physical and mental health examinations 10 requested by the agency pursuant to s. 429.26 for residents 11 12 who are either recipients of supplemental security income or 13 have monthly incomes not in excess of the maximum combined federal and state cash subsidies available to supplemental 14 security income recipients, as provided for in s. 409.212. 15 16 Such funds shall only be used where the resident is ineligible 17 for Medicaid. (3)(c) Any trust funds accrued each year under this 18 part and not used for the purposes specified in subsections 19 (1) and (2) paragraphs (a) and (b) shall be used to offset the 20 21 costs of the licensure program, including the costs of 22 conducting background investigations, verifying information 23 submitted, defraying the costs of processing the names of applicants, and conducting inspections and monitoring visits 2.4 pursuant to this part and part II of chapter 408. 25 (2) Income from fees generated pursuant to s. 26 27 429.41(5) shall be deposited in the Health Care Trust Fund and 2.8 used to offset the costs of printing and postage. Section 152. Section 429.19, Florida Statutes, is 29 30 amended to read: 31

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1 429.19 Violations; imposition of administrative fines; 2 grounds.--3 (1) In addition to the requirements of part II of chapter 408, the agency shall impose an administrative fine in 4 the manner provided in chapter 120 for the violation of any 5 6 provision of this part, part II of chapter 408, and applicable 7 rules any of the actions or violations as set forth within 8 this section by an assisted living facility, for the actions of any person subject to level 2 background screening under s. 9 408.809 s. 429.174, for the actions of any facility employee, 10 or for an intentional or negligent act seriously affecting the 11 12 health, safety, or welfare of a resident of the facility. 13 (2) Each violation of this part and adopted rules shall be classified according to the nature of the violation 14 and the gravity of its probable effect on facility residents. 15 The agency shall indicate the classification on the written 16 17 notice of the violation as follows: (a) Class "I" violations are those conditions or 18 occurrences related to the operation and maintenance of a 19 facility or to the personal care of residents which the agency 20 21 determines present an imminent danger to the residents or 22 guests of the facility or a substantial probability that death 23 or serious physical or emotional harm would result therefrom. The condition or practice constituting a class I violation 2.4 shall be abated or eliminated within 24 hours, unless a fixed 25 26 period, as determined by the agency, is required for 27 correction. The agency shall impose an administrative fine for 2.8 a cited class I violation in an amount not less than \$5,000 and not exceeding \$10,000 for each violation. A fine may be 29 30 levied notwithstanding the correction of the violation. 31

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1	(b) Class "II" violations are those conditions or
2	occurrences related to the operation and maintenance of a
3	facility or to the personal care of residents which the agency
4	determines directly threaten the physical or emotional health,
5	safety, or security of the facility residents, other than
б	class I violations. The agency shall impose an administrative
7	fine for a cited class II violation in an amount not less than
8	\$1,000 and not exceeding \$5,000 for each violation. A fine
9	shall be levied notwithstanding the correction of the
10	violation.
11	(c) Class "III" violations are those conditions or
12	occurrences related to the operation and maintenance of a
13	facility or to the personal care of residents which the agency
14	determines indirectly or potentially threaten the physical or
15	emotional health, safety, or security of facility residents,
16	other than class I or class II violations. The agency shall
17	impose an administrative fine for a cited class III violation
18	in an amount not less than \$500 and not exceeding \$1,000 for
19	each violation. A citation for a class III violation must
20	specify the time within which the violation is required to be
21	corrected. If a class III violation is corrected within the
22	time specified, no fine may be imposed, unless it is a
23	repeated offense.
24	(d) Class "IV" violations are those conditions or
25	occurrences related to the operation and maintenance of a
26	building or to required reports, forms, or documents that do
27	not have the potential of negatively affecting residents.
28	These violations are of a type that the agency determines do
29	not threaten the health, safety, or security of residents of
30	the facility. The agency shall impose an administrative fine
31	for a cited class IV violation in an amount not less than \$100
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1 and not exceeding \$200 for each violation. A citation for a 2 class IV violation must specify the time within which the violation is required to be corrected. If a class IV violation 3 is corrected within the time specified, no fine shall be 4 imposed. Any class IV violation that is corrected during the 5 б time an agency survey is being conducted will be identified as 7 an agency finding and not as a violation. 8 (3) For purposes of this section, in determining if a penalty is to be imposed and in fixing the amount of the fine, 9 the agency shall consider the following factors: 10 (a) The gravity of the violation, including the 11 12 probability that death or serious physical or emotional harm 13 to a resident will result or has resulted, the severity of the action or potential harm, and the extent to which the 14 provisions of the applicable laws or rules were violated. 15 (b) Actions taken by the owner or administrator to 16 17 correct violations. (c) Any previous violations. 18 (d) The financial benefit to the facility of 19 committing or continuing the violation. 20 21 (e) The licensed capacity of the facility. 22 (4) Each day of continuing violation after the date 23 fixed for termination of the violation, as ordered by the agency, constitutes an additional, separate, and distinct 2.4 violation. 25 (5) Any action taken to correct a violation shall be 26 27 documented in writing by the owner or administrator of the 2.8 facility and verified through followup visits by agency personnel. The agency may impose a fine and, in the case of an 29 30 owner-operated facility, revoke or deny a facility's license 31

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1 when a facility administrator fraudulently misrepresents 2 action taken to correct a violation. (6) For fines that are upheld following administrative 3 4 or judicial review, the violator shall pay the fine, plus 5 interest at the rate as specified in s. 55.03, for each day б beyond the date set by the agency for payment of the fine. 7 (7) Any unlicensed facility that continues to operate 8 after agency notification is subject to a \$1,000 fine per day. 9 (8) Any licensed facility whose owner or administrator 10 concurrently operates an unlicensed facility shall be subject to an administrative fine of \$5,000 per day. 11 12 (6) (9) Any facility whose owner fails to apply for a 13 change-of-ownership license in accordance with part II of chapter 408 s. 429.12 and operates the facility under the new 14 ownership is subject to a fine of \$5,000. 15 (7) (10) In addition to any administrative fines 16 17 imposed, the agency may assess a survey fee, equal to the lesser of one half of the facility's biennial license and bed 18 fee or \$500, to cover the cost of conducting initial complaint 19 investigations that result in the finding of a violation that 20 21 was the subject of the complaint or monitoring visits 2.2 conducted under s. 429.28(3)(c) to verify the correction of 23 the violations. (8) (11) The agency, as an alternative to or in 2.4 conjunction with an administrative action against a facility 25 for violations of this part and adopted rules, shall make a 26 27 reasonable attempt to discuss each violation and recommended 2.8 corrective action with the owner or administrator of the 29 facility, prior to written notification. The agency, instead of fixing a period within which the facility shall enter into 30 compliance with standards, may request a plan of corrective 31

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1 action from the facility which demonstrates a good faith 2 effort to remedy each violation by a specific date, subject to 3 the approval of the agency. (12) Administrative fines paid by any facility under 4 5 this section shall be deposited into the Health Care Trust 6 Fund and expended as provided in s. 429.18. 7 (9)(13) The agency shall develop and disseminate an annual list of all facilities sanctioned or fined \$5,000 or 8 more for violations of state standards, the number and class 9 of violations involved, the penalties imposed, and the current 10 status of cases. The list shall be disseminated, at no charge, 11 12 to the Department of Elderly Affairs, the Department of 13 Health, the Department of Children and Family Services, the Agency for Persons with Disabilities, the area agencies on 14 aging, the Florida Statewide Advocacy Council, and the state 15 and local ombudsman councils. The Department of Children and 16 17 Family Services shall disseminate the list to service 18 providers under contract to the department who are responsible for referring persons to a facility for residency. The agency 19 may charge a fee commensurate with the cost of printing and 20 21 postage to other interested parties requesting a copy of this 22 list. 23 Section 153. Section 429.21, Florida Statutes, is 2.4 repealed. 25 Section 154. Subsection (9) of section 429.22, Florida Statutes, is amended to read: 26 27 429.22 Receivership proceedings.--2.8 (9) The court may direct the agency to allocate funds 29 from the Health Care Trust Fund to the receiver, subject to 30 the provisions of s. 429.18(1). 31

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1 Section 155. Subsection (9) of section 429.26, Florida 2 Statutes, is amended to read: 3 429.26 Appropriateness of placements; examinations of residents.--4 5 (9) If, at any time after admission to a facility, a 6 resident appears to need care beyond that which the facility 7 is licensed to provide, the agency shall require the resident 8 to be physically examined by a licensed physician, physician 9 assistant, or licensed nurse practitioner. This examination shall, to the extent possible, be performed by the resident's 10 preferred physician or nurse practitioner and shall be paid 11 12 for by the resident with personal funds, except as provided in 13 s. 429.18(2)(1)(b). Following this examination, the examining physician, physician assistant, or licensed nurse practitioner 14 shall complete and sign a medical form provided by the agency. 15 The completed medical form shall be submitted to the agency 16 17 within 30 days after the date the facility owner or 18 administrator is notified by the agency that the physical examination is required. After consultation with the 19 physician, physician assistant, or licensed nurse practitioner 20 21 who performed the examination, a medical review team 22 designated by the agency shall then determine whether the 23 resident is appropriately residing in the facility. The medical review team shall base its decision on a comprehensive 2.4 review of the resident's physical and functional status, 25 26 including the resident's preferences, and not on an isolated 27 health-related problem. In the case of a mental health 2.8 resident, if the resident appears to have needs in addition to 29 those identified in the community living support plan, the agency may require an evaluation by a mental health 30 professional, as determined by the Department of Children and 31

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1	Family Services. A facility may not be required to retain a
2	resident who requires more services or care than the facility
3	is able to provide in accordance with its policies and
4	criteria for admission and continued residency. Members of the
5	medical review team making the final determination may not
6	include the agency personnel who initially questioned the
7	appropriateness of a resident's placement. Such determination
8	is final and binding upon the facility and the resident. Any
9	resident who is determined by the medical review team to be
10	inappropriately residing in a facility shall be given 30 days'
11	written notice to relocate by the owner or administrator,
12	unless the resident's continued residence in the facility
13	presents an imminent danger to the health, safety, or welfare
14	of the resident or a substantial probability exists that death
15	or serious physical harm would result to the resident if
16	allowed to remain in the facility.
17	Section 156. Subsections $(1)$ , $(4)$ , and $(5)$ of section
18	429.31, Florida Statutes, are amended to read:
19	429.31 Closing of facility; notice; penalty
20	(1) In addition to the requirements of part II of
21	<u>chapter 408,</u> Whenever a facility voluntarily discontinues
22	operation, it shall inform the agency in writing at least 90
23	days prior to the discontinuance of operation. the facility
24	shall <del>also</del> inform each resident or the next of kin, legal
25	representative, or agency acting on each resident's behalf, of
26	the fact and the proposed time of <del>such</del> discontinuance <u>of</u>
27	operation, following the notification requirements provided in
28	s. 429.28(1)(k). In the event a resident has no person to
29	represent him or her, the facility shall be responsible for
30	referral to an appropriate social service agency for
31	placement.

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1 (4) Immediately upon discontinuance of the operation 2 of a facility, the owner shall surrender the license therefor to the agency, and the license shall be canceled. 3 (4)(5) The agency may levy a fine in an amount no 4 5 greater than \$5,000 upon each person or business entity that 6 owns any interest in a facility that terminates operation 7 without providing notice to the agency and the residents of the facility at least 30 days before operation ceases. This 8 fine shall not be levied against any facility involuntarily 9 closed at the initiation of the agency. The agency shall use 10 the proceeds of the fines to operate the facility until all 11 12 residents of the facility are relocated and shall deposit any 13 balance of the proceeds into the Health Care Trust Fund established pursuant to s. 429.18. 14 Section 157. Section 429.34, Florida Statutes, is 15 16 amended to read: 17 429.34 Right of entry and inspection.--In addition to the requirements of s. 408.811, any duly designated officer or 18 employee of the department, the Department of Children and 19 Family Services, the agency, the Medicaid Fraud Control Unit 20 21 of the Office of the Attorney General Department of Legal 22 Affairs, the state or local fire marshal, or a member of the 23 state or local long-term care ombudsman council shall have the right to enter unannounced upon and into the premises of any 2.4 facility licensed pursuant to this part in order to determine 25 26 the state of compliance with the provisions of this part, part 27 II of chapter 408, and applicable of rules or standards in 2.8 force pursuant thereto. The right of entry and inspection 29 shall also extend to any premises which the agency has reason believe is being operated or maintained as a facility 30 31 without a license; but no such entry or inspection of any

