Florida Senate - 2007

By the Committee on Health Regulation

588-371D-07

2An act conforming the Florida Statutes to3legislation enacted during the 2006 Regular4Session relating to the licensure of health5care providers regulated by the Agency for6Health Care Administration; amending s.7112.0455, F.S.; providing applicability of8licensure requirements under pt. II of ch. 408,9F.S., to drug-testing standards of10laboratories; authorizing the Agency for Health11Care Administration to adopt rules to implement12pt. II of ch. 408, F.S., relating to the13Drug-Free Workplace Act; revising a license14fee; amending s. 381.78, F.S.; conforming a15cross-reference; amending s. 383.301, F.S.;16providing applicability of licensure17requirements under pt. II of ch. 408, F.S., to18birth centers; repealing s. 383.304, F.S.;19relating to the licensure requirement for birth20centers; amending s. 383.305, F.S.; providing21applicability of licensure requirements under22pt. II of ch. 408, F.S., to birth centers;23providing for licensure fees to be established24by rule; amending s. 383.309, F.S.; authorizing25the agency to adopt and enforce rules to26administer pt. II of ch. 408, F.S., relating to27standards for birth centers; amending s.28383.315, F.S.; revising a provision relating to29consultation agreements for birth centers;30amending	1	A bill to be entitled
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<pre>29 consultation agreements for birth centers; 30 amending s. 383.324, F.S.; revising provisions</pre>	27	standards for birth centers; amending s.
30 amending s. 383.324, F.S.; revising provisions	28	383.315, F.S.; revising a provision relating to
	29	consultation agreements for birth centers;
31 relating to inspections and investigations of	30	amending s. 383.324, F.S.; revising provisions
	31	relating to inspections and investigations of

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1	birth center facilities; amending s. 383.33,
2	F.S.; revising provisions relating to
3	administrative fines, penalties, emergency
4	orders, and moratoriums on admissions;
5	repealing s. 383.331, F.S., relating to
б	injunctive relief; amending s. 383.332, F.S.;
7	providing applicability of licensure
8	requirements under pt. II of ch. 408, F.S.;
9	amending s. 383.335, F.S.; providing an
10	exemption from pt. II of ch. 408, F.S., for
11	specified birth centers; amending s. 383.50,
12	F.S.; conforming a cross-reference; amending s.
13	390.011, F.S.; revising a definition; amending
14	s. 390.012, F.S.; revising rulemaking authority
15	of the agency for abortion clinics; repealing
16	s. 390.013, F.S., relating to effective date of
17	rules applicable to abortion clinics; amending
18	s. 390.014, F.S.; providing applicability of
19	licensure requirements under pt. II of ch. 408,
20	F.S., to abortion clinics; amending s. 390.015,
21	F.S.; revising provisions to applications for a
22	license; repealing s. 390.016, F.S., relating
23	to expiration and renewal of a license;
24	repealing s. 390.017, F.S., relating to grounds
25	for suspension or revocation of a license;
26	amending s. 390.018, F.S.; providing
27	applicability of licensure requirements under
28	pt. II of ch. 408, F.S., to administrative
29	fines; repealing s. 390.019, F.S., relating an
30	to administrative penalty in lieu of revocation
31	or suspension of a license to operate an

1	abortion clinic; repealing s. 390.021, F.S.,
2	relating to instituting injunction proceedings
3	against an abortion clinic; amending s.
4	394.455, F.S.; revising a definition; amending
5	s. 394.4787, F.S.; conforming a
6	cross-reference; amending s. 394.67, F.S.;
7	deleting, revising, and providing definitions;
8	amending ss. 394.74 and 394.82, F.S.;
9	conforming cross-references; amending s.
10	394.875, F.S.; providing the purpose of
11	short-term residential treatment facilities;
12	providing applicability of licensure
13	requirements under pt. II of ch. 408, F.S., to
14	crisis stabilization units, short-term
15	residential treatment facilities, residential
16	treatment facilities, and residential treatment
17	centers for children and adolescents; providing
18	an exemption from licensure requirements for
19	hospitals licensed under ch. 395, F.S., and
20	certain programs operated therein; amending s.
21	394.876, F.S.; revising provisions relating to
22	an application for licensure to provide
23	community substance abuse and mental health
24	services; amending s. 394.877, F.S.; providing
25	applicability of pt. II of ch. 408, F.S., to
26	license fees; repealing s. 394.878, F.S.,
27	relating to issuance and renewal of licenses;
28	amending s. 394.879, F.S.; providing rulemaking
29	authority to the Department of Children and
30	Family Services; deleting a reference to
31	deposit of certain fines in the Mental Health
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1	Facility Trust Fund; amending s. 394.90, F.S.;
2	revising provisions relating to inspections of
3	crisis stabilization units and residential
4	treatment facilities; amending s. 394.902,
5	F.S.; revising provisions relating to the
б	moratorium on admissions for unsafe or unlawful
7	provision of community substance abuse and
8	mental health services; amending s. 394.907,
9	F.S., relating to access to records of
10	community mental health centers; providing for
11	the department to determine licensee compliance
12	with quality assurance programs; amending s.
13	395.002, F.S.; deleting a definition;
14	conforming cross-references; amending ss.
15	395.003, 395.004, and 395.0161, F.S.; providing
16	applicability of licensure requirements under
17	pt. II of ch. 408, F.S., to hospitals,
18	ambulatory surgical centers, and mobile
19	surgical facilities; repealing s. 395.0055,
20	F.S., relating to background screening of
21	personnel of hospitals and other licensed
22	facilities; amending s. 395.0163, F.S.;
23	deleting a provision requiring the deposit of
24	fees charged for review of plans for
25	construction of hospitals and other licensed
26	facilities in the Planning and Regulation Trust
27	Fund; amending ss. 395.0193 and 395.0197, F.S.;
28	providing for the applicability of the
29	reporting requirements of pt. II of ch. 408,
30	F.S., to hospitals and other licensed
31	facilities; conforming cross-references;

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1	amending ss. 395.0199 and 395.1046, F.S.;
2	providing applicability of licensure
3	requirements under pt. II of ch. 408, F.S., to
4	health care utilization review and complaint
5	investigation procedures; amending s. 395.1055,
б	F.S.; providing applicability of licensure
7	requirements under pt. II of ch. 408, F.S., to
8	the adoption and enforcement of rules; amending
9	ss. 395.1065, 395.10973, and 395.10974, F.S.;
10	providing applicability of licensure
11	requirements under pt. II of ch. 408, F.S., to
12	administrative penalties and injunctions,
13	rulemaking, and health care risk managers;
14	amending ss. 395.602, 395.701, 400.0073, and
15	400.0074, F.S.; conforming cross-references;
16	amending s. 400.021, F.S.; deleting
17	definitions; amending s. 400.022, F.S.;
18	providing applicability of licensure
19	requirements under pt. II of ch. 408, F.S., to
20	grounds for action for a violation of
21	residents' rights; amending s. 400.051, F.S.;
22	conforming a cross-reference; amending s.
23	400.062, F.S.; providing applicability of
24	licensure requirements under pt. II of ch. 408,
25	F.S., to nursing homes and related health care
26	facilities; revising provisions relating to
27	license fees; amending s. 400.063, F.S.;
28	conforming a cross-reference; amending ss.
29	400.071 and 400.0712, F.S.; providing
30	applicability of licensure requirements under
31	pt. II of ch. 408, F.S., to license
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1	applications; revising provisions governing
2	inactive licenses; amending s. 400.102, F.S.;
3	providing applicability of licensure
4	requirements under pt. II of ch. 408, F.S., to
5	grounds for action by the agency against a
б	licensee; amending s. 400.111, F.S.; providing
7	applicability of licensure requirements under
8	pt. II of ch. 408, F.S., to the disclosure of a
9	controlling interest of a nursing home
10	facility; requiring a licensee to disclose
11	certain holdings of a controlling interest;
12	amending s. 400.1183, F.S.; revising grievance
13	procedures for nursing home residents; deleting
14	a provision relating to an administrative fine;
15	amending s. 400.121, F.S.; providing
16	applicability of licensure requirements under
17	pt. II of ch. 408, F.S., to the denial,
18	suspension, or revocation of a nursing home
19	facility license, fines imposed, and procedures
20	for conducting hearings; repealing s. 400.125,
21	F.S., relating to instituting injunction
22	proceedings against a nursing home; amending s.
23	400.141, F.S.; conforming a cross-reference;
24	amending s. 400.179, F.S.; revising provisions
25	relating to liability for Medicaid
26	underpayments and overpayments; requiring that
27	certain licensure fees be paid annually;
28	amending s. 400.18, F.S.; revising provisions
29	relating to the closing of a nursing home
30	facility; amending s. 400.19, F.S.; providing
31	applicability of licensure requirements under

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1	pt. II of ch. 408, F.S., to nursing home
2	facility inspections; amending s. 400.191,
3	F.S.; revising provisions relating to the
4	availability, distribution, and posting of
5	reports and records; amending s. 400.23, F.S.;
6	providing applicability of pt. II of ch. 408,
7	F.S., to rulemaking for nursing home
8	facilities; amending s. 400.241, F.S.; deleting
9	provisions relating to prohibited acts
10	involving the establishment, operation, or
11	advertisement of nursing home facilities;
12	amending ss. 400.464, 400.471, 400.474, and
13	400.484, F.S.; providing applicability of
14	licensure requirements under pt. II of ch. 408,
15	F.S., to home health agencies; repealing s.
16	400.495, F.S., relating to the notice of a
17	toll-free telephone number for the central
18	abuse hotline; amending ss. 400.497, 400.506,
19	400.509, 400.602, 400.605, 400.606, 400.6065,
20	400.607, 400.801, 400.805, 400.903, 400.905,
21	400.907, 400.908, 400.912, 400.914, and
22	400.915, F.S.; providing applicability of
23	licensure requirements under pt. II of ch. 408,
24	F.S., to the toll-free central abuse hotline,
25	rules establishing minimum standards for home
26	health aides, nurse registries, the
27	registration of companion or homemaker service
28	providers that are exempt from licensure,
29	hospices, homes for special services,
30	transitional living facilities, and prescribed
31	pediatric extended care (PPEC) centers;

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1	amending s. 400.512, F.S.; revising provisions
2	relating to the screening of home health
3	agency, nurse registry, companion, and
4	homemaker personnel; repealing s. 400.515,
5	F.S., relating to instituting injunction
б	proceedings against a home health agency or
7	nurse registry; amending s. 400.6095, F.S.;
8	clarifying provisions relating to protection
9	from liability for hospice staff; amending s.
10	400.902, F.S.; revising a definition; amending
11	s. 400.906, F.S.; revising provisions relating
12	to applications for a license to operate a PPEC
13	center; repealing s. 400.910, F.S., relating to
14	expiration and renewal of a license and the
15	issuance of a conditional license or permit to
16	operate a PPEC center; repealing s. 400.911,
17	F.S., relating to instituting injunction
18	proceedings against a PPEC center; repealing s.
19	400.913, F.S., relating to right to enter and
20	inspect a PPEC center; amending s. 400.916,
21	F.S.; revising provisions relating to
22	prohibited acts and penalties applicable to a
23	PPEC center; repealing s. 400.917, F.S.,
24	relating to disposition of moneys from fines
25	and fees imposed on a PPEC center; amending s.
26	400.925, F.S.; deleting and revising
27	definitions; amending ss. 400.93, 400.931,
28	400.932, 400.933, 400.935, and 400.955, F.S.;
29	providing applicability of licensure
30	requirements under pt. II of ch. 408, F.S., to
31	home medical equipment providers; repealing s.

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1	1 400.95, F.S., relating to notice of th	le
2	2 toll-free telephone number for the cer	itral
3	3 abuse hotline; repealing s. 400.956, H	r.S.,
4	4 relating to instituting injunction pro	ceedings
5	5 against a home medical equipment provi	.der;
6	6 amending ss. 400.962, 400.967, 400.968	}, and
7	7 400.969, F.S.; providing applicability	/ of
8	8 licensure requirements under pt. II of	ch. 408,
9	9 F.S., to intermediate care facilities	for
10	10 developmentally disabled persons; repe	aling s.
11	11 400.963, F.S., relating to instituting	3
12	12 injunction proceedings against an inte	ermediate
13	13 care facility for developmentally disa	abled
14	14 persons; repealing s. 400.965, F.S., r	relating
15	15 to agency action against an intermedia	ate care
16	16 facility for developmentally disabled	persons;
17	amending s. 400.980, F.S.; providing	
18	18 applicability of licensure requirement	s under
19	19 pt. II of ch. 408, F.S., to health car	re
20	20 services pools; amending ss. 400.991,	400.9915,
21	21 400.9925, 400.993, 400.9935, and 400.9	95, F.S.;
22	22 providing applicability of licensure	
23	23 requirements under pt. II of ch. 408,	F.S., to
24	24 health care clinics; repealing s. 400.	992,
25	25 F.S., relating to license renewal, tra	ansfer of
26	26 ownership, and provisional license of	a health
27	27 care clinic; repealing s. 400.994, F.S.	· ,
28	28 relating to instituting injunctive pro	ceedings
29	29 against a health care clinic; repealir	ng s.
30	30 400.9945, F.S., relating to review of	agency
31	31 licensure enforcement actions; amendir	ng ss.

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1	408.802 and 408.832, F.S.; revising provisions
2	to conform to changes made by the act; amending
3	ss. 409.221, 409.815, 409.905, and 409.907,
4	F.S.; conforming cross-references; amending ss.
5	429.02, 429.07, 429.075, 429.08, 429.11,
6	429.12, 429.14, 429.17, 429.174, 429.176,
7	429.18, 429.19, 429.22, 429.26, 429.31, 429.34,
8	429.35, 429.41, and 429.47, F.S.; providing
9	applicability of licensure requirements under
10	pt. II of ch. 408, F.S., to assisted living
11	facilities; repealing s. 429.15, F.S., relating
12	to imposing a moratorium on admissions to an
13	assisted living facility and notice thereof;
14	repealing s. 429.21, F.S., relating to
15	instituting injunctive proceedings against an
16	assisted living facility; repealing s. 429.51,
17	F.S., relating to the time for an existing
18	assisted living facility to comply with newly
19	adopted rules and standards; amending ss.
20	429.67, 429.69, 429.71, and 429.73, F.S.;
21	providing applicability of licensure
22	requirements under pt. II of ch. 408, F.S., to
23	adult family-care homes; repealing s. 429.77,
24	F.S., relating to instituting injunctive
25	proceedings against an adult family-care home;
26	amending ss. 429.901, 429.907, 429.909,
27	429.911, 429.913, 429.915, 429.919, 429.925,
28	429.927, and 429.929, F.S.; providing
29	applicability of licensure requirements under
30	pt. II of ch. 408, F.S., to adult day care
31	centers; repealing s. 429.921, F.S., relating

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1	to the disposition of fees and administrative
2	fines imposed on adult day care centers;
3	repealing s. 429.923, F.S., relating to
4	instituting injunctive proceedings against an
5	adult day care center; repealing s. 429.933,
6	F.S., relating to prohibited acts and penalties
7	applicable to adult day care centers; amending
8	s. 440.102, F.S.; providing applicability of
9	licensure requirements under pt. II of ch. 408,
10	F.S., to drug-testing laboratories; amending
11	ss. 468.505 and 483.106, F.S.; conforming
12	cross-references; amending ss. 483.035,
13	483.051, 483.061, 483.091, 483.101, 483.111,
14	483.172, 483.201, and 483.221, F.S.; providing
15	applicability of licensure requirements under
16	pt. II of ch. 408, F.S., to certain clinical
17	laboratories; repealing s. 483.131, F.S.,
18	relating to display of the clinical laboratory
19	license; repealing s. 483.25, F.S., relating to
20	instituting injunctive proceedings against a
21	clinical laboratory; amending ss. 483.291,
22	483.294, 483.30, 483.302, 483.317, 483.32, and
23	483.322, F.S.; providing applicability of
24	licensure requirements under pt. II of ch. 408,
25	F.S., to multiphasic health testing centers;
26	repealing s. 483.311, F.S., relating to the
27	display of a multiphasic health testing center
28	license; amending s. 483.317, F.S.; repealing
29	s. 483.328, F.S., relating to instituting
30	injunctive proceedings against a multiphasic
31	health testing center; amending s. 765.541,

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1 F.S.; conforming provisions relating to 2 cadaveric organ and tissue procurement; amending s. 765.542, F.S.; providing 3 4 applicability of licensure requirements under 5 pt. II of ch. 408, F.S., to organ procurement б organizations and tissue and eye banks; 7 amending s. 765.544, F.S.; conforming 8 provisions relating to application fees from 9 organizations and tissue and eye banks; 10 amending ss. 766.118, 766.316, and 812.014, F.S.; conforming cross-references; providing an 11 12 effective date. 13 Be It Enacted by the Legislature of the State of Florida: 14 15 Section 1. Subsections (12) and (17) and paragraph (a) 16 17 of subsection (13) of section 112.0455, Florida Statutes, are 18 amended to read: 19 112.0455 Drug-Free Workplace Act.--(12) DRUG-TESTING STANDARDS; LABORATORIES.--20 21 (a) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant 22 23 to this section and part II of chapter 408 and to entities licensed by or applying for such licensure from the Agency for 2.4 Health Care Administration pursuant to this section. A license 25 issued by the agency is required in order to operate a 26 27 laboratory. 2.8 (b)(a) A laboratory may analyze initial or confirmation drug specimens only if: 29 30 1. The laboratory is licensed and approved by the Agency for Health Care Administration using criteria 31

1 established by the United States Department of Health and 2 Human Services as general guidelines for modeling the state drug testing program and in accordance with part II of chapter 3 408. Each applicant for licensure and licensee must comply 4 with all requirements of part II of chapter 408. the following 5 6 requirements: 7 a. Upon receipt of a completed, signed, and dated 8 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 9 10 in chapter 435, of the managing employee, or other similarly titled individual responsible for the daily operation of the 11 12 laboratory, and of the financial officer, or other similarly 13 titled individual who is responsible for the financial operation of the laboratory, including billings for services. 14 The applicant must comply with the procedures for level 2 15 16 background screening as set forth in chapter 435, as well as 17 the requirements of s. 435.03(3). 18 b. The agency may require background screening of any 19 other individual who is an applicant if the agency has 20 probable cause to believe that he or she has been convicted of 21 an offense prohibited under the level 2 standards for 2.2 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 26 health care licensure requirements of this state is acceptable in fulfillment of screening requirements. 27 28 d. A provisional license may be granted to an applicant when each individual required by this section to 29 30 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 31

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

1 not for profit corporation or organization if the director 2 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 3 operational decisions of the corporation or organization, 4 receives no remuneration for his or her services on the 5 6 corporation or organization's board of directors, and has no 7 financial interest and has no family members with a financial 8 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 9 10 include in the application a statement affirming that the director's relationship to the corporation satisfies the 11 12 requirements of this sub subparagraph. 13 g. A license may not be granted to any applicant if the applicant or managing employee has been found guilty of, 14 regardless of adjudication, or has entered a plea of nolo 15 contendere or quilty to, any offense prohibited under the 16 17 level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by 18 the agency as set forth in chapter 435. 19 20 h. The agency may deny or revoke licensure if the 21 applicant: 22 (I) Has falsely represented a material fact in the 23 application required by sub subparagraph e. or sub subparagraph f., or has omitted any material fact from the 2.4 25 application required by sub subparagraph e. or 26 sub subparagraph f.; or (II) Has had prior action taken against the applicant 27 under the Medicaid or Medicare program as set forth in 2.8 sub subparagraph e. 29 30 i. An application for license renewal must contain the information required under sub subparagraphs e. and f. 31

1 2. The laboratory has written procedures to ensure 2 chain of custody. 3 3. The laboratory follows proper quality control procedures, including, but not limited to: 4 5 a. The use of internal quality controls including the б use of samples of known concentrations which are used to check 7 the performance and calibration of testing equipment, and periodic use of blind samples for overall accuracy. 8 b. An internal review and certification process for 9 drug test results, conducted by a person qualified to perform 10 that function in the testing laboratory. 11 12 c. Security measures implemented by the testing 13 laboratory to preclude adulteration of specimens and drug test 14 results. d. Other necessary and proper actions taken to ensure 15 reliable and accurate drug test results. 16 17 (c) (b) A laboratory shall disclose to the employer a written test result report within 7 working days after receipt 18 of the sample. All laboratory reports of a drug test result 19 shall, at a minimum, state: 20 21 1. The name and address of the laboratory which 22 performed the test and the positive identification of the 23 person tested. 2. Positive results on confirmation tests only, or 2.4 25 negative results, as applicable. 3. A list of the drugs for which the drug analyses 26 27 were conducted. 2.8 4. The type of tests conducted for both initial and confirmation tests and the minimum cutoff levels of the tests. 29 30 31

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1 5. Any correlation between medication reported by the 2 employee or job applicant pursuant to subparagraph (8)(b)2. and a positive confirmed drug test result. 3 4 No report shall disclose the presence or absence of any drug 5 6 other than a specific drug and its metabolites listed pursuant 7 to this section. 8 (d) (c) The laboratory shall submit to the Agency for Health Care Administration a monthly report with statistical 9 information regarding the testing of employees and job 10 applicants. The reports shall include information on the 11 12 methods of analyses conducted, the drugs tested for, the 13 number of positive and negative results for both initial and confirmation tests, and any other information deemed 14 appropriate by the Agency for Health Care Administration. No 15 16 monthly report shall identify specific employees or job 17 applicants. (e)(d) Laboratories shall provide technical assistance 18 to the employer, employee, or job applicant for the purpose of 19 interpreting any positive confirmed test results which could 20 21 have been caused by prescription or nonprescription medication 22 taken by the employee or job applicant. 23 (13) RULES.--(a) The Agency for Health Care Administration may 2.4 adopt additional rules to support this law and part II of 25 chapter 408, using criteria established by the United States 26 27 Department of Health and Human Services as general guidelines 2.8 for modeling <u>drug-free workplace laboratories</u> the state drug testing program, concerning, but not limited to: 29 30 1. Standards for drug-testing laboratory licensing and denial, suspension, and revocation of a license. 31

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2. Urine, hair, blood, and other body specimens and 1 2 minimum specimen amounts which are appropriate for drug 3 testing, not inconsistent with other provisions established by 4 law. 5 3. Methods of analysis and procedures to ensure 6 reliable drug-testing results, including standards for initial 7 tests and confirmation tests, not inconsistent with other 8 provisions established by law. 4. Minimum cutoff detection levels for drugs or their 9 metabolites for the purposes of determining a positive test 10 result, not inconsistent with other provisions established by 11 12 law. 13 5. Chain-of-custody procedures to ensure proper identification, labeling, and handling of specimens being 14 tested, not inconsistent with other provisions established by 15 16 law. 17 6. Retention, storage, and transportation procedures 18 to ensure reliable results on confirmation tests and retests. 7. A list of the most common medications by brand name 19 or common name, as applicable, as well as by chemical name, 20 21 which may alter or affect a drug test. 22 23 This section shall not be construed to eliminate the bargainable rights as provided in the collective bargaining 2.4 25 process where applicable. (17) LICENSE FEE.--Fees from licensure of drug-testing 26 27 laboratories shall be sufficient to carry out the 2.8 responsibilities of the Agency for Health Care Administration 29 for the regulation of drug-testing laboratories. In accordance with s. 408.805, applicants and licensees shall pay a fee for 30 each license application submitted under this part, part II of 31

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<u>chapter 408, and applicable rules. The fee shall be not less</u> <u>than \$16,000 or more than \$20,000 per biennium and shall be</u>

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

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1 the council is not a prerequisite for membership on this 2 committee. 3 1. The committee shall perform onsite visits to those transitional living facilities identified by the Agency for 4 Health Care Administration as being in possible violation of 5 6 the statutes and rules regulating such facilities. The 7 committee members have the same rights of entry and inspection granted under <u>s. 400.805(4)</u> s. 400.805(8) to designated 8 representatives of the agency. 9 10 2. Factual findings of the committee resulting from an onsite investigation of a facility pursuant to subparagraph 1. 11 12 shall be adopted by the agency in developing its 13 administrative response regarding enforcement of statutes and rules regulating the operation of the facility. 14 3. Onsite investigations by the committee shall be 15 funded by the Health Care Trust Fund. 16 17 4. Travel expenses for committee members shall be reimbursed in accordance with s. 112.061. 18 5. Members of the committee shall recuse themselves 19 from participating in any investigation that would create a 20 21 conflict of interest under state law, and the council shall 22 replace the member, either temporarily or permanently. 23 Section 3. Section 383.301, Florida Statutes, is amended to read: 2.4 383.301 Licensure and regulation of birth centers; 25 legislative intent.--It is the intent of the Legislature to 26 27 provide for the protection of public health and safety in the 2.8 establishment, maintenance, and operation of birth centers by providing for licensure of birth centers and for the 29 development, establishment, and enforcement of minimum 30 standards with respect to birth centers. The requirements of 31

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

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

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

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

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

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

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1 Florida Building Code and the Florida Fire Prevention Code 2 which govern birth centers. In addition, the agency may enforce the special-occupancy provisions of the Florida 3 Building Code and the Florida Fire Prevention Code which apply 4 to birth centers in conducting any inspection authorized under 5 6 this chapter or part II of chapter 408. 7 Section 7. Subsection (1) of section 383.315, Florida 8 Statutes, is amended to read: 9 383.315 Agreements with consultants for advice or 10 services; maintenance.--(1) A birth center shall maintain in writing a 11 12 consultation agreement, signed within the current license 13 period year, with each consultant who has agreed to provide advice and services to the birth center as requested. 14 Section 8. Section 383.324, Florida Statutes, is 15 amended to read: 16 17 383.324 Inspections and investigations; inspection 18 fees.--19 (1) The agency shall make or cause to be made such inspections and investigations as it deems necessary. 20 21 (2) Each facility licensed under s. 383.305 shall pay 22 to the agency, at the time of inspection, an inspection fee 23 established by rule of the agency. In addition to the requirements of part II of chapter 408, 2.4 (3) the agency shall coordinate all periodic 25 inspections for licensure made by the agency to ensure that 26 27 the cost to the facility of such inspections and the 2.8 disruption of services by such inspections is minimized. Section 9. Section 383.33, Florida Statutes, is 29 30 amended to read: 31

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

health or safety.

amended to read:

<u>repealed.</u>

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(2) (2) (3) In accordance with part II of chapter 408, the agency may impose an immediate moratorium on elective admissions to any licensed facility, building or portion thereof, or service when the agency determines that any condition in the facility presents a threat to the public Section 10. Section 383.331, Florida Statutes, is Section 11. Section 383.332, Florida Statutes, is 383.332 Establishing, managing, or operating a birth center without a license; penalty. -- Any person who establishes, conducts, manages, or operates any birth center facility without a license issued under s. 383.305 and part II of chapter 408 commits is guilty of a misdemeanor and, upon conviction, shall be fined not more than \$100 for the first