1 premises may be made without the permission of the owner or 2 person in charge thereof, unless a warrant is first obtained from the circuit court authorizing such entry. The warrant 3 4 requirement shall extend only to a facility which the agency 5 has reason to believe is being operated or maintained as a 6 facility without a license. Any application for a license or 7 renewal thereof made pursuant to this part shall constitute 8 permission for, and complete acquiescence in, any entry or 9 inspection of the premises for which the license is sought, in 10 order to facilitate verification of the information submitted in connection with the application; to discover, 11 <del>on</del> 12 investigate, and determine the existence of abuse or neglect; 13 or to elicit, receive, respond to, and resolve complaints. Any current valid license shall constitute unconditional 14 permission for, and complete acquiescence in, any entry or 15 inspection of the premises by authorized personnel. The agency 16 17 shall retain the right of entry and inspection of facilities 18 that have had a license revoked or suspended within the previous 24 months, to ensure that the facility is not 19 operating unlawfully. However, before entering the facility, a 2.0 21 statement of probable cause must be filed with the director of 22 the agency, who must approve or disapprove the action within 23 48 hours. Probable cause shall include, but is not limited to, evidence that the facility holds itself out to the public as a 2.4 25 provider of personal care services or the receipt of a complaint by the long term care ombudsman council about the 26 27 facility. Data collected by the state or local long-term care 2.8 ombudsman councils or the state or local advocacy councils may be used by the agency in investigations involving violations 29 30 of regulatory standards. 31

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1 Section 158. Section 429.35, Florida Statutes, is 2 amended to read: 3 429.35 Inspection Maintenance of records; reports.--(1) Every facility shall maintain, as public 4 information available for public inspection under such 5 б conditions as the agency shall prescribe, records containing 7 copies of all inspection reports pertaining to the facility 8 that have been issued by the agency to the facility. Copies of 9 inspection reports shall be retained in the records for 5 years from the date the reports are filed or issued. 10 (1) (2) Within 60 days after the date of the biennial 11 12 inspection visit required under s. 408.811 or within 30 days 13 after the date of any interim visit, the agency shall forward the results of the inspection to the local ombudsman council 14 in whose planning and service area, as defined in part  $\underline{I} \xrightarrow{\mathbf{H}}$  of 15 chapter 400, the facility is located; to at least one public 16 17 library or, in the absence of a public library, the county seat in the county in which the inspected assisted living 18 facility is located; and, when appropriate, to the district 19 Adult Services and Mental Health Program Offices. 20 21 (2) (3) Every facility shall post a copy of the last 22 inspection report of the agency for that facility in a 23 prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the 2.4 facility shall also provide a copy of the report to any 25 26 resident of the facility or to an applicant for admission to 27 the facility. 2.8 Section 159. Section 429.41, Florida Statutes, is amended to read: 29 30 429.41 Rules establishing standards.--31

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1	(1) It is the intent of the Legislature that rules
2	published and enforced pursuant to this section shall include
3	criteria by which a reasonable and consistent quality of
4	resident care and quality of life may be ensured and the
5	results of such resident care may be demonstrated. Such rules
6	shall also ensure a safe and sanitary environment that is
7	residential and noninstitutional in design or nature. It is
8	further intended that reasonable efforts be made to
9	accommodate the needs and preferences of residents to enhance
10	the quality of life in a facility. The agency, in consultation
11	with the department, may adopt rules to administer the
12	requirements of part II of chapter 408. In order to provide
13	safe and sanitary facilities and the highest quality of
14	resident care accommodating the needs and preferences of
15	residents, the department, in consultation with the agency,
16	the Department of Children and Family Services, and the
17	Department of Health, shall adopt rules, policies, and
18	procedures to administer this part, which must include
19	reasonable and fair minimum standards in relation to:
20	(a) The requirements for and maintenance of
21	facilities, not in conflict with the provisions of chapter
22	553, relating to plumbing, heating, cooling, lighting,
23	ventilation, living space, and other housing conditions, which
24	will ensure the health, safety, and comfort of residents and
25	protection from fire hazard, including adequate provisions for
26	fire alarm and other fire protection suitable to the size of
27	the structure. Uniform firesafety standards shall be
28	established and enforced by the State Fire Marshal in
29	cooperation with the agency, the department, and the
30	Department of Health.
31	1. Evacuation capability determination
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1 a. The provisions of the National Fire Protection 2 Association, NFPA 101A, Chapter 5, 1995 edition, shall be used for determining the ability of the residents, with or without 3 staff assistance, to relocate from or within a licensed 4 5 facility to a point of safety as provided in the fire codes 6 adopted herein. An evacuation capability evaluation for 7 initial licensure shall be conducted within 6 months after the 8 date of licensure. For existing licensed facilities that are 9 not equipped with an automatic fire sprinkler system, the administrator shall evaluate the evacuation capability of 10 residents at least annually. The evacuation capability 11 12 evaluation for each facility not equipped with an automatic 13 fire sprinkler system shall be validated, without liability, by the State Fire Marshal, by the local fire marshal, or by 14 the local authority having jurisdiction over firesafety, 15 before the license renewal date. If the State Fire Marshal, 16 17 local fire marshal, or local authority having jurisdiction 18 over firesafety has reason to believe that the evacuation capability of a facility as reported by the administrator may 19 have changed, it may, with assistance from the facility 20 21 administrator, reevaluate the evacuation capability through 22 timed exiting drills. Translation of timed fire exiting drills 23 to evacuation capability may be determined: (I) Three minutes or less: prompt. 2.4 25 (II) More than 3 minutes, but not more than 13 minutes: slow. 26 27 (III) More than 13 minutes: impractical. 2.8 b. The Office of the State Fire Marshal shall provide 29 or cause the provision of training and education on the proper application of Chapter 5, NFPA 101A, 1995 edition, to its 30 employees, to staff of the Agency for Health Care 31 293

1 Administration who are responsible for regulating facilities 2 under this part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the 3 provision of this training within its existing budget, but may 4 charge a fee for this training to offset its costs. The 5 6 initial training must be delivered within 6 months after July 7 1, 1995, and as needed thereafter. 8 c. The Office of the State Fire Marshal, in cooperation with provider associations, shall provide or cause 9 the provision of a training program designed to inform 10 facility operators on how to properly review bid documents 11 12 relating to the installation of automatic fire sprinklers. The 13 Office of the State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may 14 charge a fee for this training to offset its costs. The 15 initial training must be delivered within 6 months after July 16 17 1, 1995, and as needed thereafter. 18 d. The administrator of a licensed facility shall sign an affidavit verifying the number of residents occupying the 19 facility at the time of the evacuation capability evaluation. 20 2. Firesafety requirements.--21 22 a. Except for the special applications provided 23 herein, effective January 1, 1996, the provisions of the National Fire Protection Association, Life Safety Code, NFPA 2.4 101, 1994 edition, Chapter 22 for new facilities and Chapter 25 23 for existing facilities shall be the uniform fire code 26 27 applied by the State Fire Marshal for assisted living 2.8 facilities, pursuant to s. 633.022. b. Any new facility, regardless of size, that applies 29 for a license on or after January 1, 1996, must be equipped 30 with an automatic fire sprinkler system. The exceptions as 31 294

provided in s. 22-2.3.5.1, NFPA 101, 1994 edition, as adopted 1 2 herein, apply to any new facility housing eight or fewer residents. On July 1, 1995, local governmental entities 3 responsible for the issuance of permits for construction shall 4 inform, without liability, any facility whose permit for 5 6 construction is obtained prior to January 1, 1996, of this 7 automatic fire sprinkler requirement. As used in this part, 8 the term "a new facility" does not mean an existing facility 9 that has undergone change of ownership. 10 c. Notwithstanding any provision of s. 633.022 or of the National Fire Protection Association, NFPA 101A, Chapter 11 12 5, 1995 edition, to the contrary, any existing facility 13 housing eight or fewer residents is not required to install an automatic fire sprinkler system, nor to comply with any other 14 requirement in Chapter 23, NFPA 101, 1994 edition, that 15 exceeds the firesafety requirements of NFPA 101, 1988 edition, 16 17 that applies to this size facility, unless the facility has been classified as impractical to evacuate. Any existing 18 facility housing eight or fewer residents that is classified 19 as impractical to evacuate must install an automatic fire 20 21 sprinkler system within the timeframes granted in this 2.2 section. 23 d. Any existing facility that is required to install an automatic fire sprinkler system under this paragraph need 2.4 not meet other firesafety requirements of Chapter 23, NFPA 25 26 101, 1994 edition, which exceed the provisions of NFPA 101, 27 1988 edition. The mandate contained in this paragraph which 2.8 requires certain facilities to install an automatic fire 29 sprinkler system supersedes any other requirement. 30 e. This paragraph does not supersede the exceptions granted in NFPA 101, 1988 edition or 1994 edition. 31

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1 f. This paragraph does not exempt facilities from 2 other firesafety provisions adopted under s. 633.022 and local building code requirements in effect before July 1, 1995. 3 g. A local government may charge fees only in an 4 amount not to exceed the actual expenses incurred by local 5 6 government relating to the installation and maintenance of an 7 automatic fire sprinkler system in an existing and properly 8 licensed assisted living facility structure as of January 1, 1996. 9 10 h. If a licensed facility undergoes major reconstruction or addition to an existing building on or after 11 12 January 1, 1996, the entire building must be equipped with an 13 automatic fire sprinkler system. Major reconstruction of a building means repair or restoration that costs in excess of 14 50 percent of the value of the building as reported on the tax 15 rolls, excluding land, before reconstruction. Multiple 16 17 reconstruction projects within a 5-year period the total costs of which exceed 50 percent of the initial value of the 18 building at the time the first reconstruction project was 19 permitted are to be considered as major reconstruction. 20 21 Application for a permit for an automatic fire sprinkler 22 system is required upon application for a permit for a 23 reconstruction project that creates costs that go over the 50-percent threshold. 2.4 i. Any facility licensed before January 1, 1996, that 25 is required to install an automatic fire sprinkler system 26 27 shall ensure that the installation is completed within the 2.8 following timeframes based upon evacuation capability of the 29 facility as determined under subparagraph 1.: 30 (I) Impractical evacuation capability, 24 months. (II) Slow evacuation capability, 48 months. 31

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1 (III) Prompt evacuation capability, 60 months. 2 The beginning date from which the deadline for the automatic 3 fire sprinkler installation requirement must be calculated is 4 upon receipt of written notice from the local fire official 5 6 that an automatic fire sprinkler system must be installed. The 7 local fire official shall send a copy of the document 8 indicating the requirement of a fire sprinkler system to the Agency for Health Care Administration. 9 j. It is recognized that the installation of an 10 automatic fire sprinkler system may create financial hardship 11 12 for some facilities. The appropriate local fire official 13 shall, without liability, grant two 1-year extensions to the timeframes for installation established herein, if an 14 automatic fire sprinkler installation cost estimate and proof 15 of denial from two financial institutions for a construction 16 17 loan to install the automatic fire sprinkler system are submitted. However, for any facility with a class I or class 18 II, or a history of uncorrected class III, firesafety 19 deficiencies, an extension must not be granted. The local fire 20 21 official shall send a copy of the document granting the time 22 extension to the Agency for Health Care Administration. 23 k. A facility owner whose facility is required to be equipped with an automatic fire sprinkler system under Chapter 2.4 23, NFPA 101, 1994 edition, as adopted herein, must disclose 25 26 to any potential buyer of the facility that an installation of 27 an automatic fire sprinkler requirement exists. The sale of 2.8 the facility does not alter the timeframe for the installation 29 of the automatic fire sprinkler system. 30 1. Existing facilities required to install an automatic fire sprinkler system as a result of 31

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1 construction-type restrictions in Chapter 23, NFPA 101, 1994 2 edition, as adopted herein, or evacuation capability requirements shall be notified by the local fire official in 3 writing of the automatic fire sprinkler requirement, as well 4 as the appropriate date for final compliance as provided in 5 б this subparagraph. The local fire official shall send a copy 7 of the document to the Agency for Health Care Administration. 8 m. Except in cases of life-threatening fire hazards, 9 if an existing facility experiences a change in the evacuation capability, or if the local authority having jurisdiction 10 identifies a construction-type restriction, such that an 11 12 automatic fire sprinkler system is required, it shall be 13 afforded time for installation as provided in this 14 subparagraph. 15 Facilities that are fully sprinkled and in compliance with 16 17 other firesafety standards are not required to conduct more 18 than one of the required fire drills between the hours of 11 p.m. and 7 a.m., per year. In lieu of the remaining drills, 19 staff responsible for residents during such hours may be 20 21 required to participate in a mock drill that includes a review 22 of evacuation procedures. Such standards must be included or 23 referenced in the rules adopted by the State Fire Marshal. Pursuant to s. 633.022(1)(b), the State Fire Marshal is the 2.4 final administrative authority for firesafety standards 25 26 established and enforced pursuant to this section. All 27 licensed facilities must have an annual fire inspection 2.8 conducted by the local fire marshal or authority having 29 jurisdiction. 30 3. Resident elopement requirements.--Facilities are required to conduct a minimum of two resident elopement 31

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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.

8 (b) The preparation and annual update of a 9 comprehensive emergency management plan. Such standards must be included in the rules adopted by the department after 10 consultation with the Department of Community Affairs. At a 11 12 minimum, the rules must provide for plan components that 13 address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including 14 provision of emergency power, food, and water; postdisaster 15 transportation; supplies; staffing; emergency equipment; 16 17 individual identification of residents and transfer of 18 records; communication with families; and responses to family inquiries. The comprehensive emergency management plan is 19 subject to review and approval by the local emergency 20 21 management agency. During its review, the local emergency 22 management agency shall ensure that the following agencies, at 23 a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the 2.4 Agency for Health Care Administration, and the Department of 25 Community Affairs. Also, appropriate volunteer organizations 26 27 must be given the opportunity to review the plan. The local 2.8 emergency management agency shall complete its review within 29 60 days and either approve the plan or advise the facility of 30 necessary revisions.

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1	(c) The number, training, and qualifications of all
2	personnel having responsibility for the care of residents. The
3	rules must require adequate staff to provide for the safety of
4	all residents. Facilities licensed for 17 or more residents
5	are required to maintain an alert staff for 24 hours per day.
6	(d) All sanitary conditions within the facility and
7	its surroundings which will ensure the health and comfort of
8	residents. The rules must clearly delineate the
9	responsibilities of the agency's licensure and survey staff,
10	the county health departments, and the local authority having
11	jurisdiction over firesafety and ensure that inspections are
12	not duplicative. The agency may collect fees for food service
13	inspections conducted by the county health departments and
14	transfer such fees to the Department of Health.
15	(e) License application and license renewal, transfer
16	of ownership, proper management of resident funds and personal
17	property, surety bonds, resident contracts, refund policies,
18	financial ability to operate, and facility and staff records.
19	(f) Inspections, complaint investigations,
20	moratoriums, classification of deficiencies, levying and
21	enforcement of penalties, and use of income from fees and
22	fines.
23	(g) The enforcement of the resident bill of rights
24	specified in s. 429.28.
25	(h) The care and maintenance of residents, which must
26	include, but is not limited to:
27	1. The supervision of residents;
28	2. The provision of personal services;
29	3. The provision of, or arrangement for, social and
30	leisure activities;
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1 4. The arrangement for appointments and transportation 2 to appropriate medical, dental, nursing, or mental health services, as needed by residents; 3 4 5. The management of medication; 5 6. The nutritional needs of residents; б 7. Resident records; and 7 8. Internal risk management and quality assurance. 8 (i) Facilities holding a limited nursing, extended congregate care, or limited mental health license. 9 10 (j) The establishment of specific criteria to define appropriateness of resident admission and continued residency 11 12 in a facility holding a standard, limited nursing, extended 13 congregate care, and limited mental health license. (k) The use of physical or chemical restraints. The 14 use of physical restraints is limited to half-bed rails as 15 prescribed and documented by the resident's physician with the 16 17 consent of the resident or, if applicable, the resident's 18 representative or designee or the resident's surrogate, guardian, or attorney in fact. The use of chemical restraints 19 is limited to prescribed dosages of medications authorized by 20 21 the resident's physician and must be consistent with the 22 resident's diagnosis. Residents who are receiving medications 23 that can serve as chemical restraints must be evaluated by their physician at least annually to assess: 2.4 1. The continued need for the medication. 25 26 2. The level of the medication in the resident's 27 blood. 2.8 3. The need for adjustments in the prescription. (1) The establishment of specific policies and 29 procedures on resident elopement. Facilities shall conduct a 30 minimum of two resident elopement drills each year. All 31 301

1 administrators and direct care staff shall participate in the 2 drills. Facilities shall document the drills. 3 (2) In adopting any rules pursuant to this part, the department, in conjunction with the agency, shall make 4 distinct standards for facilities based upon facility size; 5 6 the types of care provided; the physical and mental 7 capabilities and needs of residents; the type, frequency, and amount of services and care offered; and the staffing 8 characteristics of the facility. Rules developed pursuant to 9 10 this section shall not restrict the use of shared staffing and shared programming in facilities that are part of retirement 11 12 communities that provide multiple levels of care and otherwise 13 meet the requirements of law and rule. Except for uniform firesafety standards, the department shall adopt by rule 14 separate and distinct standards for facilities with 16 or 15 fewer beds and for facilities with 17 or more beds. The 16 17 standards for facilities with 16 or fewer beds shall be appropriate for a noninstitutional residential environment, 18 provided that the structure is no more than two stories in 19 height and all persons who cannot exit the facility unassisted 20 21 in an emergency reside on the first floor. The department, in 22 conjunction with the agency, may make other distinctions among 23 types of facilities as necessary to enforce the provisions of this part. Where appropriate, the agency shall offer alternate 2.4 solutions for complying with established standards, based on 25 distinctions made by the department and the agency relative to 26 27 the physical characteristics of facilities and the types of 2.8 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

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1 substance for review and comment prior to the promulgation 2 thereof. 3 (a) Rules promulgated by the department shall encourage the development of homelike facilities which promote 4 the dignity, individuality, personal strengths, and 5 6 decisionmaking ability of residents. 7 (4) (b) The agency, in consultation with the 8 department, may waive rules promulgated pursuant to this part in order to demonstrate and evaluate innovative or 9 cost-effective congregate care alternatives which enable 10 individuals to age in place. Such waivers may be granted only 11 12 in instances where there is reasonable assurance that the 13 health, safety, or welfare of residents will not be endangered. To apply for a waiver, the licensee shall submit 14 to the agency a written description of the concept to be 15 demonstrated, including goals, objectives, and anticipated 16 17 benefits; the number and types of residents who will be affected, if applicable; a brief description of how the 18 demonstration will be evaluated; and any other information 19 deemed appropriate by the agency. Any facility granted a 20 21 waiver shall submit a report of findings to the agency and the 22 department within 12 months. At such time, the agency may 23 renew or revoke the waiver or pursue any regulatory or statutory changes necessary to allow other facilities to adopt 2.4 the same practices. The department may by rule clarify terms 25 26 and establish waiver application procedures, criteria for 27 reviewing waiver proposals, and procedures for reporting 2.8 findings, as necessary to implement this subsection. 29 (5) (4) The agency may use an abbreviated biennial standard licensure inspection that consists of a review of key 30 quality-of-care standards in lieu of a full inspection in 31

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1 facilities which have a good record of past performance. 2 However, a full inspection shall be conducted in facilities which have had a history of class I or class II violations, 3 4 uncorrected class III violations, confirmed ombudsman council complaints, or confirmed licensure complaints, within the 5 6 previous licensure period immediately preceding the inspection 7 or when a potentially serious problem is identified during the 8 abbreviated inspection. The agency, in consultation with the department, shall develop the key quality-of-care standards 9 with input from the State Long-Term Care Ombudsman Council and 10 representatives of provider groups for incorporation into its 11 12 rules. The department, in consultation with the agency, shall 13 report annually to the Legislature concerning its implementation of this subsection. The report shall include, 14 at a minimum, the key quality-of-care standards which have 15 been developed; the number of facilities identified as being 16 17 eligible for the abbreviated inspection; the number of 18 facilities which have received the abbreviated inspection and, of those, the number that were converted to full inspection; 19 the number and type of subsequent complaints received by the 20 21 agency or department on facilities which have had abbreviated 22 inspections; any recommendations for modification to this 23 subsection; any plans by the agency to modify its implementation of this subsection; and any other information 2.4 25 which the department believes should be reported. 26 (5) A fee shall be charged by the department to any 27 person requesting a copy of this part or rules promulgated 2.8 under this part. Such fees shall not exceed the actual cost of 29 duplication and postage. 30 Section 160. Subsections (4) through (7) of section 429.47, Florida Statutes, are renumbered as subsections (1) 31 304

1 through (4), respectively, and present subsections (1), (2), 2 and (3) of that section are amended to read: 3 429.47 Prohibited acts; penalties for violation .--4 (1) It is unlawful for any person or public body to offer or advertise to the public, in any way by any medium 5 б whatever, personal services as defined in this act, without 7 obtaining a valid current license. It is unlawful for any 8 holder of a license issued pursuant to the provisions of this act to advertise or hold out to the public that it holds a 9 10 license for a facility other than that for which it actually 11 holds a license. 12 (2) It is unlawful for any holder of a license issued 13 pursuant to the provisions of this act to withhold from the agency any evidence of financial instability, including, but 14 not limited to, bad checks, delinquent accounts, nonpayment of 15 withholding taxes, unpaid utility expenses, nonpayment for 16 17 essential services, or adverse court action concerning the financial viability of the facility or any other facility 18 licensed under part II of chapter 400 or under this part which 19 is owned by the licensee. 2.0 21 (3) Any person found guilty of violating subsection 2.2 (1) or subsection (2) commits a misdemeanor of the second 23 degree, punishable as provided in s. 775.083. Each day of continuing violation shall be considered a separate offense. 2.4 Section 161. Section 429.51, Florida Statutes, is 25 repealed. 26 27 Section 162. Section 429.67, Florida Statutes, is 2.8 amended to read: 429.67 Licensure application and renewal .--29 (1) The requirements of part II of chapter 408 apply 30 to the provision of services that require licensure pursuant 31

1 to this part and part II of chapter 408 and to entities 2 licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. A license 3 4 issued by the agency is required in order to operate an adult family-care home in this state. Each person who intends to be 5 6 an adult family care home provider must apply for a license 7 from the agency at least 90 days before the applicant intends 8 to operate the adult family care home. 9 (2) A person who intends to be an adult family-care home provider must own or rent the adult family-care home that 10 is to be licensed and reside therein. 11 12 (3) In accordance with s. 408.805, an applicant or 13 licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and 14 applicable rules. The amount of the fee shall be \$200 per 15 biennium. The agency shall notify a licensee at least 120 days 16 17 before the expiration date that license renewal is required to 18 continue operation. The notification must be provided electronically or by mail delivery. Application for a license 19 or annual license renewal must be made on a form provided by 2.0 21 the agency, signed under oath, and must be accompanied by a 22 licensing fee of \$100 per year. 23 (4) Upon receipt of a completed license application or license renewal, and the fee, the agency shall initiate a 2.4 level 1 background screening as provided under chapter 435 on 25 26 the adult family-care home provider, the designated relief 27 person, all adult household members, and all staff members. 2.8 The agency shall conduct an onsite visit to the home that is to be licensed. 29 30 (a) Proof of compliance with level 1 screening standards which has been submitted within the previous 5 years 31 306

1 to meet any facility or professional licensure requirements of 2 the agency or the Department of Health satisfies the requirements of this subsection. Such proof must be 3 accompanied, under penalty of perjury, by a copy of the 4 person's current professional license and an affidavit of 5 6 current compliance with the background screening requirements. 7 (b) The person required to be screened must have been 8 continuously employed in the same type of occupation for which the person is seeking employment without a breach in service 9 10 that exceeds 180 days, and proof of compliance with the level 1 screening requirement which is no more than 2 years old must 11 12 be provided. Proof of compliance shall be provided directly 13 from one employer or contractor to another, and not from the person screened. Upon request, a copy of screening results 14 shall be provided to the person screened by the employer 15 retaining documentation of the screening. 16 17 (5) The application must be accompanied by a 18 description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from 19 participation in the Medicaid or Medicare programs or any 20 21 other governmental health care or health insurance program. 22 (5) (6) Unless the adult family-care home is a 23 community residential home subject to chapter 419, the applicant must provide documentation, signed by the 2.4 appropriate governmental official, that the home has met local 25 zoning requirements for the location for which the license is 26 27 sought. 28 (6) (7) In addition to the requirements of s. 408.811, access to a licensed adult family-care home must be provided 29 at reasonable times for the appropriate officials of the 30 department, the Department of Health, the Department of 31

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1 Children and Family Services, the agency, and the State Fire 2 Marshal, who are responsible for the development and maintenance of fire, health, sanitary, and safety standards, 3 to inspect the facility to assure compliance with these 4 standards. In addition, access to a licensed adult family-care 5 6 home must be provided at reasonable times for the local 7 long-term care ombudsman council. 8 (8)A license is effective for 1 year after the date of issuance unless revoked sooner. Each license must state the 9 name of the provider, the address of the home to which the 10 license applies, and the maximum number of residents of the 11 12 home. Failure to timely file a license renewal application 13 shall result in a late fee equal to 50 percent of the license 14 fee. 15 (9)A license is not transferable or applicable to any 16 location or person other than the location and person 17 indicated on the license. 18 (7)(10) The licensed maximum capacity of each adult family-care home is based on the service needs of the 19 residents and the capability of the provider to meet the needs 20 21 of the residents. Any relative who lives in the adult 22 family-care home and who is a disabled adult or frail elder 23 must be included in that limitation. (8)(11) Each adult family-care home must designate at 2.4 least one licensed space for a resident receiving optional 25 26 state supplementation. The Department of Children and Family 27 Services shall specify by rule the procedures to be followed 2.8 for referring residents who receive optional state supplementation to adult family-care homes. Those homes 29 30 licensed as adult foster homes or assisted living facilities 31