18 and each day of continuing violation after conviction shall be considered a separate offense. 19

offense and not more than \$500 for each subsequent offense;

20 Section 12. Subsection (1) of section 383.335, Florida 21 Statutes, is amended to read:

383.335 Partial exemptions.--

23 (1) Any facility that which was providing obstetrical and gynecological surgical services and was owned and operated 24 by a board-certified obstetrician on June 15, 1984, and that 25 26 would which is otherwise be subject to licensure under ss. 27 383.30-383.335 as a birth center, is exempt from the 2.8 provisions of ss. 383.30-383.335 and part II of chapter 408 29 which restrict the provision of surgical services and outlet forceps delivery and the administration of anesthesia at birth 30 centers. The agency shall adopt rules specifically related to 31

1 the performance of such services and the administration of 2 anesthesia at such facilities. 3 Section 13. Subsection (4) of section 383.50, Florida Statutes, is amended to read: 4 5 383.50 Treatment of abandoned newborn infant.-б (4) Each hospital of this state subject to s. 395.1041 7 shall, and any other hospital may, admit and provide all 8 necessary emergency services and care, as defined in s. 395.002(9)(10), to any newborn infant left with the hospital 9 in accordance with this section. The hospital or any of its 10 licensed health care professionals shall consider these 11 12 actions as implied consent for treatment, and a hospital 13 accepting physical custody of a newborn infant has implied consent to perform all necessary emergency services and care. 14 The hospital or any of its licensed health care professionals 15 is immune from criminal or civil liability for acting in good 16 17 faith in accordance with this section. Nothing in this subsection limits liability for negligence. 18 Section 14. Subsection (5) of section 390.011, Florida 19 Statutes, is amended to read: 20 21 390.011 Definitions.--As used in this chapter, the 22 term: 23 (5) "Hospital" means a facility as defined in s. <u>395.002(12) and licensed under chapter 395 and part II of</u> 2.4 chapter 408. 25 Section 15. Subsection (1) of section 390.012, Florida 26 27 Statutes, is amended to read: 2.8 390.012 Powers of agency; rules; disposal of fetal 29 remains.--30 The agency may shall have the authority to develop (1)and enforce rules pursuant to ss. 390.001-390.018 and part II 31

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1 of chapter 408 for the health, care, and treatment of persons 2 in abortion clinics and for the safe operation of such clinics. 3 4 (a) The rules shall be reasonably related to the preservation of maternal health of the clients. 5 б (b) The rules shall be in accordance with s. 797.03 7 and may not impose an unconstitutional burden on a woman's 8 freedom to decide whether to terminate her pregnancy. (c) The rules shall provide for: 9 10 1. The performance of pregnancy termination procedures only by a licensed physician. 11 12 2. The making, protection, and preservation of patient 13 records, which shall be treated as medical records under 14 chapter 458. Section 16. Section 390.013, Florida Statutes, is 15 16 repealed. 17 Section 17. Section 390.014, Florida Statutes, is 18 amended to read: 19 390.014 Licenses; fees, display, etc. --(1) The requirements of part II of chapter 408 shall 20 21 apply to the provision of services that require licensure 22 pursuant to ss. 390.011-390.018 and part II of chapter 408 and 23 to entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to ss. 2.4 <u>390.011-390.018. A license issued by the agency is required in</u> 25 order to operate a clinic in this state. No abortion clinic 26 27 shall operate in this state without a currently effective 2.8 license issued by the agency. (2) A separate license shall be required for each 29 30 clinic maintained on separate premises, even though it is operated by the same management as another clinic; but a 31

1 separate license shall not be required for separate buildings 2 on the same premises. 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 and part II of chapter 408. The 5 6 amount of the fee shall be established by rule and The annual 7 license fee required for a clinic shall be nonrefundable and 8 shall be reasonably calculated to cover the cost of regulation under this chapter, but may not be less than \$70 or \$35 nor 9 10 more than $$500 \pm 250$. (4) Counties and municipalities applying for licenses 11 12 under this act shall be exempt from the payment of the license 13 fees. (5) The license shall be displayed in a conspicuous 14 15 place inside the clinic. (6) A license shall be valid only for the clinic to 16 17 which it is issued, and it shall not be subject to sale, 18 assignment, or other transfer, voluntary or involuntary. No license shall be valid for any premises other than those for 19 which it was originally issued. 2.0 21 Section 18. Section 390.015, Florida Statutes, is 2.2 amended to read: 390.015 Application for license.--23 (1) In addition to the requirements of part II of 2.4 chapter 408, an application for a license to operate an 25 abortion clinic shall be made to the agency and must include 26 27 on a form furnished by it for that purpose. The application 2.8 shall be accompanied by the applicable license fee. (2) The application, which shall be made under oath, 29 30 shall contain, among other things, the following: 31

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1 (a) The name and address of the applicant if the 2 applicant is an individual; or if the applicant is a firm, 3 partnership, or association, the name and address of each 4 member thereof; or if the applicant is a corporation, its name and address and the name and address of each of its officers. 5 б (b) The name by which the clinic is to be known. 7 (c) the location of the clinic for which application 8 is made and a statement that local zoning ordinances permit 9 such location. 10 (d) The name of the person or persons under whose management or supervision the clinic will be operated. 11 12 (3) Each applicant for licensure must comply with the 13 following requirements: (a) Upon receipt of a completed, signed, and dated 14 15 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 16 17 in chapter 435, of the managing employee, or other similarly 18 titled individual who is responsible for the daily operation of the clinic, and financial officer, or other similarly 19 titled individual who is responsible for the financial 2.0 21 operation of the clinic, including billings for patient care 2.2 and services. The applicant must comply with the procedures 23 for level 2 background screening as set forth in chapter 435, as well as the requirements of s. 435.03(3). 2.4 25 (b) The agency may require background screening of any 26 other individual who is an applicant if the agency has 27 probable cause to believe that he or she has been convicted of 2.8 a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435. 29 30 - Proof of compliance with the level 2 background $\left(c \right)$ screening requirements of chapter 435 which has been submitted 31

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1 within the previous 5 years in compliance with any other 2 health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a). 3 4 (d) A provisional license may be granted to an applicant when each individual required by this section to 5 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 standard license may be granted to the applicant 13 upon the 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 application, a description and explanation of any exclusions, 27 2.8 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 29 30 the requirements for disclosure of ownership and control 31

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1 interests under the Medicaid or Medicare programs shall be 2 accepted in lieu of this submission. 3 (f) Each applicant must submit to the agency a 4 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 5 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 does 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. 20 21 (g) A license may not be granted to an applicant if 2.2 the applicant or managing employee has been found quilty of, 23 regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 2.4 level 2 standards for screening set forth in chapter 435, 25 unless an exemption from disqualification has been granted by 26 the agency as set forth in chapter 435. 27 28 (h) The agency may deny or revoke licensure if the 29 applicant: 30 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 31

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 (i) An application for license renewal must contain 7 the information required under paragraphs (e) and (f). 8 Section 19. Section 390.016, Florida Statutes, is 9 repealed. 10 Section 20. Section 390.017, Florida Statutes, is repealed. 11 12 Section 21. Section 390.018, Florida Statutes, is 13 amended to read: 390.018 Administrative fine penalty in lieu of 14 revocation or suspension .-- In addition to the requirements of 15 part II of chapter 408 If the agency finds that one or more 16 17 grounds exist for the revocation or suspension of a license 18 issued to an abortion clinic, the agency may, in lieu of such suspension or revocation, impose a fine upon the clinic in an 19 amount not to exceed \$1,000 for each violation of any 20 21 provision of this part, part II of chapter 408, or applicable 22 rules. The fine shall be paid to the agency within 60 days 23 from the date of entry of the administrative order. If the licensee fails to pay the fine in its entirety to the agency 2.4 within the period allowed, the license of the licensee shall 25 26 stand suspended, revoked, or renewal or continuation may be 27 refused, as the case may be, upon expiration of such period 2.8 and without any further administrative or judicial 29 proceedings. 30 Section 22. Section 390.019, Florida Statutes, is repealed. 31

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1 Section 23. Section 390.021, Florida Statutes, is 2 repealed. 3 Section 24. Subsection (13) of section 394.455, Florida Statutes, is amended to read: 4 5 394.455 Definitions.--As used in this part, unless the б context clearly requires otherwise, the term: 7 (13) "Hospital" means a facility as defined in s. 8 <u>395.002 and licensed under chapter 395 and part II of chapter</u> 9 408. 10 Section 25. Subsection (7) of section 394.4787, Florida Statutes, is amended to read: 11 12 394.4787 Definitions; ss. 394.4786, 394.4787, 13 394.4788, and 394.4789.--As used in this section and ss. 394.4786, 394.4788, and 394.4789: 14 (7) "Specialty psychiatric hospital" means a hospital 15 licensed by the agency pursuant to s. 395.002(28) and part II 16 17 of chapter 408 s. 395.002(29) as a specialty psychiatric 18 hospital. Section 26. Subsections (3) through (25) of section 19 394.67, Florida Statutes, are renumbered as subsections (2) 20 21 through (24), respectively, and present subsections (2) and 22 (4) of that section are amended to read: 23 394.67 Definitions.--As used in this part, the term: (2) "Applicant" means an individual applicant, or any 2.4 25 officer, director, agent, managing employee, or affiliated 26 person, or any partner or shareholder having an ownership 27 interest equal to a 5 percent or greater interest in the 2.8 corporation, partnership, or other business entity. (3)(4) "Crisis services" means short-term evaluation, 29 stabilization, and brief intervention services provided to a 30 person who is experiencing an acute mental or emotional 31

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1 crisis, as defined in subsection(17)(18), or an acute substance abuse crisis, as defined in subsection(18)(19), to 2 prevent further deterioration of the person's mental health. 3 Crisis services are provided in settings such as a crisis 4 stabilization unit, an inpatient unit, a short-term 5 6 residential treatment program, a detoxification facility, or 7 an addictions receiving facility; at the site of the crisis by 8 a mobile crisis response team; or at a hospital on an 9 outpatient basis. Section 27. Subsection (3) of section 394.74, Florida 10 Statutes, is amended to read: 11 12 394.74 Contracts for provision of local substance 13 abuse and mental health programs. --(3) Contracts shall include, but are not limited to: 14 (a) A provision that, within the limits of available 15 resources, substance abuse and mental health crisis services, 16 17 as defined in s. 394.67(3)(4), shall be available to any 18 individual residing or employed within the service area, regardless of ability to pay for such services, current or 19 past health condition, or any other factor; 20 21 (b) A provision that such services be available with 22 priority of attention being given to individuals who exhibit 23 symptoms of chronic or acute substance abuse or mental illness and who are unable to pay the cost of receiving such services; 2.4 (c) A provision that every reasonable effort to 25 collect appropriate reimbursement for the cost of providing 26 27 substance abuse and mental health services to persons able to 2.8 pay for services, including first-party payments and third-party payments, shall be made by facilities providing 29 30 services pursuant to this act; 31

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1	(d) A program description and line-item operating
2	budget by program service component for substance abuse and
3	mental health services, provided the entire proposed operating
4	budget for the service provider will be displayed;
5	(e) A provision that client demographic, service, and
6	outcome information required for the department's Mental
7	Health and Substance Abuse Data System be submitted to the
8	department by a date specified in the contract. The department
9	may not pay the provider unless the required information has
10	been submitted by the specified date; and
11	(f) A requirement that the contractor must conform to
12	department rules and the priorities established thereunder.
13	Section 28. Subsections (1) and (4) of section 394.82,
14	Florida Statutes, are amended to read:
15	394.82 Funding of expanded services
16	(1) Pursuant to the General Appropriations Acts for
17	the 2001-2002 and 2002-2003 fiscal years, funds appropriated
18	to the Department of Children and Family Services for the
19	purpose of expanding community mental health services must be
20	used to implement programs that emphasize crisis services as
21	defined in s. $394.67(3)(4)$ and treatment services,
22	rehabilitative services, support services, and case management
23	services, as defined in s. $394.67(15)(16)$. Following the
24	2002-2003 fiscal year, the Department of Children and Family
25	Services must continue to expand the provision of these
26	community mental health services.
27	(4) By January 1, 2004, the crisis services defined in
28	s. $394.67(3)(4)$ shall be implemented, as appropriate, in the
29	state's public community mental health system to serve
30	children and adults who are experiencing an acute mental or
31	emotional crisis, as defined in s. 394.67 <u>(17)(18). By January</u>
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1, 2006, the mental health services defined in s. 1 2 394.67(15)(16) shall be implemented, as appropriate, in the state's public community mental health system to serve adults 3 and older adults who have a severe and persistent mental 4 illness and to serve children who have a serious emotional 5 6 disturbance or mental illness, as defined in s. 394.492(6). 7 Section 29. Section 394.875, Florida Statutes, is 8 amended to read: 9 394.875 Crisis stabilization units, residential 10 treatment facilities, and residential treatment centers for children and adolescents; authorized services; license 11 12 required; penalties. --13 (1)(a) The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and 14 least restrictive community setting available, consistent with 15 the client's needs. Crisis stabilization units may screen, 16 17 assess, and admit for stabilization persons who present 18 themselves to the unit and persons who are brought to the unit under s. 394.463. Clients may be provided 24-hour observation, 19 medication prescribed by a physician or psychiatrist, and 20 21 other appropriate services. Crisis stabilization units shall 22 provide services regardless of the client's ability to pay and 23 shall be limited in size to a maximum of 30 beds. (b) The purpose of a residential treatment facility is 2.4 to be a part of a comprehensive treatment program for mentally 25 26 ill individuals in a community-based residential setting. 27 (c) The purpose of a residential treatment center for 2.8 children and adolescents is to provide mental health 29 assessment and treatment services pursuant to ss. 394.491, 30 394.495, and 394.496 to children and adolescents who meet the 31

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1 target population criteria specified in s. 394.493(1)(a), (b), 2 or (c). 3 (2) The requirements of part II of chapter 408 apply 4 to the provision of services that require licensure under ss. 5 394.455-394.904 and part II of chapter 408 and to entities 6 licensed by or applying for such licensure from the Agency for 7 Health Care Administration pursuant to ss. 394.455-394.904. A 8 license issued by the agency is required in order to operate It is unlawful for any entity to hold itself out as a crisis 9 10 stabilization unit, a residential treatment facility, or a residential treatment center for children and adolescents, or 11 12 to act as a crisis stabilization unit, a residential treatment 13 facility, or a residential treatment center for children and adolescents in this state, unless it is licensed by the agency 14 15 pursuant to this chapter. 16 (3) Any person who violates subsection (2) is quilty 17 of a misdemeanor of the first degree, punishable as provided 775.082 or s. 775.083. 18 19 (4) The agency may maintain an action in circuit court to enjoin the unlawful operation of a crisis stabilization 20 21 unit, a residential treatment facility, or a residential 2.2 treatment center for children and adolescents if the agency 23 first gives the violator 14 days' notice of its intention to maintain such action and if the violator fails to apply for 2.4 licensure within such 14 day period. 25 (3)(5) The following are exempt from licensure as 26 27 required in ss. 394.455-394.904 Subsection (2) does not apply 28 to: 29 (a) Homes for special services licensed under chapter 30 400<u>.; or</u> (b) Nursing homes licensed under chapter 400. 31

1 (c) Comprehensive transitional education programs 2 licensed under s. 393.067. 3 (4) (6) The department, in consultation with the 4 agency, may establish multiple license classifications for residential treatment facilities. 5 б (5) (7) The agency may not issue a license to a crisis 7 stabilization unit unless the unit receives state mental health funds and is affiliated with a designated public 8 9 receiving facility. 10 (6) (8) The agency may issue a license for a crisis stabilization unit or short-term residential treatment 11 12 facility, certifying the number of authorized beds for such 13 facility as indicated by existing need and available appropriations. The agency may disapprove an application for 14 such a license if it determines that a facility should not be 15 licensed pursuant to the provisions of this chapter. Any 16 17 facility operating beds in excess of those authorized by the 18 agency shall, upon demand of the agency, reduce the number of beds to the authorized number, forfeit its license, or provide 19 evidence of a license issued pursuant to chapter 395 for the 20 21 excess beds. 22 (7) (9) A children's crisis stabilization unit which 23 does not exceed 20 licensed beds and which provides separate facilities or a distinct part of a facility, separate 2.4 staffing, and treatment exclusively for minors may be located 25 26 on the same premises as a crisis stabilization unit serving adults. The department, in consultation with the agency, shall 27 2.8 adopt rules governing facility construction, staffing and licensure requirements, and the operation of such units for 29 30 minors. 31

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1	(8)(10) The department, in consultation with the
2	agency, must adopt rules governing a residential treatment
3	center for children and adolescents which specify licensure
4	standards for: admission; length of stay; program and
5	staffing; discharge and discharge planning; treatment
6	planning; seclusion, restraints, and time-out; rights of
7	patients under s. 394.459; use of psychotropic medications;
8	and standards for the operation of such centers.
9	(9)(11) Notwithstanding the provisions of subsection
10	(6)(8), crisis stabilization units may not exceed their
11	licensed capacity by more than 10 percent, nor may they exceed
12	their licensed capacity for more than 3 consecutive working
13	days or for more than 7 days in 1 month.
14	(10)(12) Notwithstanding the other provisions of this
15	section, any facility licensed under former chapter 396 and
16	chapter 397 for detoxification, residential level I care, and
17	outpatient treatment may elect to license concurrently all of
18	the beds at such facility both for that purpose and as a
19	long-term residential treatment facility pursuant to this
20	section, if all of the following conditions are met:
21	(a) The licensure application is received by the
22	department prior to January 1, 1993.
23	(b) On January 1, 1993, the facility was licensed
24	under former chapter 396 and chapter 397 as a facility for
25	detoxification, residential level I care, and outpatient
26	treatment of substance abuse.
27	(c) The facility restricted its practice to the
28	treatment of law enforcement personnel for a period of at
29	least 12 months beginning after January 1, 1992.
30	(d) The number of beds to be licensed under this
31	chapter is equal to or less than the number of beds licensed
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1 under former chapter 396 and chapter 397 as of January 1, 2 1993. 3 (e) The licensee agrees in writing to a condition placed upon the license that the facility will limit its 4 treatment exclusively to law enforcement personnel and their 5 6 immediate families who are seeking admission on a voluntary 7 basis and who are exhibiting symptoms of posttraumatic stress 8 disorder or other mental health problems, including drug or alcohol abuse, which are directly related to law enforcement 9 work and which are amenable to verbal treatment therapies; the 10 licensee agrees to coordinate the provision of appropriate 11 12 postresidential care for discharged individuals; and the 13 licensee further agrees in writing that a failure to meet any condition specified in this paragraph shall constitute grounds 14 for a revocation of the facility's license as a residential 15 16 treatment facility. 17 (f) The licensee agrees that the facility will meet 18 all licensure requirements for a residential treatment facility, including minimum standards for compliance with 19 lifesafety requirements, except those licensure requirements 20 21 which are in express conflict with the conditions and other 2.2 provisions specified in this subsection. 23 (q) The licensee agrees that the conditions stated in this subsection must be agreed to in writing by any person 2.4 acquiring the facility by any means. 25 26 27 Any facility licensed under this subsection is not required to 2.8 provide any services to any persons except those included in the specified conditions of licensure, and is exempt from any 29 30 requirements related to the 60-day or greater average length 31

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

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

1	operational decisions of the corporation or organization,
2	receives no remuneration for his or her services on the
3	corporation or organization's board of directors, and has no
4	financial interest and has no family members with a financial
5	interest in the corporation or organization, provided that the
6	director and the not for profit corporation or organization
7	include in the application a statement affirming that the
8	director's relationship to the corporation satisfies the
9	requirements of this paragraph.
10	(g) A license may not be granted to an applicant if
11	the applicant or managing employee has been found guilty of,
12	regardless of adjudication, or has entered a plea of nolo
13	contendere or guilty to, any offense prohibited under the
14	level 2 standards for screening set forth in chapter 435,
15	unless an exemption from disqualification has been granted by
16	the agency as set forth in chapter 435.
17	(h) The agency may deny or revoke licensure if the
18	applicant:
19	1. Has falsely represented a material fact in the
20	application required by paragraph (e) or paragraph (f), or has
21	omitted any material fact from the application required by
22	paragraph (e) or paragraph (f); or
23	2. Has had prior action taken against the applicant
24	under the Medicaid or Medicare program as set forth in
25	paragraph (e).
26	(i) An application for license renewal must contain
27	the information required under paragraphs (e) and (f).
28	Section 30. Section 394.876, Florida Statutes, is
29	amended to read:
30	394.876 Applications
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1 (1) In addition to the requirements of part II of 2 chapter 408, any person desiring to be licensed under this 3 chapter shall apply to the agency and on forms provided by the agency. the application must shall contain the following: 4 5 (a) The name and address of the applicant, the name of 6 the unit or facility, and the address of the unit or facility. 7 (b)1. If the applicant is a partnership, association, 8 other form of entity other than an individual or a 9 corporation, the name and address of each member or owner of 10 the entity. 2. If the applicant is a corporation, the name and 11 12 address of each director or officer and the name and address 13 of each person holding at least 5 percent ownership interest 14 in the corporation. (c) such information as the department and the agency 15 find necessary to determine the ability of the applicant to 16 17 carry out its responsibilities under this chapter. 18 (2) The applicant shall furnish proof satisfactory to the agency of its financial ability to operate the unit or 19 facility in accordance with this chapter. An applicant for an 2.0 21 original license shall submit a balance sheet and a statement 2.2 projecting revenues, expenses, taxes, extraordinary items, and 23 other credits and charges for the first 6 months of operation. (2) (3) The applicant shall provide proof of liability 2.4 insurance coverage in amounts set by the department and the 25 agency by rule. 26 (4) The agency shall accept proof of accreditation by 27 2.8 the Joint Commission on Accreditation of Hospitals in lieu of 29 the information required by subsection (1). 30 Section 31. Section 394.877, Florida Statutes, is 31 amended to read:

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1 394.877 Fees.--2 (1) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 3 4 submitted under this part, part II of chapter 408, and 5 applicable rules. The amount of the fee shall be established б by rule. Each application for licensure or renewal must be 7 accompanied by a fee set by the department, in consultation 8 with the agency, by rule. Such fees shall be reasonably 9 calculated to cover only the cost of regulation under this 10 chapter. (2) All fees collected under this section shall be 11 12 deposited in the Health Care Trust Fund. 13 Section 32. Section 394.878, Florida Statutes, is repealed. 14 Section 33. Subsections (1), (3), (4), and (5) of 15 section 394.879, Florida Statutes, are amended to read: 16 17 394.879 Rules; enforcement.--(1) The agency, in consultation with the department, 18 may adopt rules to administer the requirements of part II of 19 20 chapter 408. The department, in consultation with the agency, 21 shall adopt rules pursuant to ss. 120.536(1) and 120.54 to 22 administer implement the provisions of this chapter, 23 including, at a minimum, rules providing standards to ensure 2.4 that: 25 (a) Sufficient numbers and types of qualified personnel are on duty and available at all times to provide 26 27 necessary and adequate client safety and care. 2.8 (b) Adequate space is provided each client of a 29 licensed facility. 30 (c) Licensed facilities are limited to an appropriate number of beds. 31

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1 (d) Each licensee establishes and implements adequate 2 infection control, housekeeping, sanitation, disaster planning, and medical recordkeeping. 3 (e) Licensed facilities are established, organized, 4 5 and operated in accordance with programmatic standards of the б department. 7 (f) The operation and purposes of these facilities 8 assure individuals' health, safety, and welfare. (q) The use of restraint and seclusion is consistent 9 with recognized best practices and professional judgment; that 10 inherently dangerous restraint or seclusion procedures are 11 12 prohibited; that limitations are established on the use and 13 duration of restraint and seclusion; that measures are established to ensure the safety of program participants and 14 staff during an incident of restraint or seclusion; that 15 procedures are created for staff to follow before, during, and 16 17 after incidents of restraint or seclusion; that professional 18 qualifications and training are established for staff who may order or be engaged in the use of restraint or seclusion; and 19 that mandatory reporting, data collection, and data 20 21 dissemination procedures and requirements are instituted. 22 Rules adopted under this section must require that any 23 instance of the use of restraint or seclusion shall be documented in the record of the client. 2.4 (3) The department, in consultation with the agency, 25 shall allow any licensed facility in operation at the time of 26 27 adoption of any rule a reasonable period, not to exceed 1 2.8 year, to bring itself into compliance with department rules 29 such rule. 30 (4) In accordance with part II of chapter 408, the agency may impose an administrative penalty of no more than 31 50

1 \$500 per day against any licensee that violates any rule 2 adopted pursuant to this section and may suspend and or revoke the license and or deny the renewal application of such 3 licensee. In imposing such penalty, the agency shall consider 4 the severity of the violation, actions taken by the licensee 5 б to correct the violation, and previous violations by the 7 licensee. Fines collected under this subsection shall be 8 deposited in the Mental Health Facility Licensing Trust Fund. 9 (5) The agency or the department may not adopt any 10 rule governing the design, construction, erection, alteration, modification, repair, or demolition of crisis stabilization 11 12 units. It is the intent of the Legislature to preempt that 13 function to the Florida Building Commission and the State Fire Marshal through adoption and maintenance of the Florida 14 Building Code and the Florida Fire Prevention Code. However, 15 the agency shall provide technical assistance to the 16 17 commission and the State Fire Marshal in updating the construction standards of the Florida Building Code and the 18 Florida Fire Prevention Code which govern crisis stabilization 19 units. In addition, the agency may enforce the 20 21 special-occupancy provisions of the Florida Building Code and 22 the Florida Fire Prevention Code which apply to crisis 23 stabilization units in conducting any inspection authorized under this part or part II of chapter 408. 2.4 Section 34. Paragraph (a) of subsection (1) of section 25 394.90, Florida Statutes, is amended to read: 26 27 394.90 Inspection; right of entry; records.--2.8 (1)(a) The department and the agency, in accordance 29 with s. 408.811, and the department may enter and inspect at 30 any time a licensed facility to determine whether the facility 31

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1 is in compliance with this chapter, part II of chapter 408, 2 and applicable the rules of the department. 3 Section 35. Section 394.902, Florida Statutes, is 4 amended to read: 5 394.902 Moratorium on admissions Denial, suspension, б and revocation; other remedies. --7 (1) The agency may issue an emergency order suspending 8 or revoking a license if the agency determines that the continued operation of the licensed facility presents a clear 9 10 and present danger to the public health or safety. (2) In accordance with part II of chapter 408, the 11 12 agency may impose a moratorium on elective admissions to a 13 licensee or any program or portion of a licensed facility if the agency determines that any condition in the facility 14 presents a threat to the public health or safety. 15 (3) If the agency determines that an applicant or 16 17 licensee is not in compliance with this chapter or the rules 18 adopted under this chapter, the agency may deny, suspend, revoke the license or application or may suspend, revoke, 19 impose reasonable restrictions on any portion of the license. 2.0 21 If a license is revoked, the licensee is barred from 2.2 submitting any application for licensure to the agency for a 23 period of 6 months following revocation. 2.4 (4) The agency may maintain an action in circuit court to enjoin the operation of any licensed or unlicensed facility 25 26 in violation of this chapter or the rules adopted under this 27 chapter. 2.8 (5) License denial, suspension, or revocation procedures shall be in accordance with chapter 120. 29 30 Section 36. Subsection (7) of section 394.907, Florida Statutes, is amended to read: 31