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1 prior to January 1, 1994, that convert to adult family-care 2 homes, are exempt from this requirement. 3 (9) (12) In addition to the license categories 4 available in s. 408.808, the agency may issue a conditional license to a provider for the purpose of bringing the adult 5 6 family-care home into compliance with licensure requirements. 7 A conditional license must be limited to a specific period, 8 not exceeding 6 months. The department shall, by rule, establish criteria for issuing conditional licenses. 9 10 (13) All moneys collected under this section must be deposited into the Department of Elderly Affairs 11 12 Administrative Trust Fund. 13 (10) (14) The department may adopt rules to establish procedures, identify forms, specify documentation, and clarify 14 terms, as necessary, to administer this section. 15 (11) The agency may adopt rules to administer the 16 17 requirements of part II of chapter 408. 18 Section 163. Section 429.69, Florida Statutes, is amended to read: 19 429.69 Denial, revocation, and or suspension of a 20 21 license. -- In addition to the requirements of part II of 2.2 chapter 408, the agency may deny, suspend, and or revoke a 23 license for any of the following reasons: (1) Failure of any of the persons required to undergo 2.4 background screening under s. 429.67 to meet the level 1 25 screening standards of s. 435.03, unless an exemption from 26 27 disgualification has been provided by the agency. 2.8 (2) An intentional or negligent act materially 29 affecting the health, safety, or welfare of the adult 30 family care home residents. 31

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1 (3) Submission of fraudulent information or omission 2 of any material fact on a license application or any other 3 document required by the agency. 4 (4) Failure to pay an administrative fine assessed 5 under this part. б (5) A violation of this part or adopted rules which 7 results in conditions or practices that directly threaten the 8 physical or emotional health, safety, or welfare of residents. 9 (2)(6) Failure to correct cited fire code violations 10 that threaten the health, safety, or welfare of residents. (7) Failure to submit a completed initial license 11 12 application or to complete an application for license renewal 13 within the specified timeframes. 14 (8) Exclusion, permanent suspension, or termination of the provider from the Medicare or Medicaid program. 15 Section 164. Section 429.71, Florida Statutes, is 16 17 amended to read: 18 429.71 <u>Classification of deficiencies; administrative</u> fines Violations; penalties .--19 (1) In addition to the requirements of part II of 20 21 chapter 408 and in addition to any other liability or penalty 22 provided by law, the agency may impose an administrative fine 23 a civil penalty on a provider according to the following classification: 2.4 25 (a) Class I violations are those conditions or practices related to the operation and maintenance of an adult 26 27 family-care home or to the care of residents which the agency 2.8 determines present an imminent danger to the residents or 29 guests of the facility or a substantial probability that death or serious physical or emotional harm would result therefrom. 30 The condition or practice that constitutes a class I violation 31

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1 must be abated or eliminated within 24 hours, unless a fixed 2 period, as determined by the agency, is required for correction. A class I deficiency is subject to an 3 administrative fine in an amount not less than \$500 and not 4 exceeding \$1,000 for each violation. A fine may be levied 5 6 notwithstanding the correction of the deficiency. 7 (b) Class II violations are those conditions or 8 practices related to the operation and maintenance of an adult 9 family-care home or to the care of residents which the agency determines directly threaten the physical or emotional health, 10 safety, or security of the residents, other than class I 11 12 violations. A class II violation is subject to an 13 administrative fine in an amount not less than \$250 and not exceeding \$500 for each violation. A citation for a class II 14 violation must specify the time within which the violation is 15 required to be corrected. If a class II violation is corrected 16 17 within the time specified, no civil penalty shall be imposed, 18 unless it is a repeated offense. (c) Class III violations are those conditions or 19 practices related to the operation and maintenance of an adult 20 21 family-care home or to the care of residents which the agency 22 determines indirectly or potentially threaten the physical or 23 emotional health, safety, or security of residents, other than class I or class II violations. A class III violation is 2.4 subject to an administrative fine in an amount not less than 25 26 \$100 and not exceeding \$250 for each violation. A citation for 27 a class III violation shall specify the time within which the 2.8 violation is required to be corrected. If a class III 29 violation is corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense. 30 31

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1	(d) Class IV violations are those conditions or
2	occurrences related to the operation and maintenance of an
3	adult family-care home, or related to the required reports,
4	forms, or documents, which do not have the potential of
5	negatively affecting the residents. A provider that does not
6	correct a class IV violation within the time limit specified
7	by the agency is subject to an administrative fine in an
8	amount not less than \$50 and not exceeding \$100 for each
9	violation. Any class IV violation that is corrected during the
10	time the agency survey is conducted will be identified as an
11	agency finding and not as a violation.
12	(2) The agency may impose an administrative fine for
13	violations which do not qualify as class I, class II, class
14	III, or class IV violations. The amount of the fine shall not
15	exceed \$250 for each violation or \$2,000 in the aggregate.
16	Unclassified violations may include:
17	(a) Violating any term or condition of a license.
18	(b) Violating any <u>provision of</u> <del>rule adopted under</del> this
19	part, part II of chapter 408, or applicable rules.
20	(c) Failure to follow the criteria and procedures
21	provided under part I of chapter 394 relating to the
22	transportation, voluntary admission, and involuntary
23	examination of adult family-care home residents.
24	(d) Exceeding licensed capacity.
25	(e) Providing services beyond the scope of the
26	license.
27	(f) Violating a moratorium.
28	(3) Each day during which a violation occurs
29	constitutes a separate offense.
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1 (4) In determining whether a penalty is to be imposed, 2 and in fixing the amount of any penalty to be imposed, the agency must consider: 3 4 (a) The gravity of the violation. 5 (b) Actions taken by the provider to correct a 6 violation. 7 (c) Any previous violation by the provider. (d) The financial benefit to the provider of 8 committing or continuing the violation. 9 10 (5) As an alternative to or in conjunction with an administrative action against a provider, the agency may 11 12 request a plan of corrective action that demonstrates a good 13 faith effort to remedy each violation by a specific date, subject to the approval of the agency. 14 15 (6) The department shall set forth, by rule, notice requirements and procedures for correction of deficiencies. 16 17 (7) Civil penalties paid by a provider must be 18 deposited into the Department of Elderly Affairs Administrative Trust Fund and used to offset the expenses of 19 departmental training and education for adult family care home 2.0 21 providers. 22 (8) The agency may impose an immediate moratorium on 23 admissions to any adult family care home if the agency finds 2.4 that a condition in the home presents a threat to the health, safety, or welfare of its residents. The department may by 25 26 rule establish facility conditions that constitute grounds for 27 imposing a moratorium and establish procedures for imposing 2.8 and lifting a moratorium. Section 165. Section 429.73, Florida Statutes, is 29 30 amended to read: 31

1 429.73 Rules and standards relating to adult 2 family-care homes. --3 (1) The agency, in consultation with the department, 4 may adopt rules to administer the requirements of part II of 5 chapter 408. The department, in consultation with the 6 Department of Health, the Department of Children and Family 7 Services, and the agency shall, by rule, establish minimum 8 standards to ensure the health, safety, and well-being of each resident in the adult family-care home pursuant to this part. 9 10 The rules must address: (a) Requirements for the physical site of the facility 11 12 and facility maintenance. 13 (b) Services that must be provided to all residents of an adult family-care home and standards for such services, 14 which must include, but need not be limited to: 15 1. Room and board. 16 17 2. Assistance necessary to perform the activities of 18 daily living. 3. Assistance necessary to administer medication. 19 4. Supervision of residents. 20 21 5. Health monitoring. 22 6. Social and leisure activities. 23 (c) Standards and procedures for license application and annual license renewal, advertising, proper management of 2.4 each resident's funds and personal property and personal 25 26 affairs, financial ability to operate, medication management, inspections, complaint investigations, and facility, staff, 27 2.8 and resident records. (d) Qualifications, training, standards, and 29 30 responsibilities for providers and staff. 31

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1 (e) Compliance with chapter 419, relating to community 2 residential homes. 3 (f) Criteria and procedures for determining the 4 appropriateness of a resident's placement and continued residency in an adult family-care home. A resident who 5 6 requires 24-hour nursing supervision may not be retained in an 7 adult family-care home unless such resident is an enrolled 8 hospice patient and the resident's continued residency is mutually agreeable to the resident and the provider. 9 10 (g) Procedures for providing notice and assuring the least possible disruption of residents' lives when residents 11 12 are relocated, an adult family-care home is closed, or the 13 ownership of an adult family-care home is transferred. (h) Procedures to protect the residents' rights as 14 provided in s. 429.85. 15 (i) Procedures to promote the growth of adult 16 17 family-care homes as a component of a long-term care system. 18 (j) Procedures to promote the goal of aging in place for residents of adult family-care homes. 19 (2) The department shall by rule provide minimum 20 21 standards and procedures for emergencies. Pursuant to s. 22 633.022, the State Fire Marshal, in consultation with the 23 department and the agency, shall adopt uniform firesafety standards for adult family-care homes. 2.4 (3) The department shall adopt rules providing for the 25 implementation of orders not to resuscitate. The provider may 26 27 withhold or withdraw cardiopulmonary resuscitation if 2.8 presented with an order not to resuscitate executed pursuant to s. 401.45. The provider shall not be subject to criminal 29 prosecution or civil liability, nor be considered to have 30 engaged in negligent or unprofessional conduct, for 31

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1 withholding or withdrawing cardiopulmonary resuscitation 2 pursuant to such an order and <u>applicable</u> rules adopted by the 3 department. 4 (4) The provider of any adult family care home that is 5 in operation at the time any rules are adopted or amended 6 under this part may be given a reasonable time, not exceeding 7 6 months, within which to comply with the new or revised rules 8 and standards. 9 Section 166. Section 429.77, Florida Statutes, is 10 repealed. Section 167. Subsections (6) and (7) of section 11 12 429.901, Florida Statutes, are amended to read: 13 429.901 Definitions.--As used in this part, the term: (6) "Operator" means the <u>licensee or</u> person having 14 general administrative charge of an adult day care center. 15 (7) "Owner" means the licensee owner of an adult day 16 17 care center. 18 Section 168. Section 429.907, Florida Statutes, is amended to read: 19 20 429.907 License requirement; fee; exemption; 21 display.--22 (1)The requirements of part II of chapter 408 apply 23 to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities 2.4 licensed by or applying for such licensure from the Agency for 25 26 Health Care Administration pursuant to this part. A license 27 issued by the agency is required in order to operate an adult 2.8 day care in this state. It is unlawful to operate an adult day care center without first obtaining from the agency a license 29 authorizing such operation. The agency is responsible for 30 31 licensing adult day care centers in accordance with this part.

1 (2) Separate licenses are required for centers 2 operated on separate premises, even though operated under the 3 same management. Separate licenses are not required for 4 separate buildings on the same premises. 5 (3) In accordance with s. 408.805, an applicant or б licensee shall pay a fee for each license application 7 submitted under this part and part II of chapter 408. The 8 amount of the fee shall be established by rule and The 9 biennial license fee required of a center shall be determined 10 by the department, but may not exceed \$150. (4) County-operated or municipally operated centers 11 12 applying for licensure under this part are exempt from the 13 payment of license fees. (5) The license for a center shall be displayed in a 14 conspicuous place inside the center. 15 (6) A license is valid only in the possession of the 16 17 individual, firm, partnership, association, or corporation to 18 which it is issued and is not subject to sale, assignment, other transfer, voluntary or involuntary; nor is a license 19 valid for any premises other than the premises for which 2.0 21 originally issued. 22 Section 169. Section 429.909, Florida Statutes, is 23 amended to read: 429.909 Application for license.--2.4 (1) An application for a license to operate an adult 25 26 day care center must be made to the agency on forms furnished 27 by the agency and must be accompanied by the appropriate 2.8 license fee unless the applicant is exempt from payment of the fee as provided in s. 429.907(4). 29 30 (2) In addition to all provisions of part II of chapter 408, the applicant for licensure must furnish+ 31

(a) a description of the physical and mental 1 2 capabilities and needs of the participants to be served and 3 the availability, frequency, and intensity of basic services and of supportive and optional services to be provided and+ 4 5 (b) Satisfactory proof of financial ability to operate б and conduct the center in accordance with the requirements of 7 this part, which must include, in the case of an initial 8 application, a 1 year operating plan and proof of a 3 month operating reserve fund; and 9 10 (c) proof of adequate liability insurance coverage. (d) Proof of compliance with level 2 background 11 12 screening as required under s. 429.919. 13 <del>(e)</del> A description and explanation of any exclusions, permanent suspensions, or terminations of the application from 14 15 the Medicare or Medicaid programs. Proof of compliance with disclosure of ownership and control interest requirements of 16 17 the Medicare or Medicaid programs shall be accepted in lieu of 18 this submission. Section 170. Section 429.911, Florida Statutes, is 19 amended to read: 20 21 429.911 Denial, suspension, revocation of license; emergency action; administrative fines; investigations and 2.2 23 inspections.--(1) The agency may deny, revoke, and or suspend a 2.4 license under this part, impose an action under s. 408.814, 25 and or may impose an administrative fine against the owner of 26 27 an adult day care center or its operator or employee in the 2.8 manner provided in chapter 120 for the violation of any provision of this part, part II of chapter 408, or applicable 29 30 <u>rules</u>. 31

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1 (2) Each of the following actions by the owner of an 2 adult day care center or by its operator or employee is a ground for action by the agency against the owner of the 3 center or its operator or employee: 4 (a) An intentional or negligent act materially 5 б affecting the health or safety of center participants. 7 (b) A violation of this part or of any standard or 8 rule under this part or part II of chapter 408. 9 (c) A failure of persons subject to level 2 background 10 screening under s. 408.809 429.174(1) to meet the screening standards of s. 435.04, or the retention by the center of an 11 12 employee subject to level 1 background screening standards 13 under s. 429.174(2) who does not meet the screening standards of s. 435.03 and for whom exemptions from disqualification 14 have not been provided by the agency. 15 (d) Failure to follow the criteria and procedures 16 17 provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary 18 examination of center participants. 19 (e) Multiple or repeated violations of this part or of 20 21 any standard or rule adopted under this part or part II of 22 chapter 408. 23 (f) Exclusion, permanent suspension, or termination of the owner, if an individual, officer, or board member of the 2.4 adult day care center, if the owner is a firm, corporation, 25 26 partnership, or association, or any person owning 5 percent or 27 more of the center, from the Medicare or Medicaid program. 2.8 (3) The agency is responsible for all investigations and inspections conducted pursuant to this part and s. 29 30 408.811. 31

1 Section 171. Section 429.913, Florida Statutes, is 2 amended to read: 3 429.913 Administrative fines; interest.--4 (1)(a) In addition to the requirements of part II of 5 chapter 408, if the agency determines that an adult day care б center is not operated in compliance with this part or with 7 rules adopted under this part, the agency, notwithstanding any other administrative action it takes, shall make a reasonable 8 attempt to discuss with the owner each violation and 9 10 recommended corrective action prior to providing the owner with written notification. The agency may request the 11 12 submission of a corrective action plan for the center which 13 demonstrates a good faith effort to remedy each violation by a 14 specific date, subject to the approval of the agency. (b) The owner of a center or its operator or employee 15 found in violation of this part, part II of chapter 408, or 16 17 applicable rules or of rules adopted under this part may be fined by the agency. A fine may not exceed \$500 for each 18 violation. In no event, however, may such fines in the 19 aggregate exceed \$5,000. 20 21 (c) The failure to correct a violation by the date set 22 by the agency, or the failure to comply with an approved 23 corrective action plan, is a separate violation for each day such failure continues, unless the agency approves an 2.4 25 extension to a specific date. 26 (d) If the owner of a center or its operator or 27 employee appeals an agency action under this section and the 2.8 fine is upheld, the violator shall pay the fine, plus interest at the legal rate specified in s. 687.01 for each day that the 29 fine remains unpaid after the date set by the agency for 30 31 payment of the fine.

1 (2) In determining whether to impose a fine and in 2 fixing the amount of any fine, the agency shall consider the following factors: 3 4 (a) The gravity of the violation, including the probability that death or serious physical or emotional harm 5 6 to a participant will result or has resulted, the severity of 7 the actual or potential harm, and the extent to which the 8 provisions of the applicable statutes or rules were violated. (b) Actions taken by the owner or operator to correct 9 10 violations. (c) Any previous violations. 11 12 (d) The financial benefit to the center of committing 13 or continuing the violation. Section 172. Section 429.915, Florida Statutes, is 14 amended to read: 15 16 429.915 Expiration of license; renewal; Conditional 17 license or permit.--18 (1) A license issued for the operation of an adult day care center, unless sooner suspended or revoked, expires 2 19 years after the date of issuance. The agency shall notify a 2.0 21 licensee at least 120 days before the expiration date that 2.2 license renewal is required to continue operation. The 23 notification must be provided electronically or by mail delivery. At least 90 days prior to the expiration date, an 2.4 25 application for renewal must be submitted to the agency. A 26 license shall be renewed, upon the filing of an application on forms furnished by the agency, if the applicant has first met 27 2.8 the requirements of this part and of the rules adopted under this part. The applicant must file with the application 29 satisfactory proof of financial ability to operate the center 30 in accordance with the requirements of this part and in 31

1 accordance with the needs of the participants to be served and 2 an affidavit of compliance with the background screening requirements of s. 429.919. 3 4 (2) A licensee against whom a revocation or suspension 5 proceeding is pending at the time for license renewal may be б issued a conditional license effective until final disposition 7 by the agency of the proceeding. If judicial relief is sought from the final disposition, the court having jurisdiction may 8 9 issue a conditional permit effective for the duration of the 10 judicial proceeding. (3) In addition to the license categories available in 11 12 part II of chapter 408, the agency may issue a conditional 13 license to an applicant for license renewal or change of ownership if the applicant fails to meet all standards and 14 requirements for licensure. A conditional license issued under 15 this subsection must be limited to a specific period not 16 17 exceeding 6 months, as determined by the agency, and must be 18 accompanied by an approved plan of correction. Section 173. Section 429.919, Florida Statutes, is 19 amended to read: 20 21 429.919 Background screening.--22 (1)(a) Level 2 background screening must be conducted 23 on each of the following persons, who shall be considered 2.4 employees for the purposes of conducting screening under <del>chapter 435:</del> 25 26 1. The adult day care center owner if an individual, 27 the operator, and the financial officer. 28 2. An officer or board member if the owner of the adult day care center is a firm, corporation, partnership, or 29 30 association, or any person owning 5 percent or more of the facility, if the agency has probable cause to believe that 31

1	such person has been convicted of any offense prohibited by s.
2	435.04. For each officer, board member, or person owning 5
3	percent or more who has been convicted of any such offense,
4	the facility shall submit to the agency a description and
5	explanation of the conviction at the time of license
б	application. This subparagraph does not apply to a board
7	member of a not for profit corporation or organization if the
8	board member serves solely in a voluntary capacity, does not
9	regularly take part in the day to day operational decisions of
10	the corporation or organization, receives no remuneration for
11	his or her services, and has no financial interest and has no
12	family members with a financial interest in the corporation or
13	organization, provided that the board member and facility
14	submit a statement affirming that the board member's
15	relationship to the facility satisfies the requirements of
16	this subparagraph.
17	(b) Proof of compliance with level 2 screening
18	standards which has been submitted within the previous 5 years
19	to meet any facility or professional licensure requirements of
20	the agency or the Department of Health satisfies the
21	requirements of this subsection.
22	(c) The agency may grant a provisional license to an
23	adult day care center applying for an initial license when
24	each individual required by this subsection to undergo
25	screening has completed the Department of Law Enforcement
26	background check, but has not yet received results from the
27	Federal Bureau of Investigation, or when a request for an
28	exemption from disqualification has been submitted to the
29	agency pursuant to s. 435.07, but a response has not been
30	issued.
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1 (2) The owner or administrator of an adult day care 2 center must conduct level 1 background screening as set forth in chapter 435 on all employees hired on or after October 1, 3 1998, who provide basic services or supportive and optional 4 services to the participants. Such persons satisfy this 5 6 requirement if: 7 (1) (a) Proof of compliance with level 1 screening 8 requirements obtained to meet any professional license requirements in this state is provided and accompanied, under 9 penalty of perjury, by a copy of the person's current 10 professional license and an affidavit of current compliance 11 12 with the background screening requirements. 13 (2) (b) The person required to be screened has been continuously employed, without a breach in service that 14 exceeds 180 days, in the same type of occupation for which the 15 person is seeking employment and provides proof of compliance 16 17 with the level 1 screening requirement which is no more than 2 18 years old. Proof of compliance must be provided directly from one employer or contractor to another, and not from the person 19 screened. Upon request, a copy of screening results shall be 20 21 provided to the person screened by the employer retaining 22 documentation of the screening. 23 (3) (c) The person required to be screened is employed by a corporation or business entity or related corporation or 2.4 25 business entity that owns, operates, or manages more than one 26 facility or agency licensed under chapter 400 or this chapter, 27 and for whom a level 1 screening was conducted by the 2.8 corporation or business entity as a condition of initial or 29 continued employment. 30 Section 174. Section 429.921, Florida Statutes, is repealed. 31

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1 Section 175. Section 429.923, Florida Statutes, is 2 repealed. Section 176. Section 429.925, Florida Statutes, is 3 amended to read: 4 5 429.925 Discontinuance of operation of adult day care б centers Closing or change of owner or operator of center. --7 (1) In addition to the requirements of part II of 8 chapter 408, before operation of an adult day care center may be voluntarily discontinued, the operator must, inform the 9 agency in writing at least 60 days before prior to the 10 discontinuance of operation. The operator must also, at such 11 12 time, inform each participant of the fact and the proposed 13 date of such discontinuance of operation. (2) Immediately upon discontinuance of the operation 14 15 of a center, the owner or operator shall surrender the license 16 for the center to the agency, and the license shall be 17 canceled by the agency. 18 (3)If a center has a change of ownership, the new owner shall apply to the agency for a new license at least 60 19 days before the date of the change of ownership. 2.0 21 (4) If a center has a change of operator, the new 2.2 operator shall notify the agency in writing within 30 days 23 after the change of operator. Section 177. Section 429.927, Florida Statutes, is 2.4 amended to read: 25 429.927 Right of entry and inspection. -- In accordance 26 27 with s. 408.811, any duly designated officer or employee of 2.8 the agency or department has the right to enter the premises 29 of any adult day care center licensed pursuant to this part, at any reasonable time, in order to determine the state of 30 compliance with this part, part II of chapter 408, and 31

1 applicable the rules or standards in force pursuant to this 2 part. The right of entry and inspection also extends to any 3 premises that the agency has reason to believe are being 4 operated as a center without a license, but no entry or 5 inspection of any unlicensed premises may be made without the б permission of the owner or operator unless a warrant is first 7 obtained from the circuit court authorizing entry or 8 inspection. Any application for a center license or license 9 renewal made pursuant to this part constitutes permission for, and complete acquiescence in, any entry or inspection of the 10 premises for which the license is sought in order to 11 12 facilitate verification of the information submitted on or in 13 connection with the application. Section 178. Section 429.929, Florida Statutes, is 14 amended to read: 15 429.929 Rules establishing standards .--16 17 (1) The agency, in consultation with the department, 18 may adopt rules to administer the requirements of part II of 19 chapter 408. The Department of Elderly Affairs, in conjunction with the agency, shall adopt rules to implement the provisions 20 21 of this part. The rules must include reasonable and fair 22 standards. Any conflict between these standards and those that 23 may be set forth in local, county, or municipal ordinances shall be resolved in favor of those having statewide effect. 2.4 Such standards must relate to: 25 (a) The maintenance of adult day care centers with 26 27 respect to plumbing, heating, lighting, ventilation, and other 2.8 building conditions, including adequate meeting space, to ensure the health, safety, and comfort of participants and 29 30 protection from fire hazard. Such standards may not conflict 31

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

1 conduct an abbreviated biennial inspection of key 2 quality-of-care standards, in lieu of a full inspection, of a center that has a record of good performance. However, the 3 agency must conduct a full inspection of a center that has had 4 one or more confirmed complaints within the licensure period 5 б immediately preceding the inspection or which has a serious 7 problem identified during the abbreviated inspection. The 8 agency shall develop the key quality-of-care standards, taking into consideration the comments and recommendations of the 9 Department of Elderly Affairs and of provider groups. These 10 11 standards shall be included in rules adopted by the Department 12 of Elderly Affairs. 13 Section 179. Section 429.933, Florida Statutes, is repealed. 14 Section 180. Subsections (9) and (10) of section 15 16 440.102, Florida Statutes, are amended to read: 17 440.102 Drug-free workplace program requirements. -- The 18 following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency 19 for Health Care Administration: 2.0 21 (9) DRUG-TESTING STANDARDS FOR LABORATORIES.--22 (a) The requirements of part II of chapter 408 apply 23 to the provision of services that require licensure pursuant to this section and part II of chapter 408 and to entities 2.4 licensed by or applying for such licensure from the agency 25 26 pursuant to this section. A license issued by the agency is 27 required in order to operate a drug-free workplace laboratory. 2.8 (b)(a) A laboratory may analyze initial or 29 confirmation test specimens only if: 30 1. The laboratory obtains a license under part II of chapter 408 and s. 112.0455(17). Each applicant for licensure 31

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1 and each licensee must comply with all requirements of this 2 section, part II of chapter 408, and applicable rules. is licensed and approved by the Agency for Health Care 3 4 Administration using criteria established by the United States 5 Department of Health and Human Services as general guidelines б for modeling the state drug testing program pursuant to this 7 section or the laboratory is certified by the United States 8 Department of Health and Human Services. 9 2. The laboratory has written procedures to ensure the 10 chain of custody. 3. The laboratory follows proper quality control 11 12 procedures, including, but not limited to: 13 a. The use of internal quality controls, including the use of samples of known concentrations which are used to check 14 the performance and calibration of testing equipment, and 15 periodic use of blind samples for overall accuracy. 16 17 b. An internal review and certification process for 18 drug test results, conducted by a person qualified to perform that function in the testing laboratory. 19 c. Security measures implemented by the testing 2.0 21 laboratory to preclude adulteration of specimens and drug test 2.2 results. 23 d. Other necessary and proper actions taken to ensure reliable and accurate drug test results. 2.4 (c)(b) A laboratory shall disclose to the medical 25 26 review officer a written positive confirmed test result report 27 within 7 working days after receipt of the sample. All 2.8 laboratory reports of a drug test result must, at a minimum, 29 state: 30 31