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1 394.907 Community mental health centers; quality 2 assurance programs. --3 (7) The department shall have access to all records 4 necessary to determine <u>licensee</u> agency compliance with the 5 provisions of this section. The records of quality assurance 6 programs which relate solely to actions taken in carrying out 7 the provisions of this section, and records obtained by the 8 department to determine <u>licensee</u> agency compliance with this section, are confidential and exempt from s. 119.07(1). Such 9 10 records are not admissible in any civil or administrative action, except in disciplinary proceedings by the Department 11 12 of Business and Professional Regulation and the appropriate 13 regulatory board, nor shall such records be available to the public as part of the record of investigation for, and 14 prosecution in disciplinary proceedings made available to the 15 public by the Department of Business and Professional 16 17 Regulation or the appropriate regulatory board. Meetings or portions of meetings of quality assurance program committees 18 that relate solely to actions taken pursuant to this section 19 are exempt from s. 286.011. 2.0 21 Section 37. Subsections (5) through (33) of section 22 395.002, Florida Statutes, are renumbered as subsections (4) 23 through (32), respectively, and present subsections (4), (11), and (29) of that section are amended to read: 2.4 395.002 Definitions.--As used in this chapter: 25 26 (4) "Applicant" means an individual applicant, or any 27 officer, director, or agent, or any partner or shareholder 2.8 having an ownership interest equal to a 5 percent or greater 29 interest in the corporation, partnership, or other business 30 entity. 31

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(10)(11) "General hospital" means any facility which 1 2 meets the provisions of subsection(12)(13) and which regularly makes its facilities and services available to the 3 4 general population. 5 (28)(29) "Specialty hospital" means any facility which 6 meets the provisions of subsection(12)(13), and which 7 regularly makes available either: 8 (a) The range of medical services offered by general hospitals, but restricted to a defined age or gender group of 9 10 the population; (b) A restricted range of services appropriate to the 11 12 diagnosis, care, and treatment of patients with specific 13 categories of medical or psychiatric illnesses or disorders; 14 or (c) Intensive residential treatment programs for 15 children and adolescents as defined in subsection(15)(16). 16 17 Section 38. Section 395.003, Florida Statutes, is 18 amended to read: 395.003 Licensure; issuance, renewal, denial, 19 modification, suspension, and revocation .--20 21 (1)(a) The requirements of part II of chapter 408 2.2 apply to the provision of services that require licensure pursuant to ss. 395.001-395.1065 and part II of chapter 408 23 and to entities licensed by or applying for such licensure 2.4 25 from the Agency for Health Care Administration pursuant to ss. <u>395.001-395.1065. A license issued by the agency is required</u> 26 27 in order to operate A person may not establish, conduct, or 2.8 maintain a hospital, ambulatory surgical center, or mobile surgical facility in this state without first obtaining a 29 30 license under this part. 31

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1 (b)1. It is unlawful for a person to use or advertise 2 to the public, in any way or by any medium whatsoever, any facility as a "hospital," "ambulatory surgical center," or 3 "mobile surgical facility" unless such facility has first 4 secured a license under the provisions of this part. 5 б 2. This part does not apply to veterinary hospitals or 7 to commercial business establishments using the word 8 "hospital," "ambulatory surgical center," or "mobile surgical facility" as a part of a trade name if no treatment of human 9 10 beings is performed on the premises of such establishments. (c) 3. Until July 1, 2006, additional emergency 11 12 departments located off the premises of licensed hospitals may 13 not be authorized by the agency. (2)(a) Upon the receipt of an application for a 14 license and the license fee, the agency shall issue a license 15 if the applicant and facility have received all approvals 16 17 required by law and meet the requirements established under 18 this part and in rules. Such license shall include all beds 19 and services located on the premises of the facility. (b) A provisional license may be issued to a new 20 21 facility or a facility that is in substantial compliance with this part and with the rules of the agency. A provisional 22 23 license shall be granted for a period of no more than 1 year and shall expire automatically at the end of its term. A 2.4 provisional license may not be renewed. 25 26 (c) A license, unless sooner suspended or revoked, 27 shall automatically expire 2 years from the date of issuance 2.8 and shall be renewable biennially upon application for renewal and payment of the fee prescribed by s. 395.004(2), provided 29 30 the applicant and licensed facility meet the requirements established under this part and in rules. An application for 31

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1 renewal of a license shall be made 90 days prior to expiration 2 of the license, on forms provided by the agency. (a)(d) In addition to the requirements in part II of 3 chapter 408, the agency shall, at the request of a licensee, 4 issue a single license to a licensee for facilities located on 5 6 separate premises. Such a license shall specifically state the 7 location of the facilities, the services, and the licensed 8 beds available on each separate premises. If a licensee requests a single license, the licensee shall designate which 9 facility or office is responsible for receipt of information, 10 payment of fees, service of process, and all other activities 11 12 necessary for the agency to carry out the provisions of this 13 part. (b)(e) The agency shall, at the request of a licensee 14 that is a teaching hospital as defined in s. 408.07(45), issue 15 a single license to a licensee for facilities that have been 16 17 previously licensed as separate premises, provided such 18 separately licensed facilities, taken together, constitute the same premises as defined in s. 395.002(23)(24). Such license 19 for the single premises shall include all of the beds, 20 21 services, and programs that were previously included on the 22 licenses for the separate premises. The granting of a single 23 license under this paragraph shall not in any manner reduce the number of beds, services, or programs operated by the 2.4 25 licensee. (c)(f) Intensive residential treatment programs for 26 27 children and adolescents which have received accreditation 2.8 from an accrediting organization as defined in s. 395.002(1) 29 and which meet the minimum standards developed by rule of the agency for such programs shall be licensed by the agency under 30 31 this part.

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1 (3)(a) Each license shall be valid only for the person 2 whom it is issued and shall not be sold, assigned, or otherwise transferred, voluntarily or involuntarily. A license 3 is only valid for the premises for which it was originally 4 5 issued. б (b)1. An application for a new license is required if 7 ownership, a majority of the ownership, or controlling interest of a licensed facility is transferred or assigned and 8 9 when a lessee agrees to undertake or provide services to the 10 extent that legal liability for operation of the facility rests with the lessee. The application for a new license 11 12 showing such change shall be made at least 60 days prior to 13 the date of the sale, transfer, assignment, or lease. (3)2. In addition to the requirements of s. 408.807, 14 after a change of ownership has been approved by the agency, 15 the transferee shall be liable for any liability to the state, 16 17 regardless of when identified, resulting from changes to allowable costs affecting provider reimbursement for Medicaid 18 participation or Public Medical Assistance Trust Fund 19 Assessments, and related administrative fines. The transferee, 2.0 21 simultaneously with the transfer of ownership, shall pay or make arrangements to pay to the agency or the department any 22 23 amount owed to the agency or the department; payment 2.4 assurances may be in the form of an irrevocable credit 25 instrument or payment bond acceptable to the agency or the 26 department provided by or on behalf of the transferor. The 27 issuance of a license to the transferee shall be delayed 2.8 pending payment or until arrangement for payment acceptable to 29 the agency or the department is made. 30 (4) The agency shall issue a license which specifies the service categories and the number of hospital beds in each 31

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1 bed category for which a license is received. Such information 2 shall be listed on the face of the license. All beds which are not covered by any specialty-bed-need methodology shall be 3 specified as general beds. A licensed facility shall not 4 operate a number of hospital beds greater than the number 5 б indicated by the agency on the face of the license without 7 approval from the agency under conditions established by rule. 8 (5)(a) Adherence to patient rights, standards of care, 9 and examination and placement procedures provided under part I 10 of chapter 394 shall be a condition of licensure for hospitals providing voluntary or involuntary medical or psychiatric 11 12 observation, evaluation, diagnosis, or treatment. 13 (b) Any hospital that provides psychiatric treatment to persons under 18 years of age who have emotional 14 disturbances shall comply with the procedures pertaining to 15 the rights of patients prescribed in part I of chapter 394. 16 17 (c) A hospital that provides birthing services shall 18 affirm in writing as part of the application for a new, provisional, or renewal license that the hospital shall comply 19 with s. 382.013(2)(c), which includes assisting unmarried 20 21 parents who request assistance in executing a voluntary 22 acknowledgment of paternity. No fine or other sanction under 23 s. 395.1065 may be imposed on a hospital for noncompliance with s. 382.013(2)(c). 2.4 (6) No specialty hospital shall provide any service or 25 regularly serve any population group beyond those services or 26 27 groups specified in its license. 2.8 (7) Licenses shall be posted in a conspicuous place on 29 each of the licensed premises. 30 (7)(8) In addition to the requirements of part II of chapter 408, whenever the agency finds that there has been a 31

1 substantial failure to comply with the requirements 2 established under this part or in rules, the agency is authorized to deny, modify, suspend, and or revoke: 3 (a) A license; 4 5 (b) That part of a license which is limited to a 6 separate premises, as designated on the license; or 7 (c) Licensure approval limited to a facility, 8 building, or portion thereof, or a service, within a given 9 premises. 10 (8) (9) A hospital may not be licensed or relicensed if: 11 12 (a) The diagnosis-related groups for 65 percent or 13 more of the discharges from the hospital, in the most recent year for which data is available to the Agency for Health Care 14 Administration pursuant to s. 408.061, are for diagnosis, 15 care, and treatment of patients who have: 16 17 1. Cardiac-related diseases and disorders classified 18 as diagnosis-related groups 103-145, 478-479, 514-518, or 525-527; 19 2. Orthopedic-related diseases and disorders 20 21 classified as diagnosis-related groups 209-256, 471, 491, 22 496-503, or 519-520; 3. Cancer-related diseases and disorders classified as 23 diagnosis-related groups 64, 82, 172, 173, 199, 200, 203, 2.4 257-260, 274, 275, 303, 306, 307, 318, 319, 338, 344, 346, 25 347, 363, 366, 367, 400-414, 473, or 492; or 26 27 4. Any combination of the above discharges. 2.8 (b) The hospital restricts its medical and surgical services to primarily or exclusively cardiac, orthopedic, 29 30 surgical, or oncology specialties. 31

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1	(9) (10) A hospital licensed as of June 1, 2004, shall
2	be exempt from subsection $(8)(9)$ as long as the hospital
3	maintains the same ownership, facility street address, and
4	range of services that were in existence on June 1, 2004. Any
5	transfer of beds, or other agreements that result in the
б	establishment of a hospital or hospital services within the
7	intent of this section, shall be subject to subsection(8)
8	(9). Unless the hospital is otherwise exempt under subsection
9	(8)(9), the agency shall deny or revoke the license of a
10	hospital that violates any of the criteria set forth in that
11	subsection.
12	(10)(11) The agency may adopt rules implementing the
13	licensure requirements set forth in subsection $(8)(9)$. Within
14	14 days after rendering its decision on a license application
15	or revocation, the agency shall publish its proposed decision
16	in the Florida Administrative Weekly. Within 21 days after
17	publication of the agency's decision, any authorized person
18	may file a request for an administrative hearing. In
19	administrative proceedings challenging the approval, denial,
20	or revocation of a license pursuant to subsection <u>(8)</u> , the
21	hearing must be based on the facts and law existing at the
22	time of the agency's proposed agency action. Existing
23	hospitals may initiate or intervene in an administrative
24	hearing to approve, deny, or revoke licensure under subsection
25	(8)(9) based upon a showing that an established program will
26	be substantially affected by the issuance or renewal of a
27	license to a hospital within the same district or service
28	area.
29	Section 39. Section 395.004, Florida Statutes, is
30	amended to read:
31	395.004 Application for license <u>;</u> fees ; expenses
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1	(1) In accordance with s. 408.805, an applicant or
2	licensee shall pay a fee for each license application
3	submitted under this part, part II of chapter 408, and
4	applicable rules. The amount of the fee shall be established
5	by rule. An application for a license or renewal thereof shall
б	be made under oath to the agency, upon forms provided by it,
7	and shall contain such information as the agency reasonably
8	requires, which may include affirmative evidence of ability to
9	comply with applicable laws and rules.
10	(2) Each application for a general hospital license,
11	specialty hospital license, ambulatory surgical center
12	license, or mobile surgical facility license, or renewal
13	thereof, shall be accompanied by a license fee, in accordance
14	with the following schedule:
15	(a) The biennial license, provisional license, and
16	license renewal fee required of a facility licensed under this
17	part shall be reasonably calculated to cover the cost of
18	regulation under this part and shall be established by rule at
19	the rate of not less than \$9.50 per hospital bed, nor more
20	than \$30 per hospital bed, except that the minimum license fee
21	shall be \$1,500 and the total fees collected from all licensed
22	facilities may not exceed the cost of properly carrying out
23	the provisions of this part.
24	(b) Such fees shall be paid to the agency and shall be
25	deposited in the Planning and Regulation Trust Fund of the
26	agency, which is hereby created, for the sole purpose of
27	carrying out the provisions of this part.
28	Section 40. <u>Section 395.0055, Florida Statutes, is</u>
29	repealed.
30	Section 41. Section 395.0161, Florida Statutes, is
31	amended to read:

1 395.0161 Licensure inspection.--2 (1) In addition to the requirement of s. 408.811, the agency shall make or cause to be made such inspections and 3 4 investigations as it deems necessary, including: 5 (a) Inspections directed by the federal Centers for б Medicare and Medicaid Services Health Care Financing 7 Administration. (b) Validation inspections. 8 9 (c) Lifesafety inspections. 10 (d) Licensure complaint investigations, including full licensure investigations with a review of all licensure 11 12 standards as outlined in the administrative rules. Complaints 13 received by the agency from individuals, organizations, or other sources are subject to review and investigation by the 14 15 agency. (e) Emergency access complaint investigations. 16 17 (f) Inspections of mobile surgical facilities at each time a facility establishes a new location, prior to the 18 admission of patients. However, such inspections shall not be 19 required when a mobile surgical facility is moved temporarily 2.0 21 to a location where medical treatment will not be provided. 22 (2) The agency shall accept, in lieu of its own 23 periodic inspections for licensure, the survey or inspection of an accrediting organization, provided the accreditation of 2.4 the licensed facility is not provisional and provided the 25 licensed facility authorizes release of, and the agency 26 27 receives the report of, the accrediting organization. The 2.8 agency shall develop, and adopt by rule, criteria for accepting survey reports of accrediting organizations in lieu 29 30 of conducting a state licensure inspection. 31

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following fees:

per facility.

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(3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application submitted under this part, part II of chapter 408, and applicable rules. With the exception of state-operated licensed facilities, each facility licensed under this part shall pay to the agency, at the time of inspection, the (a) Inspection for licensure.--A fee shall be paid which is not less than \$8 per hospital bed, nor more than \$12 per hospital bed, except that the minimum fee shall be \$400 (b) Inspection for lifesafety only.--A fee shall be paid which is not less than 75 cents per hospital bed, nor more than \$1.50 per hospital bed, except that the minimum fee inspections for licensure made by the agency to ensure that

14 shall be \$40 per facility. 15 (4) The agency shall coordinate all periodic 16 17

the cost to the facility of such inspections and the 18 disruption of services by such inspections is minimized. 19 Section 42. Subsections (2) and (3) of section 20 21

395.0163, Florida Statutes, are amended to read: 22 395.0163 Construction inspections; plan submission and 23 approval; fees.--

(2)(a) The agency is authorized to charge an initial 2.4 fee of \$2,000 for review of plans and construction on all 25 projects, no part of which is refundable. The agency may also 26 27 collect a fee, not to exceed 1 percent of the estimated 2.8 construction cost or the actual cost of review, whichever is 29 less, for the portion of the review which encompasses initial review through the initial revised construction document 30 review. The agency is further authorized to collect its actual 31

1 costs on all subsequent portions of the review and 2 construction inspections. The initial fee payment shall accompany the initial submission of plans and specifications. 3 Any subsequent payment that is due is payable upon receipt of 4 5 the invoice from the agency. 6 (b) Notwithstanding any other provisions of law to the 7 contrary, all moneys received by the agency pursuant to the 8 provisions of this section shall be deposited in the Planning 9 and Regulation Trust Fund, as created by s. 395.004, to be held and applied solely for the operations required under this 10 11 section. 12 (3) In addition to the requirements of s. 408.811, the 13 agency shall inspect a mobile surgical facility at initial licensure and at each time the facility establishes a new 14 location, prior to admission of patients. However, such 15 inspections shall not be required when a mobile surgical 16 17 facility is moved temporarily to a location where medical 18 treatment will not be provided. Section 43. Subsection (6) of section 395.0193, 19 Florida Statutes, is amended to read: 20 21 395.0193 Licensed facilities; peer review; 22 disciplinary powers; agency or partnership with physicians. --23 (6) For a single incident or series of isolated incidents that are nonwillful violations of the reporting 2.4 requirements of this section or part II of chapter 408, the 25 agency shall first seek to obtain corrective action by the 26 27 facility. If correction is not demonstrated within the 2.8 timeframe established by the agency or if there is a pattern of nonwillful violations of this section or part II of chapter 29 408, the agency may impose an administrative fine, not to 30 exceed \$5,000 for any violation of the reporting requirements 31

1 of this section or part II of chapter 408. The administrative 2 fine for repeated nonwillful violations may shall not exceed \$10,000 for any violation. The administrative fine for each 3 intentional and willful violation may not exceed \$25,000 per 4 violation, per day. The fine for an intentional and willful 5 6 violation of this section or part II of chapter 408 may not 7 exceed \$250,000. In determining the amount of fine to be 8 levied, the agency shall be guided by s. 395.1065(2)(b). Section 44. Subsection (12) of section 395.0197, 9 Florida Statutes, is amended to read: 10 395.0197 Internal risk management program.--11 12 (12) In addition to any penalty imposed pursuant to 13 this section or part II of chapter 408, the agency shall require a written plan of correction from the facility. For a 14 single incident or series of isolated incidents that are 15 nonwillful violations of the reporting requirements of this 16 17 section or part II of chapter 408, the agency shall first seek 18 to obtain corrective action by the facility. If the correction is not demonstrated within the timeframe established by the 19 agency or if there is a pattern of nonwillful violations of 20 21 this section or part II of chapter 408, the agency may impose 22 an administrative fine, not to exceed \$5,000 for any violation 23 of the reporting requirements of this section or part II of chapter 408. The administrative fine for repeated nonwillful 2.4 violations may shall not exceed \$10,000 for any violation. The 25 26 administrative fine for each intentional and willful violation 27 may not exceed \$25,000 per violation, per day. The fine for an 2.8 intentional and willful violation of this section or part II of chapter 408 may not exceed \$250,000. In determining the 29 amount of fine to be levied, the agency shall be guided by s. 30 395.1065(2)(b). 31

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1 Section 45. Section 395.0199, Florida Statutes, is 2 amended to read: 395.0199 Private utilization review.--3 (1) The purpose of this section is to: 4 5 (a) Promote the delivery of quality health care in a б cost-effective manner. 7 (b) Foster greater coordination between providers and 8 health insurers performing utilization review. (c) Protect patients and insurance providers by 9 10 ensuring that private review agents are qualified to perform utilization review activities and to make informed decisions 11 12 on the appropriateness of medical care. 13 (d) This section does not regulate the activities of private review agents, health insurers, health maintenance 14 organizations, or hospitals, except as expressly provided 15 herein, or authorize regulation or intervention as to the 16 17 correctness of utilization review decisions of insurers or 18 private review agents. (2) The requirements of part II of chapter 408 apply 19 to the provision of services that require registration or 20 21 licensure pursuant to this section and part II of chapter 408 22 and to persons registered by or applying for such registration 23 from the Agency for Health Care Administration pursuant to this section. Registration or a license issued by the agency 2.4 is required in order to perform as a private review agent 25 26 conducting utilization review as to health care services in 27 this state performed or proposed to be performed in this state 2.8 shall register with the agency in accordance with this 29 section. (3) In accordance with s. 408.805, an applicant for 30 registration or the registrant shall pay a fee for each 31

1 registration application submitted under this section, part II 2 of chapter 408, and applicable rules. The amount of the fee shall be established by rule and Registration shall be made 3 4 annually with the agency on forms furnished by the agency and 5 shall be accompanied by the appropriate registration fee as 6 set by the agency. The fee shall be sufficient to pay for the 7 administrative costs of registering the agent, but may shall 8 not exceed \$500 \$250. The agency may also charge reasonable 9 fees, reflecting actual costs, to persons requesting copies of 10 registration. (4) Each applicant for registration must comply with 11 12 the 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 or other similarly 16 17 titled individual who is responsible for the operation of the 18 entity. The applicant must comply with the procedures for level 2 background screening as set forth in chapter 435, as 19 well as the requirements of s. 435.03(3). 2.0 21 (b) The agency may require background screening of any 2.2 other individual who is an applicant, if the agency has 23 probable cause to believe that he or she has been convicted of crime or has committed any other offense prohibited under 2.4 the level 2 standards for screening set forth in chapter 435. 25 (c) Proof of compliance with the level 2 background 26 27 screening requirements of chapter 435 which has been submitted 2.8 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).

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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 Department of Law Enforcement background check, but the agency 4 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 issued. A standard registration may be granted to the 9 10 applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening 11 12 for each individual required by this section to undergo 13 background screening which confirms that all standards have been met, or upon the granting of a disqualification exemption 14 by the agency as set forth in chapter 435. Any other person 15 who is required to undergo level 2 background screening may 16 17 serve in his or her capacity pending the agency's receipt of 18 the report from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates 19 any 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

prohibited under the level 2 standards of chapter 435 by a 1 2 member of the board of directors of the applicant, 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 not for profit corporation or organization if the director 5 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, receives no remuneration for his or her services on the 9 10 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 11 12 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 13 include in the application a statement affirming that the 14 director's relationship to the corporation satisfies the 15 requirements of this paragraph. 16 17 (g) A registration may not be granted to an applicant 18 if the applicant or managing employee has been found guilty 19 of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 2.0 21 level 2 standards for screening set forth in chapter 435, 2.2 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. (h) The agency may deny or revoke the registration if 2.4 any applicant: 25 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 2.8 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30 31

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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 registration renewal must 5 contain the information required under paragraphs (e) and (f). 6 (4)(5) In addition to the requirements of part II of 7 chapter 408, registration shall include the following: 8 (a) A description of the review policies and procedures to be used in evaluating proposed or delivered 9 hospital care. 10 (b) The name, address, and telephone number of the 11 12 utilization review agent performing utilization review, who 13 shall be at least: 1. A licensed practical nurse or licensed registered 14 nurse, or other similarly qualified medical records or health 15 care professionals, for performing initial review when 16 17 information is necessary from the physician or hospital to 18 determine the medical necessity or appropriateness of hospital services; or 19 2. A licensed physician, or a licensed physician 20 21 practicing in the field of psychiatry for review of mental 22 health services, for an initial denial determination prior to 23 a final denial determination by the health insurer and which shall include the written evaluation and findings of the 2.4 reviewing physician. 25 (c) A description of an appeal procedure for patients 26 27 or health care providers whose services are under review, who 2.8 may appeal an initial denial determination prior to a final determination by the health insurer with whom the private 29 review agent has contracted. The appeal procedure shall 30 provide for review by a licensed physician, or by a licensed 31 70

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physician practicing in the field of psychiatry for review of 1 2 mental health services, and shall include the written evaluation and findings of the reviewing physician. 3 4 (d) A designation of the times when the staff of the utilization review agent will be available by toll-free 5 б telephone, which shall include at least 40 hours per week 7 during the normal business hours of the agent. 8 (e) An acknowledgment and agreement that any private review agent which, as a general business practice, fails to 9 10 adhere to the policies, procedures, and representations made in its application for registration shall have its 11 12 registration revoked. 13 (f) Disclosure of any incentive payment provision or quota provision which is contained in the agent's contract 14 with a health insurer and is based on reduction or denial of 15 services, reduction of length of stay, or selection of 16 17 treatment setting. 18 (g) Updates of any material changes to review policies 19 or procedures. 20 (6) The agency may impose fines or suspend or revoke 21 the registration of any private review agent in violation of 22 this section. Any private review agent failing to register or 23 update registration as required by this section shall be deemed to be within the jurisdiction of the agency and subject 2.4 25 to an administrative penalty not to exceed \$1,000. The agency 26 may bring actions to enjoin activities of private review agents in violation of this section. 27 28 (5) (7) No insurer shall knowingly contract with or utilize a private review agent which has failed to register as 29 required by this section or which has had a registration 30 revoked by the agency. 31

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1	(6)(8) A private review agent which operates under
2	contract with the federal or state government for utilization
3	review of patients eligible for hospital or other services
4	under Title XVIII or Title XIX of the Social Security Act is
5	exempt from the provisions of this section for services
б	provided under such contract. A private review agent which
7	provides utilization review services to the federal or state
8	government and a private insurer shall not be exempt for
9	services provided to nonfederally funded patients. This
10	section shall not apply to persons who perform utilization
11	review services for medically necessary hospital services
12	provided to injured workers pursuant to chapter 440 and shall
13	not apply to self-insurance funds or service companies
14	authorized pursuant to chapter 440 or part VII of chapter 626.
15	(7)(9) Facilities licensed under this chapter shall
16	promptly comply with the requests of utilization review agents
17	or insurers which are reasonably necessary to facilitate
18	prompt accomplishment of utilization review activities.
19	(8)(10) The agency shall adopt rules to implement the
20	provisions of this section.
21	Section 46. Subsection (1) of section 395.1046,
22	Florida Statutes, is amended to read:
23	395.1046 Complaint investigation procedures
24	(1) In addition to the requirements of s. 408.811, the
25	agency shall investigate any complaint against a hospital for
26	any violation of s. 395.1041 <u>which</u> that the agency reasonably
27	believes to be legally sufficient. A complaint is legally
28	sufficient if it contains ultimate facts <u>showing</u> which show
29	that a violation of this chapter, or any rule adopted under
30	this chapter by the agency, has occurred. The agency may
31	investigate, or continue to investigate, and may take

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1	appropriate final action on a complaint, even though the
2	original complainant withdraws his or her complaint or
3	otherwise indicates his or her desire not to cause it to be
4	investigated to completion. When an investigation of any
5	person or facility is undertaken, the agency shall notify such
6	person in writing of the investigation and inform the person
7	or facility in writing of the substance, the facts showing
8	which show that a violation has occurred, and the source of
9	any complaint filed against him or her. The agency may conduct
10	an investigation without notification to any person if the act
11	under investigation is a criminal offense. The agency shall
12	have access to all records necessary for the investigation of
13	the complaint.
14	Section 47. Paragraph (f) of subsection (1) of section
15	395.1055, Florida Statutes, is amended, and subsection (9) is
16	added to that section, to read:
17	395.1055 Rules and enforcement
18	(1) The agency shall adopt rules pursuant to ss.
19	120.536(1) and 120.54 to implement the provisions of this
20	part, which shall include reasonable and fair minimum
21	standards for ensuring that:
22	(f) All hospitals submit such data as necessary to
23	conduct certificate-of-need reviews required under <u>part I of</u>
24	<u>chapter 408</u> ss. 408.031 408.045 . Such data shall include, but
25	shall not be limited to, patient origin data, hospital
26	utilization data, type of service reporting, and facility
27	staffing data. The agency <u>may</u> $\frac{1}{2}$ shall not collect data that
28	identifies or could disclose the identity of individual
29	patients. The agency shall utilize existing uniform statewide
30	data sources when available and shall minimize reporting costs
31	to hospitals.