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1 1. The name and address of the laboratory that 2 performed the test and the positive identification of the 3 person tested. 4 2. Positive results on confirmation tests only, or 5 negative results, as applicable. б 3. A list of the drugs for which the drug analyses 7 were conducted. 8 4. The type of tests conducted for both initial tests and confirmation tests and the minimum cutoff levels of the 9 10 tests. 5. Any correlation between medication reported by the 11 12 employee or job applicant pursuant to subparagraph (5)(b)2. 13 and a positive confirmed drug test result. 14 A report must not disclose the presence or absence of any drug 15 other than a specific drug and its metabolites listed pursuant 16 17 to this section. (d)(c) The laboratory shall submit to the Agency for 18 Health Care Administration a monthly report with statistical 19 information regarding the testing of employees and job 20 21 applicants. The report must include information on the methods 22 of analysis conducted, the drugs tested for, the number of positive and negative results for both initial tests and 23 confirmation tests, and any other information deemed 2.4 appropriate by the Agency for Health Care Administration. A 25 monthly report must not identify specific employees or job 26 27 applicants. 28 (10) RULES.--The Agency for Health Care Administration shall adopt rules pursuant to s. 112.0455, part II of chapter 29 408, and criteria established by the United States Department 30 of Health and Human Services as general guidelines for 31 330

1 modeling drug-free workplace laboratories the state 2 drug testing program, concerning, but not limited to: (a) Standards for licensing drug-testing laboratories 3 and suspension and revocation of such licenses. 4 5 (b) Urine, hair, blood, and other body specimens and б minimum specimen amounts that are appropriate for drug 7 testing. 8 (c) Methods of analysis and procedures to ensure reliable drug-testing results, including standards for initial 9 tests and confirmation tests. 10 (d) Minimum cutoff detection levels for each drug or 11 12 metabolites of such drug for the purposes of determining a 13 positive test result. (e) Chain-of-custody procedures to ensure proper 14 identification, labeling, and handling of specimens tested. 15 (f) Retention, storage, and transportation procedures 16 17 to ensure reliable results on confirmation tests and retests. 18 Section 181. Paragraph (1) of subsection (1) of section 468.505, Florida Statutes, is amended to read: 19 20 468.505 Exemptions; exceptions.--21 (1) Nothing in this part may be construed as 22 prohibiting or restricting the practice, services, or 23 activities of: (1) A person employed by a nursing facility exempt 2.4 from licensing under s. 395.002(12)(13), or a person exempt 25 from licensing under s. 464.022. 26 27 Section 182. Subsection (3) is added to section 2.8 483.035, Florida Statutes, to read: 29 483.035 Clinical laboratories operated by 30 practitioners for exclusive use; licensure and regulation .--31

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1 (3) The requirements of part II of chapter 408 apply 2 to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities 3 4 licensed by or applying for such licensure from the agency pursuant to this part. A license issued by the agency is 5 6 required in order to operate a clinical laboratory. 7 Section 183. Subsection (1) of section 483.051, Florida Statutes, is amended to read: 8 483.051 Powers and duties of the agency.--The agency 9 10 shall adopt rules to implement this part, which rules must include, but are not limited to, the following: 11 12 (1) LICENSING; QUALIFICATIONS.--The agency shall 13 provide for biennial licensure of all clinical laboratories meeting the requirements of this part and shall prescribe the 14 qualifications necessary for such licensure. A license issued 15 16 for operating a clinical laboratory, unless sooner suspended 17 or revoked, expires on the date set forth by the agency on the 18 face of the license. Section 184. Section 483.061, Florida Statutes, is 19 amended to read: 20 21 483.061 Inspection of clinical laboratories.--22 (1) In addition to the requirements of s. 408.811, the 23 agency shall ensure that each clinical laboratory subject to this part is inspected either onsite or offsite when deemed 2.4 necessary by the agency, but at least every 2 years, for the 25 purpose of evaluating the operation, supervision, and 26 27 procedures of the facility to ensure compliance with this 2.8 part. Collection stations and branch offices may be inspected 29 either onsite or offsite, when deemed necessary by the agency. The agency may conduct or cause to be conducted the following 30 announced or unannounced inspections at any reasonable time: 31

1 (a) An inspection conducted at the direction of the 2 federal Centers for Medicare and Medicaid Services Health Care Financing Administration. 3 4 (b) A licensure inspection. 5 (b)(c) A validation inspection. б (c)(d) A complaint investigation, including a full 7 licensure investigation with a review of all licensure standards as outlined in rule. Complaints received by the 8 agency from individuals, organizations, or other sources are 9 subject to review and investigation by the agency. If a 10 complaint has been filed against a laboratory or if a 11 12 laboratory has a substantial licensure deficiency, the agency 13 may inspect the laboratory annually or as the agency considers 14 necessary. (2) However, For laboratories operated under s. 15 483.035, biennial licensure inspections shall be scheduled so 16 17 as to cause the least disruption to the practitioner's 18 scheduled patients. 19 (2) The right of entry and inspection is extended to any premises that is maintained as a laboratory without a 20 21 license, but such entry or inspection may not be made without 22 the permission of the owner or person in charge of the 23 laboratory, unless an inspection warrant as defined in s. 933.20 is first obtained. 2.4 (3) The agency may shall inspect an out-of-state 25 clinical laboratory under this section at the expense of the 26 27 out-of-state clinical laboratory to determine whether the 2.8 laboratory meets the requirements of this part and part II of chapter 408. 29 (4) The agency shall accept, in lieu of its own 30 periodic inspections for licensure, the survey of or 31 333

1 inspection by private accrediting organizations that perform 2 inspections of clinical laboratories accredited by such organizations, including postinspection activities required by 3 4 the agency. 5 (a) The agency shall accept inspections performed by 6 such organizations if the accreditation is not provisional, if 7 such organizations perform postinspection activities required 8 by the agency and provide the agency with all necessary inspection and postinspection reports and information 9 10 necessary for enforcement, if such organizations apply standards equal to or exceeding standards established and 11 12 approved by the agency, and if such accrediting organizations 13 are approved by the federal Health Care Financing Administration to perform such inspections. 14 (b) The agency may conduct complaint investigations 15 made against laboratories inspected by accrediting 16 17 organizations. (c) The agency may conduct sample validation 18 inspections of laboratories inspected by accrediting 19 20 organizations to evaluate the accreditation process used by an 21 accrediting organization. 22 (d) The agency may conduct a full inspection if an 23 accrediting survey has not been conducted within the previous 24 months, and the laboratory must pay the appropriate license 2.4 inspection fee under s. 483.172(2) s. 483.172. 25 (e) The agency shall develop, and adopt, by rule, 26 27 criteria for accepting inspection and postinspection reports 2.8 of accrediting organizations in lieu of conducting a state 29 licensure inspection. Section 185. Section 483.091, Florida Statutes, is 30 amended to read: 31

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1 483.091 Clinical laboratory license. -- A person may not 2 conduct, maintain, or operate a clinical laboratory in this state, except a laboratory that is exempt under s. 483.031, 3 4 unless the clinical laboratory has obtained a license from the 5 agency. A clinical laboratory may not send a specimen drawn 6 within this state to any clinical laboratory outside the state for examination unless the out-of-state laboratory has 7 8 obtained a license from the agency. A license is valid only 9 for the person or persons to whom it is issued and may not be sold, assigned, or transferred, voluntarily or involuntarily, 10 and is not valid for any premises other than those for which 11 12 the license is issued. However, A new license may be secured 13 for the new location before the actual change, if the contemplated change complies with this part, part II of 14 chapter 408, and the applicable rules adopted under this part. 15 Application for a new clinical laboratory license must be made 16 17 60 days before a change in the ownership of the clinical 18 laboratory. Section 186. Section 483.101, Florida Statutes, is 19 amended to read: 20 21 483.101 Application for Clinical laboratory license.--2.2 (1) An application for a clinical laboratory license 23 must be made under oath by the owner or director of the clinical laboratory or by the public official responsible for 2.4 25 operating a state, municipal, or county clinical laboratory or institution that contains a clinical laboratory, upon forms 26 27 provided by the agency. (2) Each applicant for licensure must comply with the 28 following requirements: 29 30 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in 31

accordance with the level 2 standards for screening set forth 1 2 in chapter 435, of the managing director or other similarly titled individual who is responsible for the daily operation 3 of the laboratory and of the financial officer, or other 4 similarly titled individual who is responsible for the 5 6 financial operation of the laboratory, including billings for 7 patient services. The applicant must comply with the procedures for level 2 background screening as set forth in 8 chapter 435, as well as the requirements of s. 435.03(3). 9 10 (b) The agency may require background screening of any other individual who is an applicant if the agency has 11 12 probable cause to believe that he or she has been convicted of 13 a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435. 14 (c) Proof of compliance with the level 2 background 15 screening requirements of chapter 435 which has been submitted 16 17 within the previous 5 years in compliance with any other 18 health care licensure requirements of this state is acceptable 19 in fulfillment of the requirements of paragraph (a). 20 (d) A provisional license may be granted to an 21 applicant when each individual required by this section to 2.2 undergo background screening has met the standards for the 23 Department of Law Enforcement background check but the agency 2.4 has not yet received background screening results from the Federal Bureau of Investigation, or a request for a 25 disqualification exemption has been submitted to the agency as 26 set forth in chapter 435 but a response has not yet been 27 2.8 issued. A license may be granted to the applicant upon the 29 agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each 30 individual required by this section to undergo background 31

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1 screening which confirms that all standards have been met, or 2 upon the granting of a disgualification exemption by the agency as set forth in chapter 435. Any other person who is 3 required to undergo level 2 background screening may serve in 4 5 his or her capacity pending the agency's receipt of the report 6 from the Federal Bureau of Investigation. However, the person 7 may not continue to serve if the report indicates any 8 violation of background screening standards and a disqualification exemption has not been requested of and 9 10 granted by the agency as set forth in chapter 435. (e) Each applicant must submit to the agency, with its 11 12 application, a description and explanation of any exclusions, 13 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 14 the requirements for disclosure of ownership and control 15 interests under the Medicaid or Medicare programs may be 16 17 accepted in lieu of this submission. 18 (f) Each applicant must submit to the agency a 19 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 20 21 member of the board of directors of the applicant, its 2.2 officers, or any individual owning 5 percent or more of the 23 applicant. This requirement does not apply to a director of a not for profit corporation or organization if the director 2.4 25 serves solely in a voluntary capacity for the corporation or 26 organization, does not regularly take part in the day to day 27 operational decisions of the corporation or organization, 2.8 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 29 30 financial interest and has no family members with a financial interest in the corporation or organization, provided that the 31

1 director and the not for profit corporation or organization 2 include in the application a statement affirming that the director's relationship to the corporation satisfies the 3 4 requirements of this paragraph. 5 (q) A license may not be granted to an applicant if б the applicant or managing employee has been found quilty of, 7 regardless of adjudication, or has entered a plea of nolo 8 contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, 9 10 unless an exemption from disqualification has been granted by the agency as set forth in chapter 435. 11 12 (h) The agency may deny or revoke licensure if the 13 applicant: 1. Has falsely represented a material fact in the 14 15 application required by paragraph (e) or paragraph (f), or has 16 omitted any material fact from the application required by 17 paragraph (e) or paragraph (f); or 18 2 Has had prior action taken against the applicant 19 under the Medicaid or Medicare program as set forth in 20 paragraph (e). 21 (i) An application for license renewal must contain 2.2 the information required under paragraphs (e) and (f). 23 (3) A license must be issued authorizing the performance of one or more clinical laboratory procedures or 2.4 25 one or more tests on each specialty or subspecialty. A separate license is required of all laboratories maintained on 26 27 separate premises even if the laboratories are operated under 2.8 the same management. Upon receipt of a request for an application for a clinical laboratory license, the agency 29 30 shall provide to the applicant a copy of the rules relating to 31

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1 licensure and operations applicable to the laboratory 2 which licensure is sought. 3 Section 187. Section 483.106, Florida Statutes, is amended to read: 4 5 483.106 Application for a certificate of 6 exemption. -- An application for a certificate of exemption must 7 be made under oath by the owner or director of a clinical 8 laboratory that performs only waived tests as defined in s. 483.041. A certificate of exemption authorizes a clinical 9 laboratory to perform waived tests. Laboratories maintained on 10 separate premises and operated under the same management may 11 12 apply for a single certificate of exemption or multiple 13 certificates of exemption. The agency shall, by rule, specify the process for biennially issuing certificates of exemption. 14 Sections 483.011, 483.021, 483.031, 483.041, 483.172, and 15 483.23, and 483.25 apply to a clinical laboratory that obtains 16 17 a certificate of exemption under this section. 18 Section 188. Section 483.111, Florida Statutes, is amended to read: 19 483.111 Limitations on licensure.--A license may be 20 21 issued to a clinical laboratory to perform only those clinical 22 laboratory procedures and tests that are within the 23 specialties or subspecialties in which the clinical laboratory personnel are qualified. A license may not be issued unless 2.4 the agency determines that the clinical laboratory is 25 26 adequately staffed and equipped to operate in conformity with 27 the requirements of this part, part II of chapter 408, and 2.8 applicable the rules adopted under this part. Section 189. Section 483.131, Florida Statutes, is 29 30 repealed. 31

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1 Section 190. Subsections (1) and (2) of section 2 483.172, Florida Statutes, are amended to read: 3 483.172 License fees.--4 (1) In accordance with s. 408.805, an applicant or a 5 licensee shall pay a fee for each license application б submitted under this part, part II of chapter 408, and 7 applicable rules. The agency shall collect fees for all 8 licenses issued under this part. Each fee is due at the time 9 of application and must be payable to the agency to be deposited in the Health Care Trust Fund administered by the 10 agency. 11 12 (2) The biennial license fee schedule is as follows: 13 (a) If a laboratory performs not more than 2,000 tests annually, the fee is \$400. 14 (b) If a laboratory performs not more than 3 15 categories of procedures with a total annual volume of more 16 17 than 2,000 but no more than 10,000 tests, the license fee is 18 \$965. 19 (c) If a laboratory performs at least 4 categories of procedures with a total annual volume of not more than 10,000 20 21 tests, the license fee is \$1,294. 22 (d) If a laboratory performs not more than 3 23 categories of procedures with a total annual volume of more than 10,000 but not more than 25,000 tests, the license fee is 2.4 \$1,592. 25 26 (e) If a laboratory performs at least 4 categories of 27 procedures with a total annual volume of more than 10,000 but 2.8 not more than 25,000 tests, the license fee is \$2,103. (f) If a laboratory performs a total of more than 29 25,000 but not more than 50,000 tests annually, the license 30 fee is \$2,364. 31

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1 (q) If a laboratory performs a total of more than 2 50,000 but not more than 75,000 tests annually, the license fee is \$2,625. 3 (h) If a laboratory performs a total of more than 4 75,000 but not more than 100,000 tests annually, the license 5 б fee is \$2,886. 7 (i) If a laboratory performs a total of more than 100,000 but not more than 500,000 tests annually, the license 8 fee is \$3,397. 9 10 (j) If a laboratory performs a total of more than 500,000 but not more than 1 million tests annually, the 11 12 license fee is \$3,658. 13 (k) If a laboratory performs a total of more than 1 million tests annually, the license fee is \$3,919. 14 Section 191. Section 483.201, Florida Statutes, is 15 amended to read: 16 17 483.201 Grounds for disciplinary action against clinical laboratories .-- In addition to the requirements of 18 part II of chapter 408, the following acts constitute grounds 19 for which a disciplinary action specified in s. 483.221 may be 20 21 taken against a clinical laboratory: 22 (1) Making a fraudulent statement on an application 23 for a clinical laboratory license or any other document 2.4 required by the agency. (1)(2) Permitting unauthorized persons to perform 25 technical procedures or to issue reports. 26 27 (2) Demonstrating incompetence or making consistent 2.8 errors in the performance of clinical laboratory examinations 29 and procedures or erroneous reporting. 30 31

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1 (3) (4) Performing a test and rendering a report 2 thereon to a person not authorized by law to receive such services. 3 4 (4) (5) Knowingly having professional connection with or knowingly lending the use of the name of the licensed 5 6 clinical laboratory or its director to an unlicensed clinical 7 laboratory. 8 (5) (6) Violating or aiding and abetting in the violation of any provision of this part or the rules adopted 9 under this part. 10 (6) (7) Failing to file any report required by the 11 12 provisions of this part or the rules adopted under this part. 13 (7) (8) Reporting a test result for a clinical specimen if the test was not performed on the clinical specimen. 14 (8)(9) Performing and reporting tests in a specialty 15 or subspecialty in which the laboratory is not licensed. 16 17 (9)(10) Knowingly advertising false services or 18 credentials. 19 (10)(11) Failing to correct deficiencies within the time required by the agency. 2.0 21 Section 192. Section 483.221, Florida Statutes, is 2.2 amended to read: 23 483.221 Administrative fines penalties .--(1)(a) In accordance with part II of chapter 408, the 2.4 25 agency may deny, suspend, revoke, annul, limit, or deny 26 renewal of a license or impose an administrative fine, not to 27 exceed \$1,000 per violation, for the violation of any 2.8 provision of this part or rules adopted under this part. Each 29 day of violation constitutes a separate violation and is 30 subject to a separate fine. 31

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1 (2) (b) In determining the penalty to be imposed for a 2 violation, as provided in <u>subsection (1)</u> paragraph (a), the following factors must be considered: 3 4 (a)1. The severity of the violation, including the probability that death or serious harm to the health or safety 5 б of any person will result or has resulted; the severity of the 7 actual or potential harm; and the extent to which the 8 provisions of this part were violated. (b)2. Actions taken by the licensee to correct the 9 10 violation or to remedy complaints. (c)3. Any previous violation by the licensee. 11 12 (d)4. The financial benefit to the licensee of 13 committing or continuing the violation. (c) All amounts collected under this section must be 14 deposited into the Health Care Trust Fund administered by the 15 agency. 16 17 (2) The agency may issue an emergency order 18 immediately suspending, revoking, annulling, or limiting license if it determines that any condition in the licensed 19 20 facility presents a clear and present danger to public health 21 or safety. 22 Section 193. Section 483.25, Florida Statutes, is 23 repealed. Section 194. Section 483.291, Florida Statutes, is 2.4 25 amended to read: 26 483.291 Powers and duties of the agency; rules.--The 27 agency shall adopt rules to implement this part and part II of 2.8 chapter 408, which rules must include the following: 29 (1) LICENSING STANDARDS.--The agency shall license all multiphasic health testing centers meeting the requirements of 30 31

1 this part and shall prescribe standards necessary for 2 licensure. 3 (2) FEES.--In accordance with s. 408.805, an applicant 4 or a licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and 5 6 applicable rules. The agency shall establish annual fees, 7 which shall be reasonable in amount, for licensing of centers. 8 The fees must be sufficient in amount to cover the cost of 9 licensing and inspecting centers. 10 (a) The annual licensure fee is due at the time of application and is payable to the agency to be deposited in 11 12 the Health Care Trust Fund administered by the agency. The 13 license fee must be not less than \$600 \$300 or more than <u>\$2,000</u>\$1,000. 14 (b) The fee for late filing of an application for 15 license renewal is \$200 and is in addition to the licensure 16 17 fee due for renewing the license. 18 (3) ANNUAL LICENSING. The agency shall provide for annual licensing of centers. Any center that fails to pay the 19 proper fee or otherwise fails to qualify by the date of 2.0 21 expiration of its license is delinquent, and its license is 2.2 automatically canceled without notice or further proceeding. 23 Upon cancellation of its license under this subsection, a center may have its license reinstated only upon application 2.4 25 and qualification as provided for initial applicants and upon payment of all delinquent fees. 26 27 (3)(4) STANDARDS OF PERFORMANCE. -- The agency shall 2.8 prescribe standards for the performance of health testing 29 procedures. (4)(5) CONSTRUCTION OF CENTERS. -- The agency may adopt 30 rules to ensure that centers comply with all local, county, 31

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1 state, and federal standards for the construction, renovation, 2 maintenance, or repair of centers, which standards must ensure the conduct and operation of the centers in a manner that will 3 protect the public health. 4 (5)(6) SAFETY AND SANITARY CONDITIONS WITHIN THE 5 6 CENTER AND ITS SURROUNDINGS .-- The agency shall establish 7 standards relating to safety and sanitary conditions within the center and its surroundings, including water supply; 8 sewage; the handling of specimens; identification, 9 segregation, and separation of biohazardous waste as required 10 by s. 381.0098; storage of chemicals; workspace; firesafety; 11 12 and general measures, which standards must ensure the 13 protection of the public health. The agency shall determine compliance by a multiphasic health testing center with the 14 requirements of s. 381.0098 by verifying that the center has 15 16 obtained all required permits. 17 (6)(7) EQUIPMENT.--The agency shall establish minimum 18 standards for center equipment essential to the proper conduct and operation of the center. 19 (7)(8) PERSONNEL.--The agency shall prescribe minimum 20 21 qualifications for center personnel. A center may employ as a 22 medical assistant a person who has at least one of the 23 following gualifications: (a) Prior experience of not less than 6 months as a 2.4 medical assistant in the office of a licensed medical doctor 25 26 or osteopathic physician or in a hospital, an ambulatory 27 surgical center, a home health agency, or a health maintenance 2.8 organization. 29 (b) Certification and registration by the American Medical Technologists Association or other similar 30 professional association approved by the agency. 31 345

1 (c) Prior employment as a medical assistant in a 2 licensed center for at least 6 consecutive months at some time during the preceding 2 years. 3 Section 195. Section 483.294, Florida Statutes, is 4 amended to read: 5 б 483.294 Inspection of centers. -- In accordance with s. 7 408.811, the agency shall, at least once annually, inspect the 8 premises and operations of all centers subject to licensure 9 under this part, without prior notice to the centers, for the purpose of studying and evaluating the operation, supervision, 10 and procedures of such facilities, to determine their 11 12 compliance with agency standards and to determine their effect upon the health and safety of the people of this state. 13 Section 196. Section 483.30, Florida Statutes, is 14 amended to read: 15 483.30 Licensing of centers.--The requirements of part 16 17 II of chapter 408 apply to the provision of services that 18 require licensure pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such licensure 19 from the agency pursuant to this part. A license issued by the 2.0 21 agency is required in order to operate a center. 22 (1) A person may not conduct, maintain, or operate a 23 multiphasic health testing center in this state without obtaining a multiphasic health testing center license from the 2.4 agency. The license is valid only for the person or persons to 25 26 whom it is issued and may not be sold, assigned, or 27 transferred, voluntarily or involuntarily. A license is not 2.8 valid for any premises other than the center for which it is issued. However, a new license may be secured for the new 29 location for a fixed center before the actual change, if the 30 contemplated change is in compliance with this part and the 31

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1 rules adopted under this part. A center must be relicensed if 2 a change of ownership occurs. Application for relicensure must be made 60 days before the change of ownership. 3 4 (2) Each applicant for licensure must comply with the following requirements: 5 б (a) Upon receipt of a completed, signed, and dated 7 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 8 in chapter 435, of the managing employee, or other similarly 9 10 titled individual who is responsible for the daily operation of the center, and of the financial officer, or other 11 12 similarly titled individual who is responsible for the 13 financial operation of the center, including billings for patient services. The applicant must comply with the 14 procedures for level 2 background screening as set forth in 15 chapter 435, as well as the requirements of s. 435.03(3). 16 17 (b) The agency may require background screening of any 18 other individual who is an applicant if the agency has 19 probable cause to believe that he or she has been convicted of a crime or has committed any other offense prohibited under 2.0 21 the level 2 standards for screening set forth in chapter 435. 22 (c) Proof of compliance with the level 2 background 23 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 2.4 health care licensure requirements of this state is acceptable 25 in fulfillment of the requirements of paragraph (a). 26 27 (d) A provisional license may be granted to an 2.8 applicant when each individual required by this section to 29 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 30 has not yet received background screening results from the 31

1 Federal Bureau of Investigation, or a request for a 2 disqualification exemption has been submitted to the agency as set forth in chapter 435 but a response has not yet been 3 4 issued. A license may be granted to the applicant upon the 5 agency's receipt of a report of the results of the Federal 6 Bureau of Investigation background screening for each 7 individual required by this section to undergo background screening which confirms that all standards have been met, or 8 upon the granting of a disgualification exemption by the 9 10 agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in 11 12 his or her capacity pending the agency's receipt of the report 13 from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any 14 violation of background screening standards and a 15 disgualification exemption has not been requested of and 16 17 granted by the agency as set forth in chapter 435. 18 (e)Each applicant must submit to the agency, with its 19 application, a description and explanation of any exclusions, 20 permanent suspensions, or terminations of the applicant from 21 the Medicare or Medicaid programs. Proof of compliance with 2.2 the requirements for disclosure of ownership and control 23 interests under the Medicaid or Medicare programs may be accepted in lieu of this submission. 2.4 25 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 26 27 prohibited under the level 2 standards of chapter 435 by a 2.8 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 29 applicant. This requirement does not apply to a director of a 30 not for profit corporation or organization if the director 31