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1 (9) The agency may adopt rules to administer the 2 requirements of part II of chapter 408. 3 Section 48. Section 395.1065, Florida Statutes, is 4 amended to read: 5 395.1065 Criminal and administrative penalties; 6 injunctions; emergency orders; moratorium. --7 (1) In addition to s. 408.812, any person 8 establishing, conducting, managing, or operating any facility without a license under this part commits is guilty of a 9 10 misdemeanor and, upon conviction, shall be fined not more than \$500 for the first offense and not more than \$1,000 for each 11 12 subsequent offense, and each day of continuing violation after 13 conviction shall be considered a separate offense. (2)(a) The agency may deny, revoke, or suspend a 14 license or impose an administrative fine, not to exceed \$1,000 15 per violation, per day, for the violation of any provision of 16 17 this part, part II of chapter 408, or applicable rules adopted under this part. Each day of violation constitutes a separate 18 violation and is subject to a separate fine. 19 (b) In determining the amount of fine to be levied for 20 21 a violation, as provided in paragraph (a), the following 22 factors shall be considered: 23 1. The severity of the violation, including the probability that death or serious harm to the health or safety 2.4 of any person will result or has resulted, the severity of the 25 26 actual or potential harm, and the extent to which the 27 provisions of this part were violated. 2.8 2. Actions taken by the licensee to correct the violations or to remedy complaints. 29 30 3. Any previous violations of the licensee. 31

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1	(c) All amounts collected pursuant to this section
2	shall be deposited into the Planning and Regulation Trust
3	Fund, as created by s. 395.004.
4	<u>(c)(d)</u> The agency may impose an administrative fine
5	for the violation of s. 641.3154 or, if sufficient claims due
б	to a provider from a health maintenance organization do not
7	exist to enable the take-back of an overpayment, as provided
8	under s. 641.3155(5), for the violation of s. 641.3155(5). The
9	administrative fine for a violation cited in this paragraph
10	shall be in the amounts specified in s. 641.52(5), and the
11	provisions of paragraph (a) do not apply.
12	(3) Notwithstanding the existence or pursuit of any
13	other remedy, the agency may maintain an action in the name of
14	the state for injunction or other process to enforce the
15	provisions of this part and rules promulgated hereunder.
16	(4) The agency may issue an emergency order
17	immediately suspending or revoking a license when it
18	determines that any condition in the licensed facility
19	presents a clear and present danger to public health and
20	safety.
21	(3)(5) In accordance with part II of chapter 408, the
22	agency may impose an immediate moratorium on elective
23	admissions to any licensed facility, building, or portion
24	thereof, or service, when the agency determines that any
25	condition in the facility presents a threat to public health
26	or safety.
27	(4)(6) In seeking to impose penalties against a
28	facility as defined in s. 394.455 for a violation of part I of
29	chapter 394, the agency is authorized to rely on the
30	investigation and findings by the Department of Health in lieu
31	of conducting its own investigation.
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(5) (7) The agency shall impose a fine of \$500 for each 1 2 instance of the facility's failure to provide the information required by rules adopted pursuant to s. 395.1055(1)(h). 3 4 Section 49. Subsections (1) and (8) of section 395.10973, Florida Statutes, are amended to read: 5 б 395.10973 Powers and duties of the agency.--It is the 7 function of the agency to: 8 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part and part II of 9 10 chapter 408 conferring duties upon it. (8) Enforce the special-occupancy provisions of the 11 12 Florida Building Code which apply to hospitals, intermediate 13 residential treatment facilities, and ambulatory surgical centers in conducting any inspection authorized by this 14 chapter and part II of chapter 408. 15 Section 50. Section 395.10974, Florida Statutes, is 16 17 amended to read: 395.10974 Health care risk managers; qualifications, 18 licensure, fees.--19 (1) The requirements of part II of chapter 408 apply 20 21 to the provision of services that require licensure pursuant to ss. 395.10971-395.10975, and part II of chapter 408 and to 22 23 entities licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to ss. 2.4 395.10971-395.10975. A license issued by the agency is 25 required in order to perform as a health care risk manager in 26 27 this state. Any person desiring to be licensed as a health 2.8 care risk manager shall submit an application on a form 29 provided by the agency. In order to qualify for licensure, the 30 applicant shall submit evidence satisfactory to the agency 31

1 which demonstrates the applicant's competence, by education or 2 experience, in the following areas: 3 (a) Applicable standards of health care risk 4 management. 5 (b) Applicable federal, state, and local health and б safety laws and rules. 7 (c) General risk management administration. 8 (d) Patient care. 9 (e) Medical care. 10 (f) Personal and social care. (q) Accident prevention. 11 12 (h) Departmental organization and management. 13 (i) Community interrelationships. (j) Medical terminology. 14 15 Each applicant for licensure and each licensee must comply 16 17 with all provisions of part II of chapter 408. The agency may require such additional information, from the applicant or any 18 other person, as may be reasonably required to verify the 19 information contained in the application. 20 21 (2) The agency shall not grant or issue a license as a 22 health care risk manager to any individual unless from the 23 application it affirmatively appears that the applicant: (a) Is 18 years of age or over; 2.4 (b) Is a high school graduate or equivalent; and 25 (c)1. Has fulfilled the requirements of a 1-year 26 27 program or its equivalent in health care risk management 2.8 training which may be developed or approved by the agency; 2. Has completed 2 years of college-level studies 29 which would prepare the applicant for health care risk 30 management, to be further defined by rule; or 31

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1 3. Has obtained 1 year of practical experience in 2 health care risk management. 3 (3) The agency shall issue a license to practice health care risk management to any applicant who qualifies 4 under this section. In accordance with s. 408.805, an 5 6 applicant or licensee shall pay a fee for each license 7 application submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be 8 established by rule as follows: and submits an application fee 9 of not more than \$75, a background-screening fingerprinting 10 fee of not more than \$75, and a license fee of not more than 11 12 \$100. The agency shall by rule establish fees and procedures 13 for the issuance and cancellation of licenses. (4) The agency shall renew a health care risk manager 14 15 license upon receipt of a biennial renewal application and 16 fees. The agency shall by rule establish a procedure for the 17 biennial renewal of licenses. Section 51. Paragraph (c) of subsection (2) of section 18 395.602, Florida Statutes, is amended to read: 19 395.602 Rural hospitals.--20 21 (2) DEFINITIONS.--As used in this part: "Inactive rural hospital bed" means a licensed 22 (C) 23 acute care hospital bed, as defined in s. $395.002(13)\frac{(14)}{(14)}$, that is inactive in that it cannot be occupied by acute care 2.4 25 inpatients. Section 52. Paragraph (c) of subsection (1) of section 26 27 395.701, Florida Statutes, is amended to read: 2.8 395.701 Annual assessments on net operating revenues 29 for inpatient and outpatient services to fund public medical assistance; administrative fines for failure to pay 30 assessments when due; exemption .--31

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1 (1) For the purposes of this section, the term: 2 (c) "Hospital" means a health care institution as defined in s. 395.002(12)(13), but does not include any 3 hospital operated by the agency or the Department of 4 Corrections. 5 б Section 53. Subsection (4) of section 400.0073, 7 Florida Statutes, is amended to read: 400.0073 State and local ombudsman council 8 9 investigations.--10 (4) If the ombudsman or any state or local council member is not allowed to enter a long-term care facility, the 11 12 administrator of the facility shall be considered to have 13 interfered with a representative of the office, the state council, or the local council in the performance of official 14 duties as described in s. 400.0083(1) and to have committed a 15 violation of this part. The ombudsman shall report a 16 17 facility's refusal to allow entry to the agency, and the 18 agency shall record the report and take it into consideration when determining actions allowable under s. 400.102, s. 19 400.121, s. <u>429.14</u> 400.414, s. <u>429.19</u> 400.419, s. <u>429.69</u> 20 21 400.6194, or s.429.71 400.6196. 22 Section 54. Subsection (4) of section 400.0074, 23 Florida Statutes, is amended to read: 400.0074 Local ombudsman council onsite administrative 2.4 25 assessments.--(4) An onsite administrative assessment may not be 26 27 accomplished by forcible entry. However, if the ombudsman or a 2.8 state or local council member is not allowed to enter a long-term care facility, the administrator of the facility 29 shall be considered to have interfered with a representative 30 of the office, the state council, or the local council in the 31

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performance of official duties as described in s. 400.0083(1) 1 2 and to have committed a violation of this part. The ombudsman shall report the refusal by a facility to allow entry to the 3 agency, and the agency shall record the report and take it 4 into consideration when determining actions allowable under s. 5 6 400.102, s. 400.121, s. <u>429.14</u> 400.414, s. <u>429.19</u> 400.419, s. 7 <u>429.69</u> 400.6194, or s. <u>429.71</u> 400.6196. Section 55. Subsections (6) through (19) of section 8 400.021, Florida Statutes, are renumbered as subsections (5) 9 10 through (18), respectively, and present subsections (5) and (20) of that section are amended to read: 11 12 400.021 Definitions.--When used in this part, unless 13 the context otherwise requires, the term: (5) "Controlling interest" means: 14 (a) The applicant for licensure or a licensee; 15 16 (b) A person or entity that serves as an officer of, 17 is on the board of directors of, or has a 5 percent or greater 18 ownership interest in the management company or other entity, related or unrelated, which the applicant or licensee may 19 contract with to operate the facility; or 20 21 (c) A person or entity that serves as an officer of, 2.2 on the board of directors of, or has a 5 percent or greater 23 ownership interest in the applicant or licensee. 2.4 25 The term does not include a voluntary board member. 26 (20) "Voluntary board member" means a director of a 27 not for profit corporation or organization who serves solely 2.8 in a voluntary capacity for the corporation or organization, 29 does not receive any remuneration for his or her services on board of directors, and has no financial interest in the 30 corporation or organization. The agency shall recognize a 31

1 person as a voluntary board member following submission of a 2 statement to the agency by the director and the not for profit 3 corporation or organization which affirms that the director conforms to this definition. The statement affirming the 4 5 status of the director must be submitted to the agency on a б form provided by the agency. 7 Section 56. Subsection (3) of section 400.022, Florida 8 Statutes, is amended to read: 400.022 Residents' rights .--9 10 (3) Any violation of the resident's rights set forth in this section shall constitute grounds for action by the 11 12 agency under the provisions of s. 400.102, s. 400.121, or part 13 <u>II of chapter 408</u>. In order to determine whether the licensee is adequately protecting residents' rights, the licensure 14 annual inspection of the facility shall include private 15 informal conversations with a sample of residents to discuss 16 17 residents' experiences within the facility with respect to rights specified in this section and general compliance with 18 standards, and consultation with the ombudsman council in the 19 local planning and service area of the Department of Elderly 20 21 Affairs in which the nursing home is located. 22 Section 57. Paragraph (b) of subsection (1) of section 23 400.051, Florida Statutes, is amended to read: 400.051 Homes or institutions exempt from the 2.4 provisions of this part .--25 (1) The following shall be exempt from the provisions 26 of this part: 27 2.8 (b) Any hospital, as defined in s. 395.002(11), that 29 is licensed under chapter 395. Section 58. Section 400.062, Florida Statutes, is 30 amended to read: 31

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1 400.062 License required; fee; disposition; display; 2 transfer.--3 (1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant 4 5 to this part and part II of chapter 408 and to entities 6 licensed by or applying for such licensure from the Agency for 7 Health Care Administration pursuant to this part. A license 8 issued by the agency is required for the operation of a nursing home in this state. It is unlawful to operate or 9 maintain a facility without first obtaining from the agency a 10 11 license authorizing such operation. 12 Separate licenses shall be required for facilities (2) 13 maintained in separate premises, even though operated under the same management. However, a separate license shall not be 14 required for separate buildings on the same grounds. 15 16 (3) In accordance with s. 408.805, an applicant or 17 licensee shall pay a fee for each license application 18 submitted under this part, part II of chapter 408, and applicable rules. The annual license fee required for each 19 license issued under this part shall be comprised of two 20 21 parts. Part I of the license fee shall be the basic license 22 fee. The rate per bed for the basic license fee shall be 23 established biennially annually and shall be\$100\$50 per bed unless modified by rule. The agency may adjust the per bed 2.4 25 licensure fees by the Consumer Price Index based on the 12 26 months immediately preceding the increase to cover the cost of 27 regulation under this part. Part II of the license fee shall 2.8 be the resident protection fee, which shall be at the rate of not less than 50 25 cents per bed. The rate per bed shall be 29 the minimum rate per bed, and such rate shall remain in effect 30 until the effective date of a rate per bed adopted by rule by 31

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1	the agency pursuant to this part. At such time as the amount
2	on deposit in the Resident Protection Trust Fund is less than
3	\$1 million, the agency may adopt rules to establish a rate
4	which may not exceed $\$20$ $\$10$ per bed. The rate per bed shall
5	revert back to the minimum rate per bed when the amount on
6	deposit in the Resident Protection Trust Fund reaches \$1
7	million, except that any rate established by rule shall remain
8	in effect until such time as the rate has been equally
9	required for each license issued under this part. Any amount
10	in the fund in excess of \$2 million shall revert to the Health
11	Care Trust Fund and may not be expended without prior approval
12	of the Legislature. The agency may prorate the <u>biennial</u> annual
13	license fee for those licenses which it issues under this part
14	for less than <u>2 years</u> 1 year . Funds generated by license fees
15	collected in accordance with this section shall be deposited
15 16	
	collected in accordance with this section shall be deposited
16	collected in accordance with this section shall be deposited in the following manner:
16 17	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited
16 17 18	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole
16 17 18 19	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole purpose of carrying out this part. When the balance of the
16 17 18 19 20	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole purpose of carrying out this part. When the balance of the account established in the Health Care Trust Fund for the
16 17 18 19 20 21	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole purpose of carrying out this part. When the balance of the account established in the Health Care Trust Fund for the deposit of fees collected as authorized under this section
16 17 18 19 20 21 22	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole purpose of carrying out this part. When the balance of the account established in the Health Care Trust Fund for the deposit of fees collected as authorized under this section exceeds one third of the annual cost of regulation under this
16 17 18 19 20 21 22 23	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole purpose of carrying out this part. When the balance of the account established in the Health Care Trust Fund for the deposit of fees collected as authorized under this section exceeds one third of the annual cost of regulation under this part, the excess shall be used to reduce the licensure fees in
16 17 18 19 20 21 22 23 24	collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole purpose of carrying out this part. When the balance of the account established in the Health Care Trust Fund for the deposit of fees collected as authorized under this section exceeds one third of the annual cost of regulation under this part, the excess shall be used to reduce the licensure fees in the next year.
16 17 18 19 20 21 22 23 24 25	<pre>collected in accordance with this section shall be deposited in the following manner: (a) The basic license fee collected shall be deposited in the Health Care Trust Fund, established for the sole purpose of carrying out this part. When the balance of the account established in the Health Care Trust Fund for the deposit of fees collected as authorized under this section exceeds one third of the annual cost of regulation under this part, the excess shall be used to reduce the licensure fees in the next year.</pre>

29 treatment of a resident removed from a nursing home facility 30 on a temporary, emergency basis or for the maintenance and 31

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1 care of residents in a nursing home facility pending removal and alternate placement. 2 (4) Counties or municipalities applying for licenses 3 4 under this part are exempt from license fees authorized under 5 this section. б (5) The license shall be displayed in a conspicuous 7 place inside the facility. 8 (6) A license shall be valid only in the hands of the 9 individual, firm, partnership, association, or corporation to whom it is issued and shall not be subject to sale, 10 11 assignment, or other transfer, voluntary or involuntary, nor 12 shall a license be valid for any premises other than those for which originally issued. 13 Section 59. Subsection (1) of section 400.063, Florida 14 Statutes, is amended to read: 15 400.063 Resident Protection Trust Fund .--16 17 (1) A Resident Protection Trust Fund shall be 18 established for the purpose of collecting and disbursing funds generated from the license fees and administrative fines as 19 provided for in ss. 393.0673(2), 400.062(3)(b), 400.111(1), 20 21 400.121(2), and 400.23(8). Such funds shall be for the sole 22 purpose of paying for the appropriate alternate placement, 23 care, and treatment of residents who are removed from a facility licensed under this part or a facility specified in 2.4 s. 393.0678(1) in which the agency determines that existing 25 26 conditions or practices constitute an immediate danger to the 27 health, safety, or security of the residents. If the agency 2.8 determines that it is in the best interest of the health, 29 safety, or security of the residents to provide for an orderly removal of the residents from the facility, the agency may 30 utilize such funds to maintain and care for the residents in 31

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1 the facility pending removal and alternative placement. The 2 maintenance and care of the residents shall be under the direction and control of a receiver appointed pursuant to s. 3 393.0678(1) or s. 400.126(1). However, funds may be expended 4 in an emergency upon a filing of a petition for a receiver, 5 6 upon the declaration of a state of local emergency pursuant to 7 s. 252.38(3)(a)5., or upon a duly authorized local order of 8 evacuation of a facility by emergency personnel to protect the health and safety of the residents. 9 10 Section 60. Section 400.071, Florida Statutes, is amended to read: 11 12 400.071 Application for license.--13 (1) An application for a license as required by s. 400.062 shall be made to the agency on forms furnished by it 14 15 and shall be accompanied by the appropriate license fee. (1) (1) (2) In addition to the requirements of part II of 16 17 chapter 408, the application for a license shall be under oath 18 and <u>must</u> shall contain the following: 19 (a) The name, address, and social security number of the applicant if an individual; if the applicant is a firm, 2.0 21 partnership, or association, its name, address, and employer 2.2 identification number (EIN), and the name and address of any 23 controlling interest; and the name by which the facility is to 2.4 be known. 25 (b) The name of any person whose name is required on 26 the application under the provisions of paragraph (a) and who 27 owns at least a 10 percent interest in any professional 2.8 service, firm, association, partnership, or corporation providing goods, leases, or services to the facility for which 29 30 the application is made, and the name and address of the 31

1 professional service, firm, association, partnership, or 2 corporation in which such interest is held. 3 (a) (c) The location of the facility for which a 4 license is sought and an indication, as in the original application, that such location conforms to the local zoning 5 б ordinances. 7 (d) The name of the person or persons under whose 8 management or supervision the facility will be conducted and the name of the administrator. 9 (b)(e) A signed affidavit disclosing any financial or 10 ownership interest that a controlling interest as defined in 11 12 part II of chapter 408 person or entity described in paragraph 13 (a) or paragraph (d) has held in the last 5 years in any entity licensed by this state or any other state to provide 14 health or residential care which has closed voluntarily or 15 involuntarily; has filed for bankruptcy; has had a receiver 16 17 appointed; has had a license denied, suspended, or revoked; or has had an injunction issued against it which was initiated by 18 a regulatory agency. The affidavit must disclose the reason 19 any such entity was closed, whether voluntarily or 20 21 involuntarily. 22 (c) (c) (f) The total number of beds and the total number 23 of Medicare and Medicaid certified beds. (d)(g) Information relating to the number, experience, 2.4 and training of the employees of the facility and of the moral 25 character of the applicant and employees which the agency 26 27 requires by rule, including the name and address of any 2.8 nursing home with which the applicant or employees have been affiliated through ownership or employment within 5 years of 29 date of the application for a license and the record of 30 the any criminal convictions involving the applicant and any 31

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

1 screening set forth in chapter 435. As used in this 2 subsection, the term "applicant" means the facility administrator, or similarly titled individual who is 3 4 responsible for the day to day operation of the licensed facility, and the facility financial officer, or similarly 5 6 titled individual who is responsible for the financial 7 operation of the licensed facility. 8 (b) The agency may require background screening for a member of the board of directors of the licensee or an officer 9 10 or an individual owning 5 percent or more of the licensee if the agency has probable cause to believe that such individual 11 12 has been convicted of an offense prohibited under the level 2 13 standards for screening set forth in chapter 435. (c) Proof of compliance with the level 2 background 14 screening requirements of chapter 435 which has been submitted 15 within the previous 5 years in compliance with any other 16 17 health care or assisted living licensure requirements of this state is acceptable in fulfillment of paragraph (a). Proof of 18 compliance with background screening which has been submitted 19 20 within the previous 5 years to fulfill the requirements of the 21 Financial Services Commission and the Office of Insurance 2.2 Regulation pursuant to chapter 651 as part of an application 23 for a certificate of authority to operate a continuing care retirement community is acceptable in fulfillment of the 2.4 Department of Law Enforcement and Federal Bureau of 25 Investigation background check. 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 30 Department of Law Enforcement background check, but the agency 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 disclosure of ownership and control interest requirements of 23 the Medicaid or Medicare programs shall be accepted in lieu of this submission. 2.4 25 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 26 27 prohibited under the level 2 standards of chapter 435 by a 2.8 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 29 applicant. This requirement shall 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 5 corporation or organization's board of directors, and has no 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 requirements of this paragraph. 11 12 (q) An application for license renewal must contain 13 the information required under paragraphs (e) and (f). (5) The applicant shall furnish satisfactory proof of 14 financial ability to operate and conduct the nursing home in 15 accordance with the requirements of this part and all rules 16 17 adopted under this part, and the agency shall establish 18 standards for this purpose, including information reported under paragraph (2)(e). The agency also shall establish 19 documentation requirements, to be completed by each applicant, 2.0 21 that show anticipated facility revenues and expenditures, the 2.2 basis for financing the anticipated cash flow requirements of 23 the facility, and an applicant's access to contingency 2.4 financing. (6) If the applicant offers continuing care agreements 25 as defined in chapter 651, proof shall be furnished that such 26 applicant has obtained a certificate of authority as required 27 2.8 for operation under that chapter. (2)(7) As a condition of licensure, each licensee, 29 30 except one offering continuing care agreements as defined in chapter 651, must agree to accept recipients of Title XIX of 31

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amended to read:

1 the Social Security Act on a temporary, emergency basis. The 2 persons whom the agency may require such licensees to accept are those recipients of Title XIX of the Social Security Act 3 who are residing in a facility in which existing conditions 4 constitute an immediate danger to the health, safety, or 5 6 security of the residents of the facility. 7 (3) (8) The agency may not issue a license to a nursing 8 home that fails to receive a certificate of need under the provisions of ss. 408.031 408.045. It is the intent of the 9 Legislature that, in reviewing a certificate-of-need 10 application to add beds to an existing nursing home facility, 11 12 preference be given to the application of a licensee who has 13 been awarded a Gold Seal as provided for in s. 400.235, if the

applicant otherwise meets the review criteria specified in s.

16 (4)(9) The agency may develop an abbreviated survey 17 for licensure renewal applicable to a licensee that has 18 continuously operated as a nursing facility since 1991 or 19 earlier, has operated under the same management for at least 20 the preceding 30 months, and has had during the preceding 30 21 months no class I or class II deficiencies.

22 <u>(5)(10)</u> As a condition of licensure, each facility 23 must establish and submit with its application a plan for 24 quality assurance and for conducting risk management.

(11) The applicant must provide the agency with proof
of a legal right to occupy the property before a license may
be issued. Proof may include, but is not limited to, copies of
warranty deeds, lease or rental agreements, contracts for
deeds, or quitclaim deeds.
Section 61. Section 400.0712, Florida Statutes, is

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1 400.0712 Application for inactive license.--2 (1) As specified in s. 408.321(4) and this section, the agency may issue an inactive license to a nursing home 3 facility for all or a portion of its beds. Any request by a 4 licensee that a nursing home or portion of a nursing home 5 6 become inactive must be submitted to the agency in the 7 approved format. The facility may not initiate any suspension 8 of services, notify residents, or initiate inactivity facility 9 closure before receiving approval from the agency; and a licensee facility that violates this provision may shall not 10 be issued an inactive license. Upon agency approval of an 11 12 inactive license, the nursing home shall notify residents of 13 any necessary discharge or transfer as provided in s. 400.0255. 14 (2) The agency may issue an inactive license to a 15 16 nursing home that chooses to use an unoccupied contiguous 17 portion of the facility for an alternative use to meet the 18 needs of elderly persons through the use of less restrictive, less institutional services. 19 (a) An inactive license issued under this subsection 20 21 may be granted for a period not to exceed the current 22 licensure expiration date 12 months but may be renewed 23 annually by the agency at the time of licensure renewal for 12 months. 2.4 (b) A request to extend the inactive license must be 25 submitted to the agency in the approved format and approved by 26 27 the agency in writing. 2.8 (c) Nursing homes that receive an inactive license to 29 provide alternative services shall not receive preference for participation in the Assisted Living for the Elderly Medicaid 30 31 waiver.

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1 (3) The agency may issue an inactive license to a 2 nursing home that will be temporarily unable to provide 3 services but is reasonably expected to resume services. 4 An inactive license issued under this subsection $\left(a \right)$ 5 may be issued for a period not to exceed 12 months and may be renewed by the agency for an additional 6 months upon 6 7 demonstration of progress toward reopening. 8 (b) All licensure fees must be current and paid in 9 full, and may be prorated as provided by agency rule, before 10 the inactive license is issued. (c) Reactivation of an inactive license requires that 11 12 the applicant pay all licensure fees and be inspected by the 13 agency to confirm that all of the requirements of this part and applicable rules are met. 14 (3) (4) The agency shall adopt rules pursuant to ss. 15 120.536(1) and 120.54 necessary to implement this section. 16 Section 62. Section 400.102, Florida Statutes, is 17 18 amended to read: 400.102 Action by agency against licensee; grounds .--19 20 (1) In addition to the grounds listed in part II of 21 chapter 408, any of the following conditions shall be grounds 22 for action by the agency against a licensee: 23 (1)(a) An intentional or negligent act materially affecting the health or safety of residents of the facility; 2.4 (2)(b) Misappropriation or conversion of the property 25 of a resident of the facility; 26 27 (3) (3) (c) Failure to follow the criteria and procedures 2.8 provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary 29 examination of a nursing home resident; or 30 31

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1 (d) Violation of provisions of this part or rules 2 adopted under this part; 3 (4)(e) Fraudulent altering, defacing, or falsifying 4 any medical or nursing home records, or causing or procuring any of these offenses to be committed. -; or 5 б (f) Any act constituting a ground upon which 7 application for a license may be denied. 8 (2) If the agency has reasonable belief that any of such conditions exist, it shall take the following action: 9 10 (a) In the case of an applicant for original licensure, denial action as provided in s. 400.121. 11 12 (b) In the case of an applicant for relicensure or a 13 current licensee, administrative action as provided in s. 400.121 or injunctive action as authorized by s. 400.125. 14 (c) In the case of a facility operating without a 15 license, injunctive action as authorized in s. 400.125. 16 17 Section 63. Section 400.111, Florida Statutes, is 18 amended to read: 400.111 Disclosure of controlling interest Expiration 19 of license; renewal. --20 21 (1) A license issued for the operation of a facility, 2.2 unless sooner suspended or revoked, shall expire on the date 23 set forth by the agency on the face of the license or 1 year from the date of issuance, whichever occurs first. Ninety days 2.4 prior to the expiration date, an application for renewal shall 25 be submitted to the agency. A license shall be renewed upon 26 27 the filing of an application on forms furnished by the agency 2.8 if the applicant has first met the requirements established under this part and all rules adopted under this part. The 29 30 failure to file an application within the period established in this subsection shall result in a late fee charged to the 31

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1	licensee by the agency in an amount equal to 50 percent of the
2	fee in effect on the last preceding regular renewal date. A
3	late fee shall be levied for each and every day the filing of
4	the license application is delayed, but in no event shall such
5	fine aggregate more than \$5,000. If an application is received
6	after the required filing date and exhibits a hand canceled
7	postmark obtained from a United States Post Office dated on or
8	before the required filing date, no fine will be levied.
9	(2) A licensee against whom a revocation or suspension
10	proceeding, or any judicial proceeding instituted by the
11	agency under this part, is pending at the time of license
12	renewal may be issued a temporary license effective until
13	final disposition by the agency of such proceeding. If
14	judicial relief is sought from the aforesaid administrative
15	order, the court having jurisdiction may issue such orders
16	regarding the issuance of a temporary permit during the
17	pendency of the judicial proceeding.
18	(3) The agency may not renew a license if the
19	applicant has failed to pay any fines assessed by final order
20	of the agency or final order of the Health Care Financing
21	Administration under requirements for federal certification.
22	The agency may renew the license of an applicant following the
23	assessment of a fine by final order if such fine has been paid
24	into an escrow account pending an appeal of a final order.
25	(4) In addition to the requirements of part II of
26	chapter 408, the licensee shall submit a signed affidavit
27	disclosing any financial or ownership interest that a
28	<u>controlling interest</u> licensee has held within the last 5 years
29	in any entity licensed by the state or any other state to
30	provide health or residential care which entity has closed
31	voluntarily or involuntarily; has filed for bankruptcy; has

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1 had a receiver appointed; has had a license denied, suspended, 2 or revoked; or has had an injunction issued against it which was initiated by a regulatory agency. The affidavit must 3 disclose the reason such entity was closed, whether 4 voluntarily or involuntarily. 5 б Section 64. Subsections (2) and (5) of section 7 400.1183, Florida Statutes, are amended to read: 400.1183 Resident grievance procedures .--8 (2) Each facility shall maintain records of all 9 grievances and shall report annually to the agency at the time 10 of relicensure the total number of grievances handled during 11 12 the prior licensure period, a categorization of the cases 13 underlying the grievances, and the final disposition of the 14 grievances. 15 (5) The agency may impose an administrative fine, -i n accordance with s. 400.121, against a nursing home facility 16 17 for noncompliance with this section. Section 65. Section 400.121, Florida Statutes, is 18 amended to read: 19 400.121 Denial, suspension, revocation of license; 20 21 moratorium on admissions; administrative fines; procedure; 22 order to increase staffing. --23 (1) The agency may deny an application, revoke or suspend a license, and or impose an administrative fine, not 2.4 to exceed \$500 per violation per day for the violation of any 25 provision of this part, part II of chapter 408, or applicable 26 27 rules, against any applicant or licensee for the following 2.8 violations by the applicant, licensee, or other controlling 29 interest: 30 (a) A violation of any provision of this part, part II of chapter 408, or applicable rules s. 400.102(1); or 31

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1 - A demonstrated pattern of deficient practice; 2 Failure to pay any outstanding fines assessed by 3 final order of the agency or final order of the Health Care 4 Financing Administration pursuant to requirements for federal 5 certification. The agency may renew or approve the license of an applicant following the assessment of a fine by б final order 7 such fine has been paid into an escrow account pending an 8 appeal of a final order; 9 (d)Exclusion from the Medicare or Medicaid program; 10 or (b)(e) An adverse action by a regulatory agency 11 12 against any other licensed facility that has a common 13 controlling interest with the licensee or applicant against whom the action under this section is being brought. If the 14 adverse action involves solely the management company, the 15 applicant or licensee shall be given 30 days to remedy before 16 17 final action is taken. If the adverse action is based solely upon actions by a controlling interest, the applicant or 18 licensee may present factors in mitigation of any proposed 19 penalty based upon a showing that such penalty is 20 21 inappropriate under the circumstances. 22 All hearings shall be held within the county in which the 23 licensee or applicant operates or applies for a license to 2.4 operate a facility as defined herein. 25 (2) Except as provided in s. 400.23(8), a \$500 fine 26 27 shall be imposed for each violation. Each day a violation of 2.8 this part or part II of chapter 408 occurs constitutes a separate violation and is subject to a separate fine, but in 29 no event may any fine aggregate more than \$5,000. A fine may 30 be levied pursuant to this section in lieu of and 31

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1 notwithstanding the provisions of s. 400.23. Fines paid shall 2 be deposited in the Resident Protection Trust Fund and expended as provided in s. 400.063. 3 4 (3) The agency shall revoke or deny a nursing home license if the licensee or controlling interest operates a 5 6 facility in this state that: 7 (a) Has had two moratoria issued pursuant to this part or part II of chapter 408 which are imposed by final order for 8 substandard quality of care, as defined by 42 C.F.R. part 483, 9 within any 30-month period; 10 (b) Is conditionally licensed for 180 or more 11 12 continuous days; 13 (c) Is cited for two class I deficiencies arising from unrelated circumstances during the same survey or 14 investigation; or 15 (d) Is cited for two class I deficiencies arising from 16 17 separate surveys or investigations within a 30-month period. 18 The licensee may present factors in mitigation of revocation, 19 and the agency may make a determination not to revoke a 2.0 21 license based upon a showing that revocation is inappropriate 2.2 under the circumstances. 23 (4) The agency may issue an order immediately 2.4 suspending or revoking a license when it determines that any 25 condition in the facility presents a danger to the health, 26 safety, or welfare of the residents in the facility. 27 (5)(a) The agency may impose an immediate moratorium 2.8 on admissions to any facility when the agency determines that 29 any condition in the facility presents a threat to the health, 30 safety, or welfare of the residents in the facility. 31

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1 (4) (b) If Where the agency has placed a moratorium 2 pursuant to this part or part II of chapter 408 on admissions on any facility two times within a 7-year period, the agency 3 may suspend the nursing home license of the nursing home and 4 the facility's management company, if any. During the 5 6 suspension, the agency shall take the facility into 7 receivership and shall operate the facility. 8 (5) (6) An action taken by the agency to deny, suspend, 9 or revoke a facility's license under this part <u>or part II of</u> 10 chapter 408 shall be heard by the Division of Administrative Hearings of the Department of Management Services within 60 11 12 days after the assignment of an administrative law judge, 13 unless the time limitation is waived by both parties. The administrative law judge must render a decision within 30 days 14 after receipt of a proposed recommended order. 15 (6) (7) The agency is authorized to require a facility 16 17 to increase staffing beyond the minimum required by law, if 18 the agency has taken administrative action against the facility for care-related deficiencies directly attributable 19 to insufficient staff. Under such circumstances, the facility 20 21 may request an expedited interim rate increase. The agency 22 shall process the request within 10 days after receipt of all 23 required documentation from the facility. A facility that fails to maintain the required increased staffing is subject 2.4 to a fine of \$500 per day for each day the staffing is below 25 the level required by the agency. 26 27 (8) An administrative proceeding challenging an action 2.8 taken by the agency pursuant to this section shall be reviewed 29 the basis of the facts and conditions that resulted in such 30 agency action. 31

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1 (7) (9) Notwithstanding any other provision of law to 2 the contrary, agency action in an administrative proceeding under this section may be overcome by the licensee upon a 3 showing by a preponderance of the evidence to the contrary. 4 5 (8) (10) In addition to any other sanction imposed б under this part or part II of chapter 408, in any final order 7 that imposes sanctions, the agency may assess costs related to the investigation and prosecution of the case. Payment of 8 9 agency costs shall be deposited into the Health Care Trust 10 Fund. Section 66. Section 400.125, Florida Statutes, 11 12 repealed. 13 Section 67. Subsection (14) of section 400.141, Florida Statutes, is amended to read: 14 400.141 Administration and management of nursing home 15 facilities.--Every licensed facility shall comply with all 16 17 applicable standards and rules of the agency and shall: 18 (14) Submit to the agency the information specified in s. 400.071(1)(b)(2)(e) for a management company within 30 days 19 after the effective date of the management agreement. 20 21 22 Facilities that have been awarded a Gold Seal under the 23 program established in s. 400.235 may develop a plan to provide certified nursing assistant training as prescribed by 2.4 federal regulations and state rules and may apply to the 25 agency for approval of their program. 26 27 Section 68. Section 400.179, Florida Statutes, is 2.8 amended to read: 29 400.179 Sale or transfer of ownership of a nursing 30 facility; Liability for Medicaid underpayments and 31 overpayments.--

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

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

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

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1 through the end of the 30-month term period of that bond. The 2 agency is herein granted specific authority to promulgate all rules pertaining to the administration and management of this 3 account, including withdrawals from the account, subject to 4 federal review and approval. This provision shall take effect 5 6 upon becoming law and shall apply to any leasehold license 7 application. The financial viability of the Medicaid nursing 8 home overpayment account shall be determined by the agency through annual review of the account balance and the amount of 9 10 total outstanding, unpaid Medicaid overpayments owing from leasehold licensees to the agency as determined by final 11 12 agency audits. 13 3. The leasehold licensee may meet the bond requirement through other arrangements acceptable to the 14 agency. The agency is herein granted specific authority to 15 promulgate rules pertaining to lease bond arrangements. 16 17 4. All existing nursing facility licensees, operating the facility as a leasehold, shall acquire, maintain, and 18 provide proof to the agency of the 30-month bond required in 19 subparagraph 1., above, on and after July 1, 1993, for each 20 21 license renewal. 22 5. It shall be the responsibility of all nursing 23 facility operators, operating the facility as a leasehold, to renew the 30-month bond and to provide proof of such renewal 2.4 25 to the agency annually at the time of application for license renewal. 26 27 6. Any failure of the nursing facility operator to 2.8 acquire, maintain, renew annually, or provide proof to the 29 agency shall be grounds for the agency to deny, cancel,

30 revoke, <u>and</u> or suspend the facility license to operate such

31 facility and to take any further action, including, but not

limited to, enjoining the facility, asserting a moratorium 1 2 pursuant to part II of chapter 408, or applying for a receiver, deemed necessary to ensure compliance with this 3 section and to safeguard and protect the health, safety, and 4 welfare of the facility's residents. A lease agreement 5 6 required as a condition of bond financing or refinancing under 7 s. 154.213 by a health facilities authority or required under 8 s. 159.30 by a county or municipality is not a leasehold for purposes of this paragraph and is not subject to the bond 9 requirement of this paragraph. 10 Section 69. Subsections (1) and (4) of section 400.18, 11 12 Florida Statutes, are amended to read: 13 400.18 Closing of nursing facility.--(1) In addition to the requirements of part II of 14 chapter 408, Whenever a licensee voluntarily discontinues 15 16 operation, and during the period when it is preparing for such 17 discontinuance, it shall inform the agency not less than 90 18 days prior to the discontinuance of operation. the licensee also shall inform each the resident or the next of kin, legal 19 representative, or agency acting on behalf of the resident of 20 21 the fact, and the proposed time, of such discontinuance of 22 operation and give at least 90 days' notice so that suitable 23 arrangements may be made for the transfer and care of the resident. In the event any resident has no such person to 2.4 represent him or her, the licensee shall be responsible for 25 securing a suitable transfer of the resident before the 26 discontinuance of operation. The agency shall be responsible 27 2.8 for arranging for the transfer of those residents requiring transfer who are receiving assistance under the Medicaid 29 30 program. 31

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1 (4) Immediately upon discontinuance of operation of a 2 facility, the licensee shall surrender the license therefor to the agency, and the license shall be canceled. 3 4 Section 70. Subsections (1), (2), and (3) of section 5 400.19, Florida Statutes, are amended to read: б 400.19 Right of entry and inspection .--7 (1) In accordance with part II of chapter 408, the 8 agency and any duly designated officer or employee thereof or a member of the State Long-Term Care Ombudsman Council or the 9 10 local long-term care ombudsman council shall have the right to enter upon and into the premises of any facility licensed 11 12 pursuant to this part, or any distinct nursing home unit of a 13 hospital licensed under chapter 395 or any freestanding facility licensed under chapter 395 that provides extended 14 care or other long-term care services, at any reasonable time 15 in order to determine the state of compliance with the 16 17 provisions of this part, part II of chapter 408, and 18 applicable rules in force pursuant thereto. The right of entry and inspection shall also extend to any premises which the 19 agency has reason to believe is being operated or maintained 2.0 21 as a facility without a license, but no such entry or 22 inspection of any premises shall be made without the 23 permission of the owner or person in charge thereof, unless a 2.4 warrant is first obtained from the circuit court authorizing same. Any application for a facility license or renewal 25 26 thereof, made pursuant to this part, shall constitute 27 permission for and complete acquiescence in any entry or 2.8 inspection of the premises for which the license is sought, in order to facilitate verification of the information submitted 29 30 in connection with the application; to discover, 31 investigate, and determine the existence of abuse or neglect;

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1 or to elicit, receive, respond to, and resolve complaints. The 2 agency shall, within 60 days after receipt of a complaint made by a resident or resident's representative, complete its 3 investigation and provide to the complainant its findings and 4 resolution. 5 б (2) The agency shall coordinate nursing home facility 7 licensing activities and responsibilities of any duly 8 designated officer or employee involved in nursing home 9 facility inspection to assure necessary, equitable, and 10 consistent supervision of inspection personnel without unnecessary duplication of inspections, consultation services, 11 12 or complaint investigations. To facilitate such coordination, 13 all rules promulgated by the agency pursuant to this part shall be distributed to nursing homes licensed under s. 14 15 400.062 30 days prior to implementation. This requirement does 16 not apply to emergency rules. 17 (3) The agency shall every 15 months conduct at least 18 one unannounced inspection to determine compliance by the licensee with statutes, and with rules promulgated under the 19 provisions of those statutes, governing minimum standards of 20 21 construction, quality and adequacy of care, and rights of 22 residents. The survey shall be conducted every 6 months for 23 the next 2-year period if the facility has been cited for a class I deficiency, has been cited for two or more class II 2.4 deficiencies arising from separate surveys or investigations 25 within a 60-day period, or has had three or more substantiated 26 27 complaints within a 6-month period, each resulting in at least 2.8 one class I or class II deficiency. In addition to any other fees or fines in this part, the agency shall assess a fine for 29 each facility that is subject to the 6-month survey cycle. The 30 fine for the 2-year period shall be \$6,000, one-half to be 31

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1 paid at the completion of each survey. The agency may adjust 2 this fine by the change in the Consumer Price Index, based on the 12 months immediately preceding the increase, to cover the 3 cost of the additional surveys. The agency shall verify 4 through subsequent inspection that any deficiency identified 5 6 during the annual inspection is corrected. However, the agency 7 may verify the correction of a class III or class IV 8 deficiency unrelated to resident rights or resident care without reinspecting the facility if adequate written 9 documentation has been received from the facility, which 10 provides assurance that the deficiency has been corrected. The 11 12 giving or causing to be given of advance notice of such 13 unannounced inspections by an employee of the agency to any unauthorized person shall constitute cause for suspension of 14 not fewer than 5 working days according to the provisions of 15 16 chapter 110. 17 Section 71. Subsection (1) of section 400.191, Florida 18 Statutes, is amended to read: 400.191 Availability, distribution, and posting of 19 reports and records.--20 21 (1) The agency shall provide information to the public 22 about all of the licensed nursing home facilities operating in 23 the state. The agency shall, within 60 days after a licensure an annual inspection visit or within 30 days after any interim 2.4 visit to a facility, send copies of the inspection reports to 25 26 the local long-term care ombudsman council, the agency's local 27 office, and a public library or the county seat for the county 2.8 in which the facility is located. The agency may provide 29 electronic access to inspection reports as a substitute for 30 sending copies. 31

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1 Section 72. Subsections (1), (2), (7), and (8) of 2 section 400.23, Florida Statutes, are amended to read: 3 400.23 Rules; evaluation and deficiencies; licensure 4 status.--5 (1) It is the intent of the Legislature that rules 6 published and enforced pursuant to this part and part II of 7 chapter 408 shall include criteria by which a reasonable and 8 consistent quality of resident care may be ensured and the results of such resident care can be demonstrated and by which 9 10 safe and sanitary nursing homes can be provided. It is further intended that reasonable efforts be made to 11 12 accommodate the needs and preferences of residents to enhance 13 the quality of life in a nursing home. In addition, efforts shall be made to minimize the paperwork associated with the 14 reporting and documentation requirements of these rules. 15 (2) Pursuant to the intention of the Legislature, the 16 17 agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules 18 to implement this part and part II of chapter 408, which shall 19 include reasonable and fair criteria in relation to: 20 21 (a) The location of the facility and housing 22 conditions that will ensure the health, safety, and comfort of 23 residents, including an adequate call system. In making such rules, the agency shall be guided by criteria recommended by 2.4 nationally recognized reputable professional groups and 25 associations with knowledge of such subject matters. The 26 27 agency shall update or revise such criteria as the need 2.8 arises. The agency may require alterations to a building if it determines that an existing condition constitutes a distinct 29 hazard to life, health, or safety. In performing any 30 inspections of facilities authorized by this part or part II 31

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1 of chapter 408, the agency may enforce the special-occupancy 2 provisions of the Florida Building Code and the Florida Fire Prevention Code which apply to nursing homes. Residents or 3 their representatives shall be able to request a change in the 4 placement of the bed in their room, provided that at admission 5 6 they are presented with a room that meets requirements of the 7 Florida Building Code. The location of a bed may be changed if 8 the requested placement does not infringe on the resident's roommate or interfere with the resident's care or safety as 9 10 determined by the care planning team in accordance with facility policies and procedures. In addition, the bed 11 12 placement may not be used as a restraint. Each facility shall 13 maintain a log of resident rooms with beds that are not in strict compliance with the Florida Building Code in order for 14 such log to be used by surveyors and nurse monitors during 15 inspections and visits. A resident or resident representative 16 17 who requests that a bed be moved shall sign a statement 18 indicating that he or she understands the room will not be in compliance with the Florida Building Code, but they would 19 prefer to exercise their right to self-determination. The 20 21 statement must be retained as part of the resident's care 22 plan. Any facility that offers this option must submit a 23 letter signed by the nursing home administrator of record to the agency notifying it of this practice with a copy of the 2.4 policies and procedures of the facility. The agency is 25 directed to provide assistance to the Florida Building 26 27 Commission in updating the construction standards of the code 2.8 relative to nursing homes. 29 (b) The number and qualifications of all personnel,

30 including management, medical, nursing, and other professional

31 personnel, and nursing assistants, orderlies, and support

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1 personnel, having responsibility for any part of the care 2 given residents. 3 (c) All sanitary conditions within the facility and 4 its surroundings, including water supply, sewage disposal, food handling, and general hygiene which will ensure the 5 6 health and comfort of residents. 7 (d) The equipment essential to the health and welfare of the residents. 8 9 (e) A uniform accounting system. 10 (f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof, based on 11 12 rules developed under this chapter and the Omnibus Budget 13 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related 14 Programs), Subtitle C (Nursing Home Reform), as amended. 15 (q) The preparation and annual update of a 16 17 comprehensive emergency management plan. The agency shall 18 adopt rules establishing minimum criteria for the plan after consultation with the Department of Community Affairs. At a 19 minimum, the rules must provide for plan components that 20 21 address emergency evacuation transportation; adequate 22 sheltering arrangements; postdisaster activities, including 23 emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual 2.4 identification of residents and transfer of records; and 25 responding to family inquiries. The comprehensive emergency 26 27 management plan is subject to review and approval by the local 2.8 emergency management agency. During its review, the local 29 emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review 30 the plan: the Department of Elderly Affairs, the Department 31

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1 of Health, the Agency for Health Care Administration, and the 2 Department of Community Affairs. Also, appropriate volunteer organizations must be given the opportunity to review the 3 plan. The local emergency management agency shall complete 4 its review within 60 days and either approve the plan or 5 6 advise the facility of necessary revisions. 7 (h) The availability, distribution, and posting of 8 reports and records pursuant to s. 400.191 and the Gold Seal Program pursuant to s. 400.235. 9 10 (7) The agency shall, at least every 15 months, evaluate all nursing home facilities and make a determination 11 12 as to the degree of compliance by each licensee with the 13 established rules adopted under this part as a basis for assigning a licensure status to that facility. The agency 14 shall base its evaluation on the most recent inspection 15 report, taking into consideration findings from other official 16 17 reports, surveys, interviews, investigations, and inspections. 18 In addition to license categories authorized under part II of chapter 408, the agency shall assign a licensure status of 19 standard or conditional to each nursing home. 20 21 (a) A standard licensure status means that a facility 22 has no class I or class II deficiencies and has corrected all 23 class III deficiencies within the time established by the 2.4 agency. (b) A conditional licensure status means that a 25 facility, due to the presence of one or more class I or class 26 27 II deficiencies, or class III deficiencies not corrected 2.8 within the time established by the agency, is not in 29 substantial compliance at the time of the survey with criteria 30 established under this part or with rules adopted by the agency. If the facility has no class I, class II, or class 31

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1 III deficiencies at the time of the followup survey, a standard licensure status may be assigned. 2 (c) In evaluating the overall quality of care and 3 4 services and determining whether the facility will receive a conditional or standard license, the agency shall consider the 5 6 needs and limitations of residents in the facility and the 7 results of interviews and surveys of a representative sampling 8 of residents, families of residents, ombudsman council members 9 in the planning and service area in which the facility is located, guardians of residents, and staff of the nursing home 10 facility. 11 12 (d) The current licensure status of each facility must 13 be indicated in bold print on the face of the license. A list of the deficiencies of the facility shall be posted in a 14 prominent place that is in clear and unobstructed public view 15 at or near the place where residents are being admitted to 16 17 that facility. Licensees receiving a conditional licensure 18 status for a facility shall prepare, within 10 working days after receiving notice of deficiencies, a plan for correction 19 of all deficiencies and shall submit the plan to the agency 20 21 for approval. 22 (e) Each licensee shall post its license in a 23 prominent place that is in clear and unobstructed public view 2.4 at or near the place where residents are being admitted to the 25 facility. 26 (e)(f) The agency shall adopt rules that: 27 1. Establish uniform procedures for the evaluation of 2.8 facilities. 2. Provide criteria in the areas referenced in 29 30 paragraph (c). 31

1 3. Address other areas necessary for carrying out the 2 intent of this section. 3 (8) The agency shall adopt rules pursuant to this part 4 and part II of chapter 408 to provide that, when the criteria 5 established under subsection (2) are not met, such 6 deficiencies shall be classified according to the nature and 7 the scope of the deficiency. The scope shall be cited as 8 isolated, patterned, or widespread. An isolated deficiency is a deficiency affecting one or a very limited number of 9 residents, or involving one or a very limited number of staff, 10 or a situation that occurred only occasionally or in a very 11 12 limited number of locations. A patterned deficiency is a 13 deficiency where more than a very limited number of residents are affected, or more than a very limited number of staff are 14 involved, or the situation has occurred in several locations, 15 or the same resident or residents have been affected by 16 17 repeated occurrences of the same deficient practice but the effect of the deficient practice is not found to be pervasive 18 throughout the facility. A widespread deficiency is a 19 deficiency in which the problems causing the deficiency are 20 21 pervasive in the facility or represent systemic failure that 22 has affected or has the potential to affect a large portion of 23 the facility's residents. The agency shall indicate the classification on the face of the notice of deficiencies as 2.4 follows: 25 (a) A class I deficiency is a deficiency that the 26 27 agency determines presents a situation in which immediate 2.8 corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious 29 injury, harm, impairment, or death to a resident receiving 30 care in a facility. The condition or practice constituting a 31 114

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class I violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the agency, is

required for correction. A class I deficiency is subject to a 3 civil penalty of \$10,000 for an isolated deficiency, \$12,500 4 for a patterned deficiency, and \$15,000 for a widespread 5 6 deficiency. The fine amount shall be doubled for each 7 deficiency if the facility was previously cited for one or 8 more class I or class II deficiencies during the last 9 licensure annual inspection or any inspection or complaint investigation since the last <u>licensure</u> annual inspection. A 10 fine must be levied notwithstanding the correction of the 11 12 deficiency. 13 (b) A class II deficiency is a deficiency that the agency determines has compromised the resident's ability to 14 maintain or reach his or her highest practicable physical, 15 mental, and psychosocial well-being, as defined by an accurate 16 17 and comprehensive resident assessment, plan of care, and 18 provision of services. A class II deficiency is subject to a civil penalty of \$2,500 for an isolated deficiency, \$5,000 for 19 a patterned deficiency, and \$7,500 for a widespread 20 deficiency. The fine amount shall be doubled for each 21 22 deficiency if the facility was previously cited for one or

23 more class I or class II deficiencies during the last
24 <u>licensure annual</u> inspection or any inspection or complaint
25 investigation since the last <u>licensure annual</u> inspection. A
26 fine shall be levied notwithstanding the correction of the
27 deficiency.