1 serves solely in a voluntary capacity for the corporation or 2 organization, does not regularly take part in the day to day operational decisions of the corporation or organization, 3 4 receives no remuneration for his or her services on the corporation or organization's board of directors, and has no 5 6 financial interest and has no family members with a financial 7 interest in the corporation or organization, provided that the 8 director and the not for profit corporation or organization 9 include in the application a statement affirming that the 10 director's relationship to the corporation satisfies the 11 requirements of this paragraph. 12 (q) A license may not be granted to an applicant if 13 the applicant or managing employee has been found quilty of, regardless of adjudication, or has entered a plea of nolo 14 contendere or guilty to, any offense prohibited under the 15 level 2 standards for screening set forth in chapter 435, 16 17 unless an exemption from disqualification has been granted by 18 the agency as set forth in chapter 435. 19 (h) The agency may deny or revoke licensure if the 20 applicant: 21 1. Has falsely represented a material fact in the 2.2 application required by paragraph (e) or paragraph (f), or has 23 omitted any material fact from the application required by 2.4 paragraph (e) or paragraph (f); or 25 Has had prior action taken against the applicant 2 26 under the Medicaid or Medicare program as set forth in 27 paragraph (e). 28 (i) An application for license renewal must contain 29 the information required under paragraphs (e) and (f). Section 197. Section 483.302, Florida Statutes, is 30 31 amended to read:

1 483.302 Application for license.--2 (1) Application for a license as required by s. 483.30 3 must be made to the agency on forms furnished by it and must 4 be accompanied by the appropriate license fee. (2) The application for a license must shall contain: 5 б (1) (1) (a) A determination as to whether the facility will 7 be fixed or mobile and the location for a fixed facility. 8 (b) The name and address of the owner if an 9 individual; if the owner is a firm, partnership, or 10 association, the name and address of every member thereof; if the owner is a corporation, its name and address and the name 11 12 and address of its medical director and officers and of each person having at least a 10 percent interest in the 13 14 corporation. (2)(c) The name of any person whose name is required 15 16 on the application under the provisions of paragraph (b) and 17 who owns at least a 10 percent interest in any professional 18 service, firm, association, partnership, or corporation providing goods, leases, or services to the center for which 19 the application is made, and the name and address of the 20 21 professional service, firm, association, partnership, or 2.2 corporation in which such interest is held. 23 (d) The name by which the facility is to be known. (3)(e) The name, address, and Florida physician's 2.4 license number of the medical director. 25 Section 198. Section 483.311, Florida Statutes, is 26 27 repealed. 28 Section 199. Subsections (2) through (8) of section 483.317, Florida Statutes, are renumbered as subsections (1) 29 30 through (7), respectively, and present subsection (1) of that section is amended to read: 31

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1 483.317 Grounds for disciplinary action against 2 centers. -- The following acts constitute grounds for which a disciplinary action specified in s. 483.32 may be taken 3 4 against a center: 5 (1) Making a fraudulent statement on an application б for a license or on any other document required by the agency 7 pursuant to this part. Section 200. Section 483.32, Florida Statutes, is 8 amended to read: 9 10 483.32 Administrative fines penalties .--11 (1)(a) The agency may deny, suspend, revoke, annul, 12 limit, or deny renewal of a license or impose an 13 administrative fine, not to exceed \$500 per violation, for the violation of any provision of this part, part II of chapter 14 408, or applicable rules adopted under this part. Each day of 15 16 violation constitutes a separate violation and is subject to a 17 separate fine. 18 (2) (b) In determining the amount of the fine to be levied for a violation, as provided in subsection (1) 19 paragraph (a), the following factors shall be considered: 20 21 (a)1. The severity of the violation, including the 2.2 probability that death or serious harm to the health or safety 23 of any person will result or has resulted; the severity of the actual or potential harm; and the extent to which the 2.4 provisions of this part were violated. 25 (b)2. Actions taken by the licensee to correct the 26 27 violation or to remedy complaints. 2.8 (c)3. Any previous violation by the licensee. (d)4. The financial benefit to the licensee of 29 30 committing or continuing the violation. 31

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1 (c) All amounts collected under this section must be 2 deposited into the Health Care Trust Fund administered by the 3 agency. 4 (2) The agency may issue an emergency order 5 immediately suspending, revoking, annulling, or limiting a 6 license when it determines that any condition in the licensed 7 facility presents a clear and present danger to public health 8 and safety. 9 Section 201. Subsections (2) and (3) of section 10 483.322, Florida Statutes, are renumbered as subsections (1) and (2), respectively, and present subsection (1) of that 11 12 section is amended to read: 13 483.322 Offenses. -- It is unlawful for any person to: (1) Operate, maintain, direct, or engage in the 14 business of operating a multiphasic health testing center 15 unless the person has obtained a license for the center. 16 17 Section 202. Section 483.328, Florida Statutes, is 18 repealed. Section 203. Subsection (2) of section 765.541, 19 Florida Statutes, is amended to read: 2.0 21 765.541 Certification of organizations engaged in the 2.2 practice of cadaveric organ and tissue procurement .-- The 23 Agency for Health Care Administration shall: (2) Adopt rules that set forth appropriate standards 2.4 and guidelines for the program in accordance with ss. 25 765.541-765.546 and part II of chapter 408. These standards 26 27 and quidelines must be substantially based on the existing 2.8 laws of the Federal Government and this state and the existing standards and guidelines of the United Network for Organ 29 30 Sharing (UNOS), the American Association of Tissue Banks (AATB), the South-Eastern Organ Procurement Foundation 31

1 (SEOPF), the North American Transplant Coordinators Organization (NATCO), and the Eye Bank Association of America 2 (EBAA). In addition, the Agency for Health Care Administration 3 shall, before adopting these standards and guidelines, seek 4 5 input from all organ procurement organizations, tissue banks, 6 and eye banks based in this state; 7 Section 204. Subsection (1) of section 765.542, 8 Florida Statutes, is amended to read: 9 765.542 Certification of organ procurement organizations, tissue banks, and eye banks .--10 (1) The requirements of part II of chapter 408 apply 11 12 to the provision of services that require licensure pursuant 13 to ss. 765.541-765.546 and part II of chapter 408 and to entities licensed or certified by or applying for such 14 licensure or certification from the Agency for Health Care 15 Administration pursuant to ss. 765.541-765.546. An 16 17 organization, agency, or other entity may not engage in the 18 practice of organ procurement in this state without being designated as an organ procurement organization by the 19 secretary of the United States Department of Health and Human 20 21 Services and being appropriately certified by the Agency for 22 Health Care Administration. As used in this subsection, the 23 term "procurement" includes the retrieval, processing, or distribution of human organs. A physician or organ procurement 2.4 organization based outside this state is exempt from these 25 26 certification requirements if: 27 (a) The organs are procured for an out-of-state 2.8 patient who is listed on, or referred through, the United 29 Network for Organ Sharing System; and 30 (b) The organs are procured through an agreement of an organ procurement organization certified by the state. 31 353

1 Section 205. Section 765.544, Florida Statutes, is 2 amended to read: 3 765.544 Fees; Florida Organ and Tissue Donor Education and Procurement Trust Fund. --4 5 (1) In accordance with s. 408.805, an applicant or a б certificateholder shall pay a fee for each application 7 submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be as follows: 8 The Agency for Health Care Administration shall collect 9 (a) An initial application fee of \$1,000 from organ 10 procurement organizations and tissue banks and \$500 from eye 11 12 banks. The fee must be submitted with each application for 13 initial certification and is nonrefundable. (b)(2) The Agency for Health Care Administration shall 14 assess Annual fees to be used, in the following order of 15 priority, for the certification program, the advisory board, 16 17 maintenance of the organ and tissue donor registry, and the 18 organ and tissue donor education program in the following amounts, which may not exceed \$35,000 per organization: 19 20 1.(a) Each general organ procurement organization 21 shall pay the greater of \$1,000 or 0.25 percent of its total 22 revenues produced from procurement activity in this state by 23 the certificateholder during its most recently completed fiscal year or operational year. 2.4 2.(b) Each bone and tissue procurement agency or bone 25 and tissue bank shall pay the greater of \$1,000 or 0.25 26 27 percent of its total revenues from procurement and processing 2.8 activity in this state by the certificateholder during its 29 most recently completed fiscal year or operational year. 30 3.(c) Each eye bank shall pay the greater of \$500 or 0.25 percent of its total revenues produced from procurement 31 354

1 activity in this state by the certificateholder during its most recently completed fiscal year or operational year. 2 (2)(3) The Agency for Health Care Administration shall 3 specify provide by rule the for administrative penalties for 4 the purpose of ensuring adherence to the standards of quality 5 б and practice required by this chapter, part II of chapter 408, 7 and <u>applicable</u> rules of the agency for continued 8 certification. (3)(4)(a) Proceeds from fees, administrative 9 penalties, and surcharges collected pursuant to this section 10 subsections (2) and (3) must be deposited into the Florida 11 12 Organ and Tissue Donor Education and Procurement Trust Fund 13 created by s. 765.52155. (b) Moneys deposited in the trust fund pursuant to 14 this section must be used exclusively for the implementation, 15 administration, and operation of the certification program and 16 17 the advisory board, for maintaining the organ and tissue donor 18 registry, and for organ and tissue donor education. (4)(5) As used in this section, the term "procurement 19 activity in this state" includes the bringing into this state 20 for processing, storage, distribution, or transplantation of 21 22 organs or tissues that are initially procured in another state 23 or country. Section 206. Subsection (4) of section 766.118, 2.4 Florida Statutes, is amended to read: 25 766.118 Determination of noneconomic damages.--26 27 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE 2.8 OF PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.--Notwithstanding subsections (2) and (3), with respect 29 to a cause of action for personal injury or wrongful death 30 arising from medical negligence of practitioners providing 31 355

1 emergency services and care, as defined in s.  $395.002(9)\frac{(10)}{(10)}$ , 2 or providing services as provided in s. 401.265, or providing 3 services pursuant to obligations imposed by 42 U.S.C. s. 1395dd to persons with whom the practitioner does not have a 4 5 then-existing health care patient-practitioner relationship 6 for that medical condition: 7 (a) Regardless of the number of such practitioner 8 defendants, noneconomic damages shall not exceed \$150,000 per 9 claimant. 10 (b) Notwithstanding paragraph (a), the total noneconomic damages recoverable by all claimants from all such 11 12 practitioners shall not exceed \$300,000. 13 The limitation provided by this subsection applies only to 14 noneconomic damages awarded as a result of any act or omission 15 of providing medical care or treatment, including diagnosis 16 17 that occurs prior to the time the patient is stabilized and is 18 capable of receiving medical treatment as a nonemergency patient, unless surgery is required as a result of the 19 emergency within a reasonable time after the patient is 20 21 stabilized, in which case the limitation provided by this 22 subsection applies to any act or omission of providing medical 23 care or treatment which occurs prior to the stabilization of 24 the patient following the surgery. Section 207. Section 766.316, Florida Statutes, is 25 amended to read: 26 27 766.316 Notice to obstetrical patients of 2.8 participation in the plan.--Each hospital with a participating 29 physician on its staff and each participating physician, other than residents, assistant residents, and interns deemed to be 30 participating physicians under s. 766.314(4)(c), under the 31 356

Florida Birth-Related Neurological Injury Compensation Plan 1 2 shall provide notice to the obstetrical patients as to the limited no-fault alternative for birth-related neurological 3 injuries. Such notice shall be provided on forms furnished by 4 the association and shall include a clear and concise 5 6 explanation of a patient's rights and limitations under the 7 plan. The hospital or the participating physician may elect to have the patient sign a form acknowledging receipt of the 8 notice form. Signature of the patient acknowledging receipt of 9 the notice form raises a rebuttable presumption that the 10 notice requirements of this section have been met. Notice need 11 12 not be given to a patient when the patient has an emergency 13 medical condition as defined in s. 395.002(8)(9)(b) or when notice is not practicable. 14 Section 208. Paragraph (b) of subsection (2) of 15 section 812.014, Florida Statutes, is amended to read: 16 17 812.014 Theft.--18 (2) (b)1. If the property stolen is valued at \$20,000 or 19 more, but less than \$100,000; 20 21 2. The property stolen is cargo valued at less than 22 \$50,000 that has entered the stream of interstate or 23 intrastate commerce from the shipper's loading platform to the consignee's receiving dock; or 2.4 3. The property stolen is emergency medical equipment, 25 valued at \$300 or more, that is taken from a facility licensed 26 27 under chapter 395 or from an aircraft or vehicle permitted 2.8 under chapter 401, 29 30 the offender commits grand theft in the second degree, punishable as a felony of the second degree, as provided in s. 31 357

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1	775.082, s. 775.083, or s. 775.084. Emergency medical
2	equipment means mechanical or electronic apparatus used to
3	provide emergency services and care as defined in s.
4	395.002 <u>(9)<del>(10)</del> or to treat medical emergencies.</u>
5	Section 209. This act shall take effect July 1, 2007.
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8	SENATE SUMMARY
9 10	Provides applicability of licensure requirements of health care providers under part II of chapter 408, Florida Statutes.
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Florida Senate - 2007 (PROPOSED COMMITTEE BILL) SPB 7006