(c) A class III deficiency is a deficiency that the agency determines will result in no more than minimal physical, mental, or psychosocial discomfort to the resident or has the potential to compromise the resident's ability to

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1 maintain or reach his or her highest practical physical, 2 mental, or psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and 3 provision of services. A class III deficiency is subject to a 4 civil penalty of \$1,000 for an isolated deficiency, \$2,000 for 5 б a patterned deficiency, and \$3,000 for a widespread 7 deficiency. The fine amount shall be doubled for each 8 deficiency if the facility was previously cited for one or more class I or class II deficiencies during the last 9 licensure annual inspection or any inspection or complaint 10 investigation since the last <u>licensure</u> annual inspection. A 11 12 citation for a class III deficiency must specify the time 13 within which the deficiency is required to be corrected. If a class III deficiency is corrected within the time specified, <u>a</u> 14 no civil penalty may not shall be imposed. 15 (d) A class IV deficiency is a deficiency that the 16 17 agency determines has the potential for causing no more than a minor negative impact on the resident. If the class IV 18 deficiency is isolated, no plan of correction is required. 19 20 Section 73. Section 400.241, Florida Statutes, is 21 amended to read: 22 400.241 Prohibited acts; penalties for violations .--23 (1) It is unlawful for any person or public body to 2.4 establish, conduct, manage, or operate a home as defined in 25 this part without obtaining a valid current license. 26 (2)It is unlawful for any person or public body to 27 offer or advertise to the public, in any way by any medium 2.8 whatever, nursing home care or service or custodial services without obtaining a valid current license. It is unlawful for 29 30 holder of a license issued pursuant to the provisions of 31 this part to advertise or hold out to the public that it holds

1 a license for a facility other than that for which it actually 2 holds a license. (1) (3) It is unlawful for any person, long-term care 3 facility, or other entity to willfully interfere with the 4 unannounced inspections mandated by s. 400.19(3) or part II of 5 6 chapter 408. Alerting or advising a facility of the actual or 7 approximate date of such inspection shall be a per se violation of this subsection. 8 (2) (4) A violation of any provision of this part or of 9 any minimum standard, rule, or regulation adopted pursuant 10 thereto constitutes a misdemeanor of the second degree, 11 12 punishable as provided in s. 775.082 or s. 775.083. Each day 13 of a continuing violation is shall be considered a separate offense. 14 Section 74. Subsection (1) and paragraphs (a) and (c) 15 of subsection (4) of section 400.464, Florida Statutes, are 16 17 amended to read: 400.464 Home health agencies to be licensed; 18 expiration of license; exemptions; unlawful acts; penalties.--19 (1) The requirements of part II of chapter 408 apply 20 21 to the provision of services that require licensure pursuant to this part and part II of chapter 408 and entities licensed 22 23 or registered by or applying for such licensure or registration from the Agency for Health Care Administration 2.4 pursuant to this part. A license issued by the agency is 25 required in order to operate a home health agency in this 26 27 state. Any home health agency must be licensed by the agency 2.8 to operate in this state. A license issued to a home health 29 agency, unless sooner suspended or revoked, expires 2 years 30 after its date of issuance. 31

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1	(4)(a) An organization may not provide, offer, or
2	advertise home health services to the public unless the
3	organization has a valid license or is specifically exempted
4	under this part. An organization that offers or advertises to
5	the public any service for which licensure or registration is
б	required under this part must include in the advertisement the
7	license number or registration number issued to the
8	organization by the agency. The agency shall assess a fine of
9	not less than \$100 to any licensee or registrant who fails to
10	include the license or registration number when submitting the
11	advertisement for publication, broadcast, or printing. The
12	fine for a second or subsequent offense is \$500. The holder of
13	a license issued under this part may not advertise or indicate
14	to the public that it holds a home health agency or nurse
15	registry license other than the one it has been issued.
16	(c) A person who violates paragraph (a) is subject to
17	an injunctive proceeding under <u>s. 408.816</u> s. 400.515 . A
18	violation of paragraph (a) or s. 408.812 is a deceptive and
19	unfair trade practice and constitutes a violation of the
20	Florida Deceptive and Unfair Trade Practices Act under part II
21	of chapter 501.
22	Section 75. Section 400.471, Florida Statutes, is
23	amended to read:
24	400.471 Application for license; fee; provisional
25	license; temporary permit
26	(1) <u>Each applicant for licensure must comply with all</u>
27	provisions of this part and part II of chapter 408.
28	Application for an initial license or for renewal of an
29	existing license must be made under oath to the agency on
30	forms furnished by it and must be accompanied by the
31	appropriate license fee as provided in subsection (10). The

1 agency must take final action on an initial licensure 2 application within 60 days after receipt of all required 3 documentation. 4 (2) In addition to the requirements of part II of chapter 408, the initial applicant must file with the 5 6 application satisfactory proof that the home health agency is 7 in compliance with this part and applicable rules, including: (a) A listing of services to be provided, either 8 directly by the applicant or through contractual arrangements 9 10 with existing providers. (b) The number and discipline of professional staff to 11 12 be employed. 13 (c) Proof of financial ability to operate. (c)(d) Completion of questions concerning volume data 14 on the renewal application as determined by rule. 15 (3) An applicant for initial licensure must 16 17 demonstrate financial ability to operate by submitting a 18 balance sheet and income and expense statement for the first 2 years of operation which provide evidence of having sufficient 19 assets, credit, and projected revenues to cover liabilities 20 21 and expenses. The applicant shall have demonstrated financial 22 ability to operate if the applicant's assets, credit, and 23 projected revenues meet or exceed projected liabilities and 2.4 expenses. All documents required under this subsection must be 25 prepared in accordance with generally accepted accounting 26 principles and must be compiled by a certified public 27 accountant. 28 (4) Each applicant for licensure must comply with the 29 following requirements: 30 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of 31

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

1 has not yet received background screening results from the 2 Federal Bureau of Investigation. A standard license may be granted to the licensee upon the agency's receipt of a report 3 4 of the results of the Federal Bureau of Investigation background screening for each individual required by this 5 6 section to undergo background screening which confirms that 7 all standards have been met, or upon the granting of a 8 disqualification exemption by the agency as set forth in 9 chapter 435. Any other person who is required to undergo level 10 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal 11 12 Bureau of Investigation. However, the person may not continue 13 to serve if the report indicates any violation of background screening standards and a disqualification exemption has not 14 15 been requested of and granted by the agency as set forth in 16 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 licensee or potential licensee from the Medicare or Medicaid programs. 2.0 21 Proof of compliance with the requirements for disclosure of 2.2 ownership and control interest under the Medicaid or Medicare 23 programs may be accepted in lieu of this submission. (f) Each applicant must submit to the agency a 2.4 25 description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a 26 27 member of the board of directors of the applicant, its 2.8 officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a 29 not for profit corporation or organization if the director 30 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, receives no remuneration for his or her services on the 3 corporation or organization's board of directors, and has no 4 financial interest and has no family members with a financial 5 6 interest in the corporation or organization, provided that the 7 director and the not for profit corporation or organization 8 include in the application a statement affirming that the 9 director's relationship to the corporation satisfies the 10 requirements of this paragraph. (g) A license may not be granted to an applicant if 11 12 the applicant, administrator, or financial officer has been 13 found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited 14 under the level 2 standards for screening set forth in chapter 15 435, unless an exemption from disgualification has been 16 17 granted by the agency as set forth in chapter 435. 18 (h) The agency may deny or revoke licensure if the 19 applicant has been or is currently excluded, suspended, 20 terminated from, or has involuntarily withdrawn from 21 participation in any governmental or private health care or 2.2 health insurance program. 23 (i) An application for license renewal must contain 2.4 the information required under paragraphs (e) and (f). 25 (5) The agency may deny or revoke licensure if the 26 applicant has falsely represented a material fact, or has 27 omitted any material fact, from the application required by 28 this section. (3)(6) In addition to the requirements of s. 408.810, 29 30 the home health agency must also obtain and maintain the following insurance coverage in an amount of not less than 31

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1 \$250,000 per claim, and the home health agency must submit 2 proof of coverage with an initial application for licensure and with each application for license renewal: 3 (a) Malpractice insurance as defined in s. 4 624.605(1)(k).÷ 5 б (b) Liability insurance as defined in s. 7 624.605(1)(b). 8 (7) Sixty days before the expiration date, an 9 application for renewal must be submitted to the agency under 10 oath on forms furnished by it, and a license must be renewed if the applicant has met the requirements established under 11 12 this part and applicable rules. The home health agency must 13 file with the application satisfactory proof that it is in compliance with this part and applicable rules. If there is 14 evidence of financial instability, the home health agency must 15 submit satisfactory proof of its financial ability to comply 16 17 with the requirements of this part. The agency shall impose an administrative fine of \$50 per day for each day the home 18 health agency fails to file an application within the 19 timeframe specified in this subsection. Each day of continuing 2.0 21 violation is a separate violation; however, the aggregate of 2.2 such fines may not exceed \$500. 23 (8) When transferring the ownership of a home health agency, the transferee must submit an application for a 2.4 license at least 60 days before the effective date of the 25 transfer. If the application is filed late, an administrative 26 27 fine shall be imposed in the amount of \$50 per day. Each day 2.8 of continuing violation is a separate violation; however, the aggregate of such fines may not exceed \$500. If the home 29 30 health agency is being leased, a copy of the lease agreement must be filed with the application. 31

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1 (4) (4) (9) The agency shall accept, in lieu of its own 2 periodic licensure survey, submission of the survey of an accrediting organization that is recognized by the agency if 3 4 the accreditation of the licensed home health agency is not provisional and if the licensed home health agency authorizes 5 6 release of, and the agency receives the report of, the 7 accrediting organization. 8 (5)(10) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 9 10 submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be established 11 12 by rule and shall be set at The license fee and renewal fee 13 required of a home health agency are nonrefundable. The agency shall set the license fees in an amount that is sufficient to 14 cover the agency's its costs in carrying out its 15 responsibilities under this part, but not to exceed \$2,000 per 16 17 biennium. However, state, county, or municipal governments 18 applying for licenses under this part are exempt from the payment of license fees. All fees collected under this part 19 must be deposited in the Health Care Trust Fund for the 2.0 21 administration of this part. 22 (11)The license must be displayed in a conspicuous 23 place in the administrative office of the home health agency 2.4 is valid only while in the possession of the person to which it is issued. The license may not be sold, 25 assigned, or 26 otherwise transferred, voluntarily or involuntarily, and is 27 valid only for the home health agency and location for which 2.8 originally issued. 29 (12) A home health agency against whom a revocation or 30 suspension proceeding is pending at the time of license renewal may be issued a provisional license effective until 31

1 final disposition by the agency of such proceedings. If 2 judicial relief is sought from the final disposition, the court that has jurisdiction may issue a temporary permit for 3 the duration of the judicial proceeding. 4 (6)(13) The agency may not issue a license designated 5 6 as certified to a home health agency that fails to satisfy the 7 requirements of a Medicare certification survey from the 8 agency. 9 (14) The agency may not issue a license to a home health agency that has any unpaid fines assessed under this 10 11 part. 12 Section 76. Section 400.474, Florida Statutes, is 13 amended to read: 400.474 Administrative Denial, suspension, revocation 14 of license; injunction; grounds; penalties.--15 (1) The agency may deny, revoke, and or suspend a 16 17 license and, or impose an administrative fine in the manner provided in chapter 120, or initiate injunctive proceedings 18 under s. 400.515. 19 (2) Any of the following actions by a home health 20 21 agency or its employee is grounds for disciplinary action by 22 the agency: 23 (a) Violation of this part, part II of chapter 408, or of applicable rules. 2.4 25 (b) An intentional, reckless, or negligent act that materially affects the health or safety of a patient. 26 27 (c) Knowingly providing home health services in an 2.8 unlicensed assisted living facility or unlicensed adult family-care home, unless the home health agency or employee 29 reports the unlicensed facility or home to the agency within 30 72 hours after providing the services. 31

1 (3) The agency may impose the following penalties for 2 operating without a license upon an applicant or owner who has 3 in the past operated, or who currently operates, a licensed 4 home health agency. 5 (a) If a home health agency that is found to be б operating without a license wishes to apply for a license, the 7 home health agency may submit an application only after the 8 agency has verified that the home health agency no longer 9 operates an unlicensed home health agency. 10 (a)(b) In addition to the requirements of s. 408.813, any person, partnership, or corporation that violates s. 11 12 408.813 paragraph (a) and that previously operated a licensed 13 home health agency or concurrently operates both a licensed home health agency and an unlicensed home health agency 14 commits a felony of the third degree punishable as provided in 15 s. 775.082, s. 775.083, or s. 775.084. If an owner has an 16 17 interest in more than one home health agency and fails to 18 license any one of those home health agencies, the agency must issue a cease and desist order for the activities of the 19 unlicensed home health agency and impose a moratorium on any 2.0 21 or all of the licensed related home health agencies until the 2.2 unlicensed home health agency is licensed. 23 (b) (c) If any home health agency is found to be operating without a license meets the criteria in paragraph 2.4 (a) or paragraph (b) and that home health agency has received 25 26 any government reimbursement for services provided by an 27 unlicensed home health agency, the agency shall make a fraud 2.8 referral to the appropriate government reimbursement program. 29 (4)The agency may deny, revoke, or suspend the 30 license of a home health agency, or may impose on a home 31

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1 health agency administrative fines not to exceed the aggregate 2 sum of \$5,000 if: (a) The agency is unable to obtain entry to the home 3 health agency to conduct a licensure survey, complaint 4 investigation, surveillance visit, or monitoring visit. 5 б (b) An applicant or a licensed home health agency has 7 falsely represented a material fact in the application, or has 8 omitted from the application any material fact, including, but 9 not limited to, the fact that the controlling or ownership interest is held by any officer, director, agent, manager, 10 11 employee, affiliated person, partner, or shareholder who is 12 not eligible to participate. 13 (c) An applicant, owner, or person who has a 5 percent or greater interest in a licensed entity: 14 15 1 Has been previously found by any licensing, 16 certifying, or professional standards board or agency to have 17 violated the standards or conditions that relate to home 18 health related licensure or certification, or to the quality of home health related services provided; or 19 2. Has been or is currently excluded, suspended, 20 21 terminated from, or has involuntarily withdrawn from, 2.2 participation in the Medicaid program of this state or any 23 other state, the Medicare program, or any other governmental health care or health insurance program. 2.4 Section 77. Subsection (1) and paragraphs (a) and (b) 25 of subsection (2) of section 400.484, Florida Statutes, are 26 27 amended to read: 2.8 400.484 Right of inspection; deficiencies; fines.--In addition to the requirements of s. 408.811, Any 29 (1) 30 duly authorized officer or employee of the agency may make such inspections and investigations as are necessary in order 31

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1 to determine the state of compliance with this part, part II 2 of chapter 408, and with applicable rules. The right of 3 inspection extends to any business that the agency has reason to believe is being operated as a home health agency without a 4 5 license, but such inspection of any such business may not be б made without the permission of the owner or person in charge 7 unless a warrant is first obtained from a circuit court. Any 8 application for a license issued under this part or for 9 license renewal constitutes permission for an appropriate 10 inspection to verify the information submitted on or in connection with the application. 11 12 (2) The agency shall impose fines for various classes 13 of deficiencies in accordance with the following schedule: (a) A class I deficiency is any act, omission, or 14 practice that results in a patient's death, disablement, or 15 permanent injury, or places a patient at imminent risk of 16 17 death, disablement, or permanent injury. Upon finding a class 18 I deficiency, the agency may impose an administrative fine in the amount of \$5,000 for each occurrence and each day that the 19 deficiency exists. In addition, the agency may immediately 20 21 revoke the license, or impose a moratorium on the admission of 22 new patients, until the factors causing the deficiency have 23 been corrected. (b) A class II deficiency is any act, omission, or 2.4 practice that has a direct adverse effect on the health, 25 safety, or security of a patient. Upon finding a class II 26 27 deficiency, the agency may impose an administrative fine in 2.8 the amount of \$1,000 for each occurrence and each day that the deficiency exists. In addition, the agency may suspend the 29 30 license, or impose a moratorium on the admission of new patients, until the deficiency has been corrected. 31

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1 Section 78. Section 400.495, Florida Statutes, is 2 repealed. 3 Section 79. Section 400.497, Florida Statutes, is amended to read: 4 5 400.497 Rules establishing minimum standards.--The 6 agency shall adopt, publish, and enforce rules to implement 7 part II of chapter 408 and this part, including, as applicable, ss. 400.506 and 400.509, which must provide 8 reasonable and fair minimum standards relating to: 9 10 (1) The home health aide competency test and home health aide training. The agency shall create the home health 11 12 aide competency test and establish the curriculum and 13 instructor qualifications for home health aide training. Licensed home health agencies may provide this training and 14 shall furnish documentation of such training to other licensed 15 home health agencies upon request. Successful passage of the 16 17 competency test by home health aides may be substituted for 18 the training required under this section and any rule adopted pursuant thereto. 19 (2) Shared staffing. The agency shall allow shared 20 21 staffing if the home health agency is part of a retirement 22 community that provides multiple levels of care, is located on 23 one campus, is licensed under this chapter or chapter 429, and otherwise meets the requirements of law and rule. 2.4 25 (3) The criteria for the frequency of onsite licensure surveys. 26 27 (4) Licensure application and renewal. 2.8 (5) The requirements for onsite and electronic 29 accessibility of supervisory personnel of home health 30 agencies. (6) Information to be included in patients' records. 31 129

1 (7) Geographic service areas. 2 (8) Preparation of a comprehensive emergency management plan pursuant to s. 400.492. 3 4 (a) The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the plan and 5 б plan updates, with the concurrence of the Department of Health 7 and in consultation with the Department of Community Affairs. 8 (b) The rules must address the requirements in s. 400.492. In addition, the rules shall provide for the 9 maintenance of patient-specific medication lists that can 10 accompany patients who are transported from their homes. 11 12 (c) The plan is subject to review and approval by the 13 county health department. During its review, the county health department shall contact state and local health and medical 14 stakeholders when necessary. The county health department 15 shall complete its review to ensure that the plan is in 16 17 accordance with the criteria in the Agency for Health Care Administration rules within 90 days after receipt of the plan 18 and shall approve the plan or advise the home health agency of 19 necessary revisions. If the home health agency fails to submit 20 21 a plan or fails to submit the requested information or 22 revisions to the county health department within 30 days after 23 written notification from the county health department, the county health department shall notify the Agency for Health 2.4 Care Administration. The agency shall notify the home health 25 agency that its failure constitutes a deficiency, subject to a 26 fine of \$5,000 per occurrence. If the plan is not submitted, 27 2.8 information is not provided, or revisions are not made as 29 requested, the agency may impose the fine. 30 (d) For any home health agency that operates in more than one county, the Department of Health shall review the 31

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1 plan, after consulting with state and local health and medical 2 stakeholders when necessary. The department shall complete its review within 90 days after receipt of the plan and shall 3 approve the plan or advise the home health agency of necessary 4 revisions. The department shall make every effort to avoid 5 6 imposing differing requirements on a home health agency that 7 operates in more than one county as a result of differing or 8 conflicting comprehensive plan requirements of the counties in which the home health agency operates. 9 10 (e) The requirements in this subsection do not apply 11 to: 12 1. A facility that is certified under chapter 651 and 13 has a licensed home health agency used exclusively by residents of the facility; or 14 2. A retirement community that consists of residential 15 units for independent living and either a licensed nursing 16 17 home or an assisted living facility, and has a licensed home health agency used exclusively by the residents of the 18 retirement community, provided the comprehensive emergency 19 management plan for the facility or retirement community 20 21 provides for continuous care of all residents with special 22 needs during an emergency. 23 Section 80. Section 400.506, Florida Statutes, is amended to read: 2.4 25 400.506 Licensure of nurse registries; requirements; penalties.--26 27 (1) A nurse registry is exempt from the licensing 2.8 requirements of a home health agency but must be licensed as a nurse registry. The requirements of part II of chapter 408 29 apply to the provision of services that require licensure 30 pursuant to ss. 400.506-400.518 and part II of chapter 408 and 31

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1 to entities licensed by or applying for such license from the 2 Agency for Health Care Administration pursuant to ss. 400.506-400.518. A license issued by the agency is required 3 4 for the operation of a nurse registry. Each operational site of the nurse registry must be licensed, unless there is more 5 6 than one site within a county. If there is more than one site 7 within a county, only one license per county is required. Each operational site must be listed on the license. 8 9 (2) Each applicant for licensure and each licensee 10 must comply with all provisions of part II of chapter 408 and this section. the following requirements: 11 12 (a) Upon receipt of a completed, signed, and dated 13 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 14 in chapter 435, of the managing employee, or other similarly 15 titled individual who is responsible for the daily operation 16 17 of the nurse registry, and of the financial officer, or other 18 similarly titled individual who is responsible for the financial operation of the registry, including billings for 19 patient care and services. The applicant shall comply with the 2.0 21 procedures for level 2 background screening as set forth in 22 chapter 435. 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 a crime or has committed any other offense prohibited under 26 27 the level 2 standards for screening set forth in chapter 435. 2.8 (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 health care or assisted living licensure requirements of this 31

1 state is acceptable in fulfillment of the requirements of 2 paragraph (a). 3 (d) A provisional license may be granted to an applicant when each individual required by this section to 4 5 undergo background screening has met the standards for the 6 Department of Law Enforcement background check but the agency 7 has not yet received background screening results from the 8 Federal Bureau of Investigation. A standard license may be 9 granted to the applicant upon the agency's receipt of a report 10 of the results of the Federal Bureau of Investigation background screening for each individual required by this 11 12 section to undergo background screening which confirms that all standards have been met, or upon the granting of a 13 disqualification exemption by the agency as set forth in 14 chapter 435. Any other person who is required to undergo level 15 2 background screening may serve in his or her capacity 16 17 pending the agency's receipt of the report from the Federal 18 Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background 19 screening standards and a disqualification exemption has not 2.0 21 been requested of and granted by the agency as set forth in 2.2 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 may 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

prohibited under the level 2 standards of chapter 435 by a 1 2 member of the board of directors of the applicant, 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 not for profit corporation or organization if the director 5 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, receives no remuneration for his or her services on the 9 10 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 11 12 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 13 include in the application a statement affirming that the 14 director's relationship to the corporation satisfies the 15 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, regardless of adjudication, or has entered a plea of nolo 19 20 contendere or guilty to, any offense prohibited under the 21 level 2 standards for screening set forth in chapter 435, 2.2 unless an exemption from disqualification has been granted by 23 the agency as set forth in chapter 435. (h) The agency may deny or revoke the license if any 2.4 25 applicant: 26 1. Has falsely represented a material fact in the 27 application required by paragraph (e) or paragraph (f), or has 2.8 omitted any material fact from the application required by 29 paragraph (e) or paragraph (f); or 30 31

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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 the information required under paragraphs (e) and (f). б (3) In accordance with s. 408.805, an applicant or 7 licensee shall pay a fee for each license application submitted under ss. 400.508-400.518, part II of chapter 408, 8 and applicable rules. The amount of the fee shall be 9 10 established by rule and may not exceed \$2,000 per biennium. Application for license must be made to the Agency for Health 11 12 Care Administration on forms furnished by it and must be 13 accompanied by the appropriate licensure fee, as established by rule and not to exceed the cost of regulation under this 14 part. The licensure fee for nurse registries may not exceed 15 \$2,000 and must be deposited in the Health Care Trust Fund. 16 17 (4) The Agency for Health Care Administration may 18 deny, revoke, or suspend a license or impose an administrative fine in the manner provided in chapter 120 against a nurse 19 registry that: 20 21 (a) Fails to comply with this section or applicable 2.2 rules. 23 (b) Commits an intentional, reckless, or negligent act that materially affects the health or safety of a person 2.4 25 receiving services. 26 (5) A license issued for the operation of a nurse 27 registry, unless sooner suspended or revoked, expires 2 years 2.8 after its date of issuance. Sixty days before the expiration date, an application for renewal must be submitted to the 29 30 Agency for Health Care Administration on forms furnished by it. The Agency for Health Care Administration shall renew the 31

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1 license if the applicant has met the requirements of this 2 section and applicable rules. A nurse registry against which a 3 revocation or suspension proceeding is pending at the time of 4 license renewal may be issued a conditional license effective 5 until final disposition by the Agency for Health Care 6 Administration of such proceedings. If judicial relief is 7 sought from the final disposition, the court having 8 jurisdiction may issue a conditional license for the duration 9 of the judicial proceeding. 10 (6) The Agency for Health Care Administration may institute injunctive proceedings under s. 400.515. 11 12 (4) (4) (7) A person that provides, offers, or advertises 13 to the public any service for which licensure is required under this section must include in such advertisement the 14 license number issued to it by the Agency for Health Care 15 Administration. The agency shall assess a fine of not less 16 17 than \$100 against any licensee who fails to include the license number when submitting the advertisement for 18 publication, broadcast, or printing. The fine for a second or 19 subsequent offense is \$500. 20 21 (8)(a) It is unlawful for a person to provide, offer, 2.2 or advertise to the public services as defined by rule without 23 obtaining a valid license from the Agency for Health Care Administration. It is unlawful for any holder of a license to 2.4 advertise or hold out to the public that he or she holds a 25 license for other than that for which he or she actually holds 26 27 a license. A person who violates this subsection is subject to 2.8 injunctive proceedings under s. 400.515. 29 (b) A person who violates the provisions of paragraph 30 commits a misdemeanor of the second degree, punishable as 31

1 provided in s. 775.082 or s. 775.083. Each day of continuing 2 violation is a separate offense. (5)(a)(c) In addition to the requirements of s. 3 4 408.812, any person who owns, operates, or maintains an unlicensed nurse registry and who, within 10 working days 5 6 after receiving notification from the agency, fails to cease 7 operation and apply for a license under this part commits a 8 misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continued operation is a 9 10 separate offense. (b)(d) If a nurse registry fails to cease operation 11 12 after agency notification, the agency may impose a fine of 13 \$500 for each day of noncompliance. (9) Any duly authorized officer or employee of the 14 Agency for Health Care Administration may make such 15 16 inspections and investigations as are necessary to respond to 17 complaints or to determine the state of compliance with this 18 section and applicable rules. 19 (a) If, in responding to a complaint, an agent or employee of the Agency for Health Care Administration has 20 21 reason to believe that a crime has been committed, he or she 22 shall notify the appropriate law enforcement agency. 23 (b) If, in responding to a complaint, an agent or employee of the Agency for Health Care Administration has 2.4 25 reason to believe that abuse, neglect, or exploitation has 26 occurred, according to the definitions in chapter 415, he or 27 she shall file a report under chapter 415. 2.8 (6)(10)(a) A nurse registry may refer for contract in private residences registered nurses and licensed practical 29 nurses registered and licensed under part I of chapter 464, 30 certified nursing assistants certified under part II of 31

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chapter 464, home health aides who present documented proof of successful completion of the training required by rule of the agency, and companions or homemakers for the purposes of providing those services authorized under s. 400.509(1). Each person referred by a nurse registry must provide current documentation that he or she is free from communicable diseases.

8 (b) A certified nursing assistant or home health aide may be referred for a contract to provide care to a patient in 9 his or her home only if that patient is under a physician's 10 care. A certified nursing assistant or home health aide 11 12 referred for contract in a private residence shall be limited 13 to assisting a patient with bathing, dressing, toileting, grooming, eating, physical transfer, and those normal daily 14 routines the patient could perform for himself or herself were 15 he or she physically capable. A certified nursing assistant or 16 17 home health aide may not provide medical or other health care services that require specialized training and that may be 18 performed only by licensed health care professionals. The 19 nurse registry shall obtain the name and address of the 20 21 attending physician and send written notification to the 22 physician within 48 hours after a contract is concluded that a 23 certified nursing assistant or home health aide will be providing care for that patient. 2.4

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

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1	(7)(11) A person who is referred by a nurse registry
2	for contract in private residences and who is not a nurse
3	licensed under part I of chapter 464 may perform only those
4	services or care to clients that the person has been certified
5	to perform or trained to perform as required by law or rules
б	of the Agency for Health Care Administration or the Department
7	of Business and Professional Regulation. Providing services
8	beyond the scope authorized under this subsection constitutes
9	the unauthorized practice of medicine or a violation of the
10	Nurse Practice Act and is punishable as provided under chapter
11	458, chapter 459, or part I of chapter 464.
12	(8)(12) Each nurse registry must require every
13	applicant for contract to complete an application form
14	providing the following information:
15	(a) The name, address, date of birth, and social
16	security number of the applicant.
17	(b) The educational background and employment history
18	of the applicant.
19	(c) The number and date of the applicable license or
20	certification.
21	(d) When appropriate, information concerning the
22	renewal of the applicable license, registration, or
23	certification.
24	(9)(13) Each nurse registry must comply with the
25	procedures set forth in s. 400.512 for maintaining records of
26	the work history of all persons referred for contract and is
27	subject to the standards and conditions set forth in that
28	section. However, an initial screening may not be required for
29	persons who have been continuously registered with the nurse
30	registry since October 1, 2000.
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1	(10)(14) The nurse registry must maintain the
2	application on file, and that file must be open to the
3	inspection of the Agency for Health Care Administration. The
4	nurse registry must maintain on file the name and address of
5	the patient or client to whom nurse registry personnel are
б	referred for contract and the amount of the fee received by
7	the nurse registry. A nurse registry must maintain the file
8	that includes the application and other applicable
9	documentation for 3 years after the date of the last file
10	entry of patient-related or client-related information.
11	(11)(15) Nurse registries shall assist persons who
12	would need assistance and sheltering during evacuations
13	because of physical, mental, or sensory disabilities in
14	registering with the appropriate local emergency management
15	agency pursuant to s. 252.355.
16	(12)(16) Each nurse registry shall prepare and
17	maintain a comprehensive emergency management plan that is
18	consistent with the criteria in this subsection and with the
19	local special needs plan. The plan shall be updated annually.
20	The plan shall include the means by which the nurse registry
21	will continue to provide the same type and quantity of
22	services to its patients who evacuate to special needs
23	shelters which were being provided to those patients prior to
24	evacuation. The plan shall specify how the nurse registry
25	shall facilitate the provision of continuous care by persons
26	referred for contract to persons who are registered pursuant
27	to s. 252.355 during an emergency that interrupts the
28	provision of care or services in private <u>residences</u>
29	residencies . Nurse registries may establish links to local
30	emergency operations centers to determine a mechanism by which
31	to approach specific areas within a disaster area in order for
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1 a provider to reach its clients. Nurse registries shall 2 demonstrate a good faith effort to comply with the requirements of this subsection by documenting attempts of 3 staff to follow procedures outlined in the nurse registry's 4 comprehensive emergency management plan which support a 5 6 finding that the provision of continuing care has been 7 attempted for patients identified as needing care by the nurse 8 registry and registered under s. 252.355 in the event of an 9 emergency under subsection (1). 10 (a) All persons referred for contract who care for persons registered pursuant to s. 252.355 must include in the 11 12 patient record a description of how care will be continued 13 during a disaster or emergency that interrupts the provision of care in the patient's home. It shall be the responsibility 14 of the person referred for contract to ensure that continuous 15 16 care is provided. 17 (b) Each nurse registry shall maintain a current 18 prioritized list of patients in private residences who are registered pursuant to s. 252.355 and are under the care of 19 persons referred for contract and who need continued services 20 21 during an emergency. This list shall indicate, for each 22 patient, if the client is to be transported to a special needs 23 shelter and if the patient is receiving skilled nursing services. Nurse registries shall make this list available to 2.4 county health departments and to local emergency management 25 agencies upon request. 26 27 (c) Each person referred for contract who is caring 2.8 for a patient who is registered pursuant to s. 252.355 shall provide a list of the patient's medication and equipment needs 29 30 to the nurse registry. Each person referred for contract shall 31

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1 make this information available to county health departments 2 and to local emergency management agencies upon request. 3 (d) Each person referred for contract shall not be required to continue to provide care to patients in emergency 4 situations that are beyond the person's control and that make 5 6 it impossible to provide services, such as when roads are 7 impassable or when patients do not go to the location 8 specified in their patient records. 9 (e) The comprehensive emergency management plan 10 required by this subsection is subject to review and approval by the county health department. During its review, the county 11 12 health department shall contact state and local health and 13 medical stakeholders when necessary. The county health department shall complete its review to ensure that the plan 14 complies with the criteria in the Agency for Health Care 15 Administration rules within 90 days after receipt of the plan 16 17 and shall either approve the plan or advise the nurse registry 18 of necessary revisions. If a nurse registry fails to submit a plan or fails to submit requested information or revisions to 19 the county health department within 30 days after written 20 21 notification from the county health department, the county 22 health department shall notify the Agency for Health Care 23 Administration. The agency shall notify the nurse registry that its failure constitutes a deficiency, subject to a fine 2.4 of \$5,000 per occurrence. If the plan is not submitted, 25 information is not provided, or revisions are not made as 26 27 requested, the agency may impose the fine. 2.8 (f) The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the 29 30 comprehensive emergency management plan and plan updates required by this subsection, with the concurrence of the 31 142

1 Department of Health and in consultation with the Department 2 of Community Affairs. 3 (13)(17) All persons referred for contract in private 4 residences by a nurse registry must comply with the following requirements for a plan of treatment: 5 б (a) When, in accordance with the privileges and 7 restrictions imposed upon a nurse under part I of chapter 464, 8 the delivery of care to a patient is under the direction or 9 supervision of a physician or when a physician is responsible for the medical care of the patient, a medical plan of 10 treatment must be established for each patient receiving care 11 12 or treatment provided by a licensed nurse in the home. The 13 original medical plan of treatment must be timely signed by the physician, physician assistant, or advanced registered 14 nurse practitioner, acting within his or her respective scope 15 of practice, and reviewed in consultation with the licensed 16 17 nurse at least every 2 months. Any additional order or change 18 in orders must be obtained from the physician, physician assistant, or advanced registered nurse practitioner and 19 reduced to writing and timely signed by the physician, 20 21 physician assistant, or advanced registered nurse 22 practitioner. The delivery of care under a medical plan of 23 treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with 2.4 nursing practices established under part I of chapter 464. 25 (b) Whenever a medical plan of treatment is 26 27 established for a patient, the initial medical plan of 2.8 treatment, any amendment to the plan, additional order or change in orders, and copy of nursing notes must be filed in 29 30 the office of the nurse registry. 31

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1 (14) (14) (18) The nurse registry must comply with the 2 notice requirements of <u>s. 408.810(5)</u> s. 400.495, relating to 3 abuse reporting. 4 (15)(19) In addition to any other penalties imposed 5 pursuant to this section or part, the agency may assess costs 6 related to an investigation that results in a successful 7 prosecution, excluding costs associated with an attorney's 8 time. If the agency imposes such an assessment and the 9 assessment is not paid, and if challenged is not the subject of a pending appeal, prior to the renewal of the license, the 10 license shall not be issued until the assessment is paid or 11 12 arrangements for payment of the assessment are made. 13 (16)(20) The Agency for Health Care Administration shall adopt rules to implement this section and part II of 14 15 chapter 408. Section 81. Section 400.509, Florida Statutes, is 16 17 amended to read: 400.509 Registration of particular service providers 18 exempt from licensure; certificate of registration; regulation 19 of registrants. --2.0 21 (1) Any organization that provides companion services 2.2 or homemaker services and does not provide a home health 23 service to a person is exempt from licensure under this part. However, any organization that provides companion services or 2.4 homemaker services must register with the agency. 25 (2) The requirements of part II of chapter 408 apply 26 27 to the provision of services that require registration or 2.8 licensure pursuant to this section and part II of chapter 408 and entities registered by or applying for such registration 29 from the Agency for Health Care Administration pursuant to 30 this section. Each applicant for registration and each 31

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1 registrant must comply with all provisions of part II of 2 chapter 408. Registration or a license issued by the agency is required for the operation of an organization that provides 3 4 companion services or homemaker services. Registration 5 consists of annually filing with the agency, under oath, on 6 forms provided by it, the following information: 7 (a) If the registrant is a firm or partnership, the 8 name, address, date of birth, and social security number of 9 every member. 10 (b) If the registrant is a corporation or association, its name and address; the name, address, date of birth, and 11 12 social security number of each of its directors and officers; 13 and the name and address of each person having at least a 5 percent interest in the corporation or association. 14 15 The name, address, date of birth, and social (c) 16 security number of each person employed by or under contract 17 with the organization. In accordance with s. 408.805, applicants and 18 (3) registrants shall pay fees for all registrations issued under 19 this part, part II of chapter 408, and applicable rules. The 20 21 amount of the fee shall be \$50 per biennium. The agency shall 2.2 charge a registration fee of \$25 to be submitted with the 23 information required under subsection (2). (4) Each applicant for registration must comply with 2.4 25 the following requirements: 26 (a) Upon receipt of a completed, signed, and dated 27 application, the agency shall require background screening, in 2.8 accordance with the level 1 standards for screening set forth in chapter 435, of every individual who will have contact with 29 30 the client. The agency shall require background screening of

31 the managing employee or other similarly titled individual who

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1 is responsible for the operation of the entity, and of the 2 financial officer or other similarly titled individual who is responsible for the financial operation of the entity, 3 including billings for client services in accordance with the 4 level 2 standards for background screening as set forth in 5 6 chapter 435. 7 (b) The agency may require background screening of any other individual who is affiliated with the applicant if the 8 agency has a reasonable basis for believing that he or she has 9 10 been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth 11 12 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 paragraph (a). 18 (d) A provisional registration 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 abuse registry background check through the agency and 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. A standard registration may 2.4 25 be granted to the applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation 26 background screening for each individual required by this 27 2.8 section to undergo background screening which confirms that 29 all standards have been met, or upon the granting of a 30 disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 31

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1 2 background screening may serve in his or her capacity 2 pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue 3 to serve if the report indicates any violation of background 4 screening standards and if a disgualification exemption has 5 6 not been requested of and granted by the agency as set forth 7 in chapter 435. 8 (e) Each applicant must submit to the agency, with its 9 application, 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 the requirements for disclosure of ownership and control 13 interests under the Medicaid or Medicare programs may be accepted in lieu of this submission. 14 15 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 16 17 prohibited under the level 2 standards of chapter 435 which was committed by a member of the board of directors of the 18 applicant, its officers, or any individual owning 5 percent or 19 more of the applicant. This requirement does not apply to a 2.0 21 director of a not for profit corporation or organization who 2.2 serves solely in a voluntary capacity for the corporation or 23 organization, does not regularly take part in the day to day operational decisions of the corporation or organization, 2.4 receives no remuneration for his or her services on the 25 corporation's or organization's board of directors, and has no 26 27 financial interest and no family members having a financial 2.8 interest in the corporation or organization, if the director 29 and the not for profit corporation or organization include in 30 the application a statement affirming that the director's 31

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1 relationship to the corporation satisfies the requirements of 2 this paragraph. 3 (g) A registration may not be granted to an applicant 4 if the applicant or managing employee has been found guilty 5 of, regardless of adjudication, or has entered a plea of nolo 6 contendere or guilty to, any offense prohibited under the 7 level 2 standards for screening set forth in chapter 435, 8 unless an exemption from disqualification has been granted by 9 the agency as set forth in chapter 435. 10 (h) The agency may deny or revoke the registration of 11 any applicant who: 12 1. Has falsely represented a material fact in the 13 application required by paragraph (e) or paragraph (f), or has 14 omitted any material fact from the application required by 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). 19 (i) An application for licensure renewal must contain the information required under paragraphs (e) and (f). 2.0 21 (4)(5) Each registrant must obtain the employment or 22 contract history of persons who are employed by or under 23 contract with the organization and who will have contact at any time with patients or clients in their homes by: 2.4 25 (a) Requiring such persons to submit an employment or 26 contractual history to the registrant; and 27 (b) Verifying the employment or contractual history, 2.8 unless through diligent efforts such verification is not possible. The agency shall prescribe by rule the minimum 29 30 requirements for establishing that diligent efforts have been 31 made.

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1 2 There is no monetary liability on the part of, and no cause of action for damages arises against, a former employer of a 3 prospective employee of or prospective independent contractor 4 with a registrant who reasonably and in good faith 5 6 communicates his or her honest opinions about the former 7 employee's or contractor's job performance. This subsection does not affect the official immunity of an officer or 8 employee of a public corporation. 9 10 (6) On or before the first day on which services are provided to a patient or client, any registrant under this 11 12 part must inform the patient or client and his or her 13 immediate family, if appropriate, of the right to report abusive, neglectful, or exploitative practices. The statewide 14 15 toll free telephone number for the central abuse hotline must 16 be provided to patients or clients in a manner that is clearly 17 legible and must include the words: "To report abuse, neglect, 18 exploitation, please call toll free (phone number) Registrants must establish appropriate policies and 19 procedures for providing such notice to patients or clients. 2.0 21 (7) The provisions of s. 400.512 regarding screening 2.2 apply to any person or business entity registered under this 23 section on or after October 1, 1994. (8) Upon verification that all requirements for 2.4 25 registration have been met, the Agency for Health Care Administration shall issue a certificate of registration valid 26 27 for no more than 1 year. 28 (9)The Agency for Health Care Administration may 29 suspend, or revoke the registration of a person that: 30 Fails to comply with this section or applicable 31 rules.

1 (b) Commits an intentional, reckless, or negligent act 2 that materially affects the health or safety of a person receiving services. 3 4 (10) The Agency for Health Care Administration may institute injunctive proceedings under s. 400.515. 5 б (5) (11) A person that offers or advertises to the 7 public a service for which registration is required must 8 include in its advertisement the registration number issued by the Agency for Health Care Administration. 9 10 (12) It is unlawful for a person to offer or advertise to the public services, as defined by rule, without obtaining 11 12 a certificate of registration from the Agency for Health Care 13 Administration. It is unlawful for any holder of a certificate of registration to advertise or hold out to the public that he 14 or she holds a certificate of registration for other than that 15 for which he or she actually holds a certificate of 16 17 registration. Any person who violates this subsection is 18 subject to injunctive proceedings under s. 400.515. 19 (13) Any duly authorized officer or employee of the Agency for Health Care Administration has the right to make 2.0 21 such inspections and investigations as are necessary in order 2.2 to respond to complaints or to determine the state of 23 compliance with this section and applicable rules. 2.4 (a) If, in responding to a complaint, an officer or 25 employee of the Agency for Health Care Administration has 26 reason to believe that a crime has been committed, he or she 27 shall notify the appropriate law enforcement agency. 28 (b) If, in responding to a complaint, an officer or employee of the Agency for Health Care Administration has 29 30 reason to believe that abuse, neglect, or exploitation has 31

1 occurred, according to the definitions in chapter 415, he or 2 she shall file a report under chapter 415. 3 (6)(14) In addition to any other penalties imposed pursuant to this section or part, the agency may assess costs 4 related to an investigation that results in a successful 5 6 prosecution, excluding costs associated with an attorney's 7 time. If the agency imposes such an assessment and the 8 assessment is not paid, and if challenged is not the subject 9 of a pending appeal, prior to the renewal of the registration, 10 the registration shall not be issued until the assessment is 11 paid or arrangements for payment of the assessment are made. 12 (7) (15) The Agency for Health Care Administration 13 shall adopt rules to administer this section and part II of chapter 408. 14 15 Section 82. Subsection (7) of section 400.512, Florida 16 Statutes, is amended to read: 17 400.512 Screening of home health agency personnel; 18 nurse registry personnel; and companions and homemakers .-- The agency shall require employment or contractor screening as 19 provided in chapter 435, using the level 1 standards for 20 21 screening set forth in that chapter, for home health agency 2.2 personnel; persons referred for employment by nurse 23 registries; and persons employed by companion or homemaker services registered under s. 400.509. 2.4 25 (7)(a) It is a misdemeanor of the first degree, punishable under s. 775.082 or s. 775.083, for any person 26 27 willfully, knowingly, or intentionally to: 1. Fail, by false statement, misrepresentation, 28 29 impersonation, or other fraudulent means, to disclose in any 30 application for voluntary or paid employment a material fact 31

1 used in making a determination as to such person's 2 qualifications to be an employee under this section; 3 2 Operate or attempt to operate an entity licensed or 4 registered under this part with persons who do not meet the 5 minimum standards for good moral character as contained in 6 this section; or 7 3. Use information from the criminal records obtained 8 under this section for any purpose other than screening that person for employment as specified in this section or release 9 10 such information to any other person for any purpose other than screening for employment under this section. 11 12 (b) It is a felony of the third degree, punishable 13 under s. 775.082, s. 775.083, or s. 775.084, for any person willfully, knowingly, or intentionally to use information from 14 the juvenile records of a person obtained under this section 15 16 for any purpose other than screening for employment under this 17 section. 18 Section 83. Section 400.515, Florida Statutes, is repealed. 19 Section 84. Section 400.602, Florida Statutes, is 20 21 amended to read: 22 400.602 Licensure required; prohibited acts; 23 exemptions; display, transferability of license.--(1)(a) The requirements of part II of chapter 408 2.4 25 apply to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to 26 27 entities licensed by or applying for such licensure from the 2.8 agency pursuant to this part. A license issued by the agency is required in order to operate a hospice in this state It is 29 30 unlawful to operate or maintain a hospice without first obtaining a license from the agency. 31

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1 (b) It is unlawful for Any person or legal entity that 2 is not licensed as a hospice under this part <u>may not</u> to use the word "hospice" in its name, or to offer or advertise 3 hospice services or hospice-like services in such a way as to 4 mislead a person to believe that the offeror is a hospice 5 6 licensed under this part. 7 (b)(c) It is unlawful for any person or legal entity 8 offering, describing, or advertising hospice services or hospice-like services or otherwise holding itself out as a 9 hospice to do so without stating the year of initial licensure 10 as a hospice in the state or the year of initial licensure of 11 12 the hospice entity or affiliate based in the state that owns 13 the hospice. At a minimum, the year of initial licensure must be stated directly beneath the name of the licensed entity in 14 a type no less than 25 percent of the size of the type used 15 for the name or other indication of hospice services or 16 17 hospice-like services and must be prominently stated at least 18 one time on any document, item, or other medium offering, describing, or advertising hospice services or hospice-like 19 services. This requirement excludes any materials relating to 20 21 the care and treatment of an existing hospice patient. 22 (2) Services provided by a hospital, nursing home, or 23 other health care facility, health care provider, or caregiver, or under the Community Care for the Elderly Act, do 2.4 not constitute a hospice unless the facility, provider, or 25 26 caregiver establishes a separate and distinct administrative 27 program to provide home, residential, and homelike inpatient 2.8 hospice services. 29 (3)(a) A separately licensed hospice may not use a name which is substantially the same as the name of another 30 hospice licensed under this part. 31

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1 (b) A licensed hospice which intends to change its 2 name or address must notify the agency at least 60 days before 3 making the change. 4 (4) The license shall be displayed in a conspicuous 5 place inside the hospice program office; shall be valid only 6 in the possession of the person or public agency to which it 7 is issued; shall not be subject to sale, assignment, or other 8 transfer, voluntary or involuntary; and shall not be valid for 9 any hospice other than the hospice for which originally 10 issued. Section 85. Section 400.605, Florida Statutes, is 11 12 amended to read: 13 400.605 Administration; forms; fees; rules; inspections; fines.--14 (1) The agency, in consultation with the department, 15 may adopt rules to administer the requirements of part II of 16 17 chapter 408. The department, in consultation with the agency, shall by rule establish minimum standards and procedures for a 18 hospice pursuant to this part. The rules must include: 19 20 (a) License application procedures and requirements. 21 (a)(b) The qualifications of professional and 22 ancillary personnel to ensure the provision of appropriate and 23 adequate hospice care. (b)(c) Standards and procedures for the administrative 2.4 management of a hospice. 25 26 (c)(d) Standards for hospice services that ensure the 27 provision of quality patient care. 28 (d) (e) Components of a patient plan of care. (e)(f) Procedures relating to the implementation of 29 30 advanced directives and do-not-resuscitate orders. 31

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1 (f)(q) Procedures for maintaining and ensuring 2 confidentiality of patient records. 3 (q)(h) Standards for hospice care provided in 4 freestanding inpatient facilities that are not otherwise licensed medical facilities and in residential care facilities 5 6 such as nursing homes, assisted living facilities, adult 7 family care homes, and hospice residential units and facilities. 8 9 (h)(i) Components of a comprehensive emergency 10 management plan, developed in consultation with the Department of Health, the Department of Elderly Affairs, and the 11 12 Department of Community Affairs. 13 (i) (j) Standards and procedures relating to the establishment and activities of a quality assurance and 14 utilization review committee. 15 (j) (k) Components and procedures relating to the 16 17 collection of patient demographic data and other information on the provision of hospice care in this state. 18 (2) In accordance with s. 408.805, an applicant or 19 licensee shall pay a fee for each license application 20 21 submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be established 22 23 by rule and may not exceed \$1,200 per biennium. The agency shall: 2.4 25 (a) Prepare and furnish all forms necessary under the 26 provisions of this part in relation to applications for 27 licensure or licensure renewals. 2.8 (b) Collect from the applicant at the time of filing 29 application for a license or at the time of renewal of a license a fee which must be reasonably calculated to cover the 30 31 cost of regulation under this part, but may not exceed \$600

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1 per program. All fees collected under this part shall be 2 deposited in the Health Care Trust Fund for the administration 3 of this part. 4 (c) Issue hospice licenses to all applicants which meet the provisions of this part and applicable rules. 5 б (3)(d) In accordance with s. 408.811, the agency shall 7 conduct annual licensure inspections of all licensees, except 8 that licensure inspections may be conducted biennially for hospices having a 3-year record of substantial compliance. 9 10 (e) The agency shall conduct such inspections and investigations as are necessary in order to determine the 11 12 state of compliance with the provisions of this part, part II 13 of chapter 408, and applicable adopted rules. The right of 14 inspection also extends to any program that the agency has reason to believe is offering or advertising itself as a 15 16 hospice without a license, but no inspection may be made 17 without the permission of the owner or person in charge 18 thereof unless a warrant is first obtained from a circuit court authorizing such inspection. An application for a 19 license or license renewal made pursuant to this part 2.0 21 constitutes permission for an inspection of the hospice for 2.2 which the license is sought in order to facilitate 23 verification of the information submitted on or in connection with the application. 2.4 (4)(f) In accordance with part II of chapter 408, the 25 agency may impose an administrative fine for any violation of 26 27 the provisions of this part, part II of chapter 408, or 2.8 applicable rules. Section 86. Section 400.606, Florida Statutes, is 29 30 amended to read: 31

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400.606 License; application; renewal; conditional 1 2 license or permit; certificate of need.--3 (1) In addition to the requirements of part II of 4 chapter 408, A license application must be filed on a form 5 provided by the agency and must be accompanied by the б appropriate license fee as well as satisfactory proof that the 7 hospice is in compliance with this part and any rules adopted 8 by the department and proof of financial ability to operate 9 and conduct the hospice in accordance with the requirements of 10 this part. the initial application and change of ownership application must be accompanied by a plan for the delivery of 11 12 home, residential, and homelike inpatient hospice services to 13 terminally ill persons and their families. Such plan must contain, but need not be limited to: 14 (a) The estimated average number of terminally ill 15 16 persons to be served monthly. 17 (b) The geographic area in which hospice services will be available. 18 (c) A listing of services which are or will be 19 provided, either directly by the applicant or through 20 21 contractual arrangements with existing providers. 22 (d) Provisions for the implementation of hospice home 23 care within 3 months after licensure. (e) Provisions for the implementation of hospice 2.4 homelike inpatient care within 12 months after licensure. 25 (f) The number and disciplines of professional staff 26 27 to be employed. 2.8 (q) The name and qualifications of any existing or 29 potential contractee. (h) A plan for attracting and training volunteers. 30 31

1 (i) The projected annual operating cost of the 2 hospice. 3 (j) A statement of financial resources and personnel available to the applicant to deliver hospice care. 4 5 б If the applicant is an existing <u>licensed</u> health care provider, 7 the application must be accompanied by a copy of the most recent profit-loss statement and, if applicable, the most 8 recent licensure inspection report. 9 10 (2) Each applicant must submit to the agency with its application a description and explanation of any exclusions, 11 12 permanent suspensions, or terminations from the Medicaid or 13 Medicare programs of the owner, if an individual; of any officer or board member of the hospice, if the owner is a 14 15 firm, corporation, partnership, or association; or of any 16 person owning 5 percent or more of the hospice. Proof of 17 compliance with disclosure of ownership and control interest 18 requirements of the Medicaid or Medicare programs may be accepted in lieu of this submission. 19 (2)(3) In addition to the requirements of part II of 20 21 chapter 408, A license issued for the operation of a hospice, 22 unless sooner suspended or revoked, shall expire automatically 23 1 year from the date of issuance. Sixty days prior to the expiration date, a hospice wishing to renew its license shall 2.4 25 submit an application for renewal to the agency on forms furnished by the agency. The agency shall renew the license if 26 27 the applicant has first met the requirements established under 2.8 this part and all applicable rules and has provided the information described under this section in addition to the 29 application. However, the application for license renewal 30 shall be accompanied by an update of the plan for delivery of 31

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1 hospice care only if information contained in the plan 2 submitted pursuant to subsection (1) is no longer applicable. 3 (4)A hospice against which a revocation or suspension 4 proceeding is pending at the time of license renewal may be 5 issued a conditional license by the agency effective until б final disposition of such proceeding. If judicial relief is 7 sought from the final agency action, the court having 8 jurisdiction may issue a conditional permit for the duration 9 of the judicial proceeding. 10 (3) (5) The agency shall not issue a license to a hospice that fails to receive a certificate of need under the 11 12 provisions of part I of chapter 408 ss. 408.031 408.045. A 13 licensed hospice is a health care facility as that term is used in s. 408.039(5) and is entitled to initiate or intervene 14 in an administrative hearing. 15 (4) (6) A freestanding hospice facility that is 16 17 primarily engaged in providing inpatient and related services and that is not otherwise licensed as a health care facility 18 shall be required to obtain a certificate of need. However, a 19 freestanding hospice facility with six or fewer beds shall not 20 21 be required to comply with institutional standards such as, 22 but not limited to, standards requiring sprinkler systems, 23 emergency electrical systems, or special lavatory devices. (5) (7) The agency may deny a license to an applicant 2.4 that fails to meet any condition for the provision of hospice 25 26 care or services imposed by the agency on a certificate of 27 need by final agency action, unless the applicant can 2.8 demonstrate that good cause exists for the applicant's failure 29 to meet such condition. Section 87. Section 400.6065, Florida Statutes, is 30 amended to read: 31

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1 400.6065 Background screening.--2 (1) Upon receipt of a completed application under s. 3 400.606, the agency shall require level 2 background screening 4 on each of the following persons, who shall be considered 5 employees for the purposes of conducting screening under б chapter 435: 7 (a) The hospice administrator and financial officer. 8 (b) An officer or board member if the hospice is a 9 firm, corporation, partnership, or association, or any person 10 owning 5 percent or more of the hospice if the agency has probable cause to believe that such officer, board member, or 11 12 owner has been convicted of any offense prohibited by s. 13 435.04. For each officer, board member, or person owning 5 percent or more who has been convicted of any such offense, 14 the hospice shall submit to the agency a description and 15 explanation of the conviction at the time of license 16 17 application. This paragraph does not apply to a board member 18 of a not for profit corporation or organization if the board member serves solely in a voluntary capacity, does not 19 regularly take part in the day to day operational decisions of 2.0 21 the corporation or organization, receives no remuneration for 2.2 his or her services, and has no financial interest and has no 23 family members with a financial interest in the corporation or organization, provided that the board member and the 2.4 25 corporation or organization submit a statement affirming that the board member's relationship to the corporation or 26 organization satisfies the requirements of this paragraph. 27 28 (2) Proof of compliance with level 2 screening standards which has been submitted within the previous 5 years 29 30 to meet any facility or professional licensure requirements of 31

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1 the agency or the Department of Health satisfies the 2 requirements of this section. 3 (3) The agency may grant a provisional license to a 4 hospice applying for an initial license when each individual 5 required by this section to undergo screening has completed 6 the Department of Law Enforcement background check, but has 7 not yet received results from the Federal Bureau of 8 Investigation. 9 (4) The agency shall require employment or contractor 10 screening as provided in chapter 435, using the level 1 standards for screening set forth in that chapter, for hospice 11 12 personnel. 13 (5) The agency may grant exemptions from disqualification from employment under this section as 14 provided in s. 435.07. 15 (6) The administration of each hospice must sign an 16 affidavit annually, under penalty of perjury, stating that all 17 18 personnel employed or contracted with on or after October 1, 1998, who provide hospice services in a facility, or who enter 19 the home of a patient in their service capacity, have been 2.0 21 screened. 22 (7) Proof of compliance with the screening 23 requirements of chapter 435 shall be accepted in lieu of the requirements of this section if the person has been 2.4 25 continuously employed or registered without a breach in service that exceeds 180 days, the proof of compliance is not 26 27 more than 2 years old, and the person has been screened, at 2.8 the discretion of the hospice. (8)(a) It is a misdemeanor of the first degree, 29 punishable under s. 775.082 or s. 775.083, for any person 30

31 willfully, knowingly, or intentionally to:

1 1. Fail, by false statement, misrepresentation, 2 impersonation, or other fraudulent means, to disclose in any 3 application for voluntary or paid employment a material fact 4 used in making a determination as to such person's 5 qualifications to be employed or contracted with under this б section; 7 2. Operate or attempt to operate an entity licensed 8 under this part with persons who do not meet the minimum 9 standards for good moral character as contained in this 10 section; or 3. Use information from the criminal records obtained 11 12 under this section for any purpose other than screening as 13 specified in this section, or release such information to any 14 other person for any purpose other than screening under this 15 section. (b) It is a felony of the third degree, punishable 16 17 under s. 775.082, s. 775.083, or s. 775.084, for any person 18 willfully, knowingly, or intentionally to use information from the juvenile records of a person obtained under this section 19 for any purpose other than screening for employment under this 2.0 21 section. 22 Section 88. Section 400.607, Florida Statutes, is 23 amended to read: 400.607 Denial, suspension, or revocation of license; 2.4 25 emergency actions; imposition of administrative fine; grounds+ 26 injunctions.--27 (1) The agency may deny, revoke, and or suspend a 2.8 license, impose an action under s. 408.814, and or impose an administrative fine, which may not exceed \$5,000 per 29 violation, for the violation of any provision of this part, 30 31

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1 part II of chapter 408, or applicable rules in the manner 2 provided in chapter 120. 3 (2) Any of the following actions by a licensed hospice or any of its employees shall be grounds for action by the 4 5 agency against a hospice: б (a) A violation of the provisions of this part, part 7 II of chapter 408, or applicable rules. 8 (b) An intentional or negligent act materially affecting the health or safety of a patient. 9 10 (3) The agency may deny or revoke a license upon a 11 determination that: 12 (a) Persons subject to level 2 background screening 13 under s. 400.6065 do not meet the screening standards of s. 435.04, and exemptions from disqualification have not been 14 15 provided by the agency. 16 (b) An officer, board member, or person owning 5 17 percent or more of the hospice has been excluded, permanently 18 suspended, or terminated from the Medicare or Medicaid 19 programs. (3) (4) If, 3 months after the date of obtaining a 20 21 license, or at any time thereafter, a hospice does not have in 22 operation the home-care component of hospice care, the agency 23 shall immediately revoke the license of such hospice. (4) (5) If, 12 months after the date of obtaining a 2.4 25 license pursuant to s. 400.606, or at any time thereafter, a hospice does not have in operation the inpatient components of 26 27 hospice care, the agency shall immediately revoke the license 2.8 of such hospice. 29 (6) The agency may institute a civil action in a court 30 competent jurisdiction to seek injunctive relief to enforce of 31

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1 compliance with this part or any rule adopted pursuant to this 2 part. 3 (5) (7) The remedies set forth in this section are independent of and cumulative to other remedies provided by 4 5 law. б Section 89. Subsection (8) of section 400.6095, 7 Florida Statutes, is amended to read: 400.6095 Patient admission; assessment; plan of care; 8 9 discharge; death.--10 (8) The hospice care team may withhold or withdraw cardiopulmonary resuscitation if presented with an order not 11 12 to resuscitate executed pursuant to s. 401.45. The department 13 shall adopt rules providing for the implementation of such orders. Hospice staff shall not be subject to criminal 14 prosecution or civil liability, nor be considered to have 15 engaged in negligent or unprofessional conduct, for 16 17 withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and <u>applicable</u> rules adopted by the 18 department. The absence of an order to resuscitate executed 19 pursuant to s. 401.45 does not preclude a physician from 20 21 withholding or withdrawing cardiopulmonary resuscitation as 22 otherwise permitted by law. 23 Section 90. Section 400.801, Florida Statutes, is amended to read: 2.4 400.801 Homes for special services .--25 (1) As used in this section, the term: 26 27 "Agency" means the "Agency for Health Care (a) 2.8 Administration." 29 (b) "Home for special services" means a site licensed 30 by the agency prior to January 1, 2006, where specialized 31

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health care services are provided, including personal and 1 2 custodial care, but not continuous nursing services. 3 (2) The requirements of part II of chapter 408 apply 4 to the provision of services that require licensure pursuant 5 to this section and part II of chapter 408 and entities б licensed by or applying for such licensure from the agency 7 pursuant to this section. A license issued by the agency is 8 required in order to operate a home for special services in this state. A person must obtain a license from the agency to 9 10 operate a home for special services. A license is valid for 1 11 year. 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 established 15 by rule and may not be more than \$2,000 per biennium. The 16 17 application for a license under this section must be made on a 18 form provided by the agency. A nonrefundable license fee of not more than \$1,000 must be submitted with the license 19 2.0 application. 21 (4) Each applicant for licensure must comply with the 2.2 following requirements: 23 (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in 2.4 accordance with the level 2 standards for screening set forth 25 26 in chapter 435, of the managing employee, or other similarly 27 titled individual who is responsible for the daily operation 2.8 of the facility, and of the financial officer, or other similarly titled individual who is responsible for the 29 30 financial operation of the facility, including billings for client care and services, in accordance with the level 2 31

1 standards for screening set forth in chapter 435. The 2 applicant must comply with the 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 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, or a request for a 21 disqualification exemption has been submitted to the agency as 2.2 set forth in chapter 435, but a response has not yet been 23 issued. A standard license may be granted to the applicant 2.4 upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each 25 individual required by this section to undergo background 26 27 screening which confirms that all standards have been met, or 2.8 upon the granting of a disgualification exemption by the agency as set forth in chapter 435. Any other person who is 29 required to undergo level 2 background screening may serve in 30 his or her capacity pending the agency's receipt of the report 31

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

1 (q) A license may not be granted to an applicant if 2 the applicant or managing employee has been found quilty of, regardless of adjudication, or has entered a plea of nolo 3 4 contendere or guilty to, any offense prohibited under the 5 level 2 standards for screening set forth in chapter 435. 6 unless an exemption from disqualification has been granted by 7 the agency as set forth in chapter 435. 8 (h) The agency may deny or revoke licensure if the 9 applicant: 10 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 11 12 omitted any material fact from the application required by 13 paragraph (e) or paragraph (f); or 2. Has had prior action taken against the applicant 14 15 under the Medicaid or Medicare program as set forth in 16 paragraph (e). 17 (i) An application for license renewal must contain 18 information required under paragraphs (e) and (f). (5) Application for license renewal must be submitted 19 20 90 days before the expiration of the license. 21 (6) A change of ownership or control of a home for 2.2 special services must be reported to the agency in writing at least 60 days before the change is scheduled to take effect. 23 (4)(7) The agency may shall adopt rules for 2.4 25 implementing and enforcing this section and part II of chapter 26 <u>408</u>. 27 (8)(a) It is unlawful for any person to establish, 2.8 conduct, manage, or operate a home for special services without obtaining a license from the agency. 29 30 (b) It is unlawful for any person to offer or advertise to the public, in any medium whatever, specialized 31

1 health care services without obtaining a license from the 2 agency. 3 (c)It is unlawful for a holder of a license issued 4 under this section to advertise or represent to the public 5 that it holds a license for a type of facility other than the б facility for which its license is issued. 7 (5)(9)(a) In addition to the requirements of part II 8 of chapter 408, a violation of any provision of this section. part II of chapter 408, or applicable rules adopted by the 9 10 agency for implementing this section is punishable by payment of an administrative fine not to exceed \$5,000. 11 12 (b) A violation of s. 408.812 subsection (8) or rules 13 adopted under that section subsection is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 14 775.083. Each day of continuing violation is a separate 15 16 offense. 17 Section 91. Section 400.805, Florida Statutes, is 18 amended to read: 400.805 Transitional living facilities .--19 (1) As used in this section, the term: 20 21 "Agency" means the Agency for Health Care (a) 2.2 Administration. 23 (b) "Department" means the Department of Health. "Transitional living facility" means a site where 2.4 (C) specialized health care services are provided, including, but 25 not limited to, rehabilitative services, community reentry 26 27 training, aids for independent living, and counseling to 2.8 spinal-cord-injured persons and head-injured persons. This term does not include a hospital licensed under chapter 395 or 29 any federally operated hospital or facility. 30 31

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1	(2)(a) The requirements of part II of chapter 408
2	apply to the provision of services that require licensure
3	pursuant to this section and part II of chapter 408 and to
4	entities licensed by or applying for such licensure from the
5	agency pursuant to this section. A license issued by the
6	agency is required for the operation of a transitional living
7	facility in this state. A person must obtain a license from
8	the agency to operate a transitional living facility. A
9	license issued under this section is valid for 1 year.
10	(b) <u>In accordance with this section, an applicant or a</u>
11	licensee shall pay a fee for each license application
12	submitted under this part, part II of chapter 408, and
13	applicable rules. The fee shall consist of a \$4,000 license
14	fee and a \$78.50 per bed fee per biennium. The application for
15	a license must be made on a form provided by the agency. A
16	nonrefundable license fee of \$2,000 and a fee of up to \$39.25
17	per bed must be submitted with the license application.
18	(c) The agency may not issue a license to an applicant
19	until the agency receives notice from the department as
20	provided in paragraph <u>(3)(6)</u> (b).
21	(3) Each applicant for licensure must comply with the
22	following requirements:
23	(a) Upon receipt of a completed, signed, and dated
24	application, the agency shall require background screening, in
25	accordance with the level 2 standards for screening set forth
26	in chapter 435, of the managing employee, or other similarly
27	titled individual who is responsible for the daily operation
28	of the facility, and of the financial officer, or other
29	similarly titled individual who is responsible for the
30	financial operation of the facility, including billings for
31	client care and services. The applicant must comply with the

1 procedures for level 2 background screening as set forth in 2 chapter 435. 3 (b) The agency may require background screening of any 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 or assisted living licensure requirements of this 11 state is acceptable in fulfillment of the requirements of 12 13 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 20 disqualification exemption has been submitted to the agency as 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 27 upon the granting of a disgualification exemption by the 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

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 may 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 (α) 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 quilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, 3 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). 15 (i) An application for license renewal must contain the information required under paragraphs (e) and (f). 16 17 (4) An application for renewal of license must be 18 submitted 90 days before the expiration of the license. Upon 19 renewal of licensure, each applicant must submit to the agency, under penalty of perjury, an affidavit as set forth in 2.0 21 paragraph (3)(d). 22 (5)A change of ownership or control of a transitional 23 living facility must be reported to the agency in writing at least 60 days before the change is scheduled to take effect. 2.4 25 (3)(6)(a) The agency shall adopt rules in consultation with the department governing the physical plant of 26 27 transitional living facilities and the fiscal management of 2.8 transitional living facilities. 29 (b) The department shall adopt rules in consultation with the agency governing the services provided to clients of 30 transitional living facilities. The department shall enforce 31

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1 all requirements for providing services to the facility's 2 clients. The department must notify the agency when it determines that an applicant for licensure meets the service 3 requirements adopted by the department. 4 5 (c) The agency and the department shall enforce б requirements under this section and part II of chapter 408, as 7 such requirements relate to them respectively, and their 8 respective adopted rules. 9 (7)(a) It is unlawful for any person to establish, 10 conduct, manage, or operate a transitional living facility without obtaining a license from the agency. 11 12 (b) It is unlawful for any person to offer or 13 advertise to the public, in any medium whatever, services care defined in paragraph (1)(c) without obtaining a license 14 15 from the agency. 16 (c)It is unlawful for a holder of a license issued 17 under this section to advertise or represent to the public 18 that it holds a license for a type of facility other than the facility for which its license is issued. 19 (4)(8) In accordance with s. 408.811, any designated 20 21 officer or employee of the agency, of the state, or of the 2.2 local fire marshal may enter unannounced upon and into the 23 premises of any facility licensed under this section in order to determine the state of compliance with this section, part 2.4 II of chapter 408, and applicable rules and the rules or 25 standards in force under this section. The right of entry and 26 27 inspection also extends to any premises that the agency has 2.8 reason to believe are being operated or maintained as a facility without a license; but such an entry or inspection 29 30 not be made without the permission of the owner or person in charge of the facility unless a warrant that authorizes the 31

1	entry is first obtained from the circuit court. The warrant
2	requirement extends only to a facility that the agency has
3	reason to believe is being operated or maintained as a
4	facility without a license. An application for a license or
5	renewal thereof which is made under this section constitutes
б	permission for, and acquiescence in, any entry or inspection
7	of the premises for which the license is sought, in order to
8	facilitate verification of the information submitted on or in
9	connection with the application; to discover, investigate, and
10	determine the existence of abuse or neglect; or to elicit,
11	receive, respond to, and resolve complaints. A current valid
12	license constitutes unconditional permission for, and
13	acquiescence in, any entry or inspection of the premises by
14	authorized personnel. The agency retains the right of entry
15	and inspection of facilities that have had a license revoked
16	or suspended within the previous 24 months, to ensure that the
17	facility is not operating unlawfully. However, before the
18	facility is entered, a statement of probable cause must be
19	filed with the director of the agency, who must approve or
20	disapprove the action within 48 hours. Probable cause
21	includes, but is not limited to, evidence that the facility
22	holds itself out to the public as a provider of personal
23	assistance services, or the receipt by the advisory council on
24	brain and spinal cord injuries of a complaint about the
25	facility.
26	(9) The agency may institute injunctive proceedings in
27	a court of competent jurisdiction for temporary or permanent
28	relief to:
29	(a) Enforce this section or any minimum standard,
30	rule, or order issued pursuant thereto if the agency's effort
31	to correct a violation through administrative fines has failed
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1 or when the violation materially affects the health, safety, 2 or welfare of residents; or Terminate the operation of a facility if a 3 (b) 4 violation of this section or of any standard or rule adopted 5 pursuant thereto exists which materially affects the health, 6 safety, or welfare of residents. 7 8 The Legislature recognizes that, in some instances, action is necessary to protect residents of facilities from immediately 9 10 life threatening situations. If it appears by competent evidence or a sworn, substantiated affidavit that a temporary 11 12 injunction should issue, the court, pending the determination on final hearing, shall enjoin operation of the facility. 13 (10) The agency may impose an immediate moratorium on 14 admissions to a facility when the agency determines that any 15 16 condition in the facility presents a threat to the health, 17 safety, or welfare of the residents in the facility. If a 18 facility's license is denied, revoked, or suspended, the facility may be subject to the immediate imposition of a 19 moratorium on admissions to run concurrently with licensure 2.0 21 denial, revocation, or suspension. 22 (5)(11)(a) In accordance with part II of chapter 408, 23 a violation of any provision of this section, part II of chapter 408, or applicable rules adopted by the agency or 2.4 department under this section is punishable by payment of an 25 administrative or a civil penalty fine not to exceed \$5,000. 26 27 (b) Unlicensed activity pursuant to s. 408.812 A 2.8 violation of subsection (7) or rules adopted under that subsection is a misdemeanor of the first degree, punishable as 29 provided in s. 775.082 or s. 775.083. Each day of a continuing 30 violation is a separate offense. 31

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1 (6) The agency may adopt rules to administer the 2 requirements of part II of chapter 408. 3 Section 92. Subsection (4) of section 400.902, Florida 4 Statutes, is amended to read: 5 400.902 Definitions.--As used in this part, the term: б (4) "Owner or operator" means <u>a licensee</u> any 7 individual who has general administrative charge of a PPEC 8 center. 9 Section 93. Subsection (3) is added to section 10 400.903, Florida Statutes, to read: 400.903 PPEC centers to be licensed; exemptions.--11 12 (3) The requirements of part II of chapter 408 apply 13 to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities 14 licensed by or applying for such licensure from the agency 15 pursuant to this part. A license issued by the agency is 16 17 required for the operation of a PPEC center in this state. Section 94. Section 400.905, Florida Statutes, is 18 amended to read: 19 20 400.905 License required; fee; exemption; display.--21 (1)(a) It is unlawful to operate or maintain a PPEC 2.2 center without first obtaining from the agency a license 23 authorizing such operation. The agency is responsible for licensing PPEC centers in accordance with the provisions of 2.4 25 this part. 26 (b) Any person who violates paragraph (a) is guilty of 27 a felony of the third degree, punishable as provided in s. 2.8 775.082, s. 775.083, or s. 775.084. (1)(2) In addition to the requirements of part II of 29 30 chapter 408, separate licenses are required for PPEC centers maintained on separate premises, even though they are operated 31

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   under the same management. Separate licenses are not required
 2
    for separate buildings on the same grounds.
          (2)(3) In accordance with s. 408.805, an applicant or
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    licensee shall pay a fee for each license application
    submitted under this part, part II of chapter 408, and
 5
 6
   applicable rules. The amount of the fee shall be established
 7
   by rule and may not be less than $1,000 or more than $3,000
   per biennium. The annual license fee required of a PPEC center
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    shall be in an amount determined by the agency to be
10
    sufficient to cover the agency's costs in carrying out its
   responsibilities under this part, but shall not be less than
11
12
   $500 or more than $1,500.
13
          (3)(4) County-operated or municipally operated PPEC
    centers applying for licensure under this part are exempt from
14
    the payment of license fees.
15
16
          (5) The license shall be displayed in a conspicuous
17
   place inside the PPEC center.
              A license shall be valid only in the possession
18
          (6)
    the individual, firm, partnership, association, or corporation
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    to whom it is issued and shall not be subject to sale,
2.0
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    assignment, or other transfer, voluntary or involuntary; nor
2.2
    shall a license be valid for any premises other than that for
23
    which originally issued.
2.4
          (7) Any license granted by the agency shall state the
    maximum capacity of the facility, the date the license was
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26
    issued, the expiration date of the license, and any other
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    information deemed necessary by the agency.
2.8
           Section 95. Section 400.906, Florida Statutes, is
    amended to read:
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           400.906 Initial application for license; zoning.--
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(1) Application for a license shall be made to the 1 2 agency on forms furnished by it and shall be accompanied by the appropriate license fee unless the applicant is exempt 3 4 from payment of the fee as provided in s. 400.905. 5 (2) In addition to the requirements of part II of б chapter 408, the application must shall be under oath and 7 shall contain the following: 8 (a) The name and address of the applicant and the name by which the facility is to be known. Pursuant thereto: 9 10 1. If the applicant is a firm, partnership, or association, the application shall contain the name and 11 12 address of every member thereof. 13 2. If the applicant is a corporation, the application shall contain its name and address, the names and addresses of 14 15 its directors and officers, and the name and address of each person having at least a 10 percent interest in the 16 17 corporation. 18 (b) Information which provides a source to establish the suitable character and competency of the applicant in 19 20 accordance with the provisions of s. 402.305(2) and, if 21 applicable, of the owner or operator, including the name and 2.2 address of any licensed facility with which the applicant or 23 owner or operator has been affiliated through ownership or employment within 5 years of the date of the application for a 2.4 25 license. 26 (c) The names and addresses of other persons of whom 27 the agency may inquire as to the character and reputation of 2.8 the applicant and, if applicable, of the owner or operator. 29 (d) The names and addresses of other persons of whom 30 the agency may inquire as to the financial responsibility of 31 the applicant.

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1 (e) Such other reasonable information as may be 2 required by the agency to evaluate the ability of the 3 applicant to meet the responsibilities entailed under this 4 part. 5 (f) The location of the facility for which a license 6 is sought and documentation, signed by the appropriate local 7 government official, which states that the applicant has met 8 local zoning requirements. 9 (3) The applicant for licensure shall furnish 10 satisfactory proof of financial ability to operate and conduct the PPEC center in accordance with the requirements of this 11 12 part. 13 (4) The applicant for licensure shall furnish proof of adequate liability insurance coverage or protection. 14 15 (5) Each applicant for licensure must comply with the 16 following requirements: 17 (a) Upon receipt of a completed, signed, and dated 18 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 19 in chapter 435, of the operator, and of the financial officer, 2.0 21 or other similarly titled individual who is responsible for 2.2 the financial operation of the center, including billings for 23 patient care and services. The applicant must comply with the procedures for level 2 background screening as set forth in 2.4 chapter 435, as well as the requirements of s. 435.03(3). 25 26 (b) The agency may require background screening of any other individual who is an applicant if the agency has a 27 2.8 reasonable basis for believing that he or she has been convicted of a crime or has committed any other offense 29 30 prohibited under the level 2 standards for screening set forth 31 in chapter 435.

(c) Proof of compliance with the level 2 background 1 2 screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other 3 4 health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a). 5 б (d) A provisional license may be granted to an 7 applicant when each individual required by this section to 8 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 9 10 has not yet received background screening results from the Federal Bureau of Investigation, or a request for a 11 12 disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been 13 issued. A standard license may be granted to the applicant 14 upon the agency's receipt of a report of the results of the 15 Federal Bureau of Investigation background screening for each 16 17 individual required by this section to undergo background screening which confirms that all standards have been met, or 18 upon the granting of a disqualification exemption by the 19 agency as set forth in chapter 435. Any other person who is 2.0 21 required to undergo level 2 background screening may serve in 2.2 his or her capacity pending the agency's receipt of the report 23 from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any 2.4 25 violation of background screening standards and a disqualification exemption has not been requested of and 26 27 granted by the agency as set forth in chapter 435. 28 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 29 30 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 31

1 the requirements for disclosure of ownership and control 2 interests under the Medicaid or Medicare programs shall be accepted in lieu of this submission. 3 4 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 5 б prohibited under the level 2 standards of chapter 435 by a 7 member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the 8 applicant. This requirement does not apply to a director of a 9 10 not for profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 11 12 organization, does not regularly take part in the day to day 13 operational decisions of the corporation or organization, receives no remuneration for his or her services on the 14 corporation or organization's board of directors, and has no 15 financial interest and has no family members with a financial 16 17 interest in the corporation or organization, provided that the 18 director and the not for profit corporation or organization include in the application a statement affirming that the 19 20 director's relationship to the corporation satisfies the 21 requirements of this paragraph. 22 $\left(q \right)$ A license may not be granted to an applicant if 23 the applicant or managing employee has been found quilty of, regardless of adjudication, or has entered a plea of nolo 2.4 contendere or guilty to, any offense prohibited under the 25 level 2 standards for screening set forth in chapter 435, 26 27 unless an exemption from disgualification has been granted by 2.8 the agency as set forth in chapter 435. 29 (h) The agency may deny or revoke licensure if the 30 applicant: 31

1 1. Has falsely represented a material fact in the 2 application required by paragraph (e) or paragraph (f), or has 3 omitted any material fact from the application required by 4 paragraph (e) or paragraph (f); or 5 Has had prior action taken against the applicant $\frac{2}{2}$ б under the Medicaid or Medicare program as set forth in 7 paragraph (e). 8 (i) An application for license renewal must contain 9 the information required under paragraphs (e) and (f). 10 Section 96. Section 400.907, Florida Statutes, is amended to read: 11 12 400.907 Denial, suspension, revocation of licensure; 13 administrative fines; grounds.--(1) In accordance with part II of chapter 408, the 14 agency may deny, revoke, and or suspend a license and or 15 impose an administrative fine for the violation of any 16 17 provision of this part, part II of chapter 408, or applicable rules in the manner provided in chapter 120. 18 (2) Any of the following actions by a PPEC center or 19 its employee is grounds for action by the agency against a 20 21 PPEC center or its employee: 22 (a) An intentional or negligent act materially 23 affecting the health or safety of children in the PPEC center. (b) A violation of the provisions of this part, part 2.4 25 II of chapter 408, or applicable rules or of any standards or 26 rules adopted pursuant to this part. 27 (c) Multiple and repeated violations of this part or 2.8 part II of chapter 408 or of minimum standards or rules adopted pursuant to this part or part II of chapter 408. 29 30 31

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1 (3) The agency shall be responsible for all 2 investigations and inspections conducted pursuant to this 3 part. 4 Section 97. Section 400.908, Florida Statutes, is amended to read: 5 б 400.908 Administrative fines; disposition of fees and 7 fines.--8 (1)(a) If the agency determines that a PPEC center is 9 being operated without a license or is otherwise not in 10 compliance with rules adopted under this part, part II of chapter 408, or applicable rules, the agency, notwithstanding 11 12 any other administrative action it takes, shall make a 13 reasonable attempt to discuss each violation and recommended corrective action with the owner of the PPEC center prior to 14 written notification thereof. The agency may request that the 15 PPEC center submit a corrective action plan that which 16 17 demonstrates a good faith effort to remedy each violation by a specific date, subject to the approval of the agency. 18 (b) In accordance with part II of chapter 408, the 19 agency may fine a PPEC center or employee found in violation 20 21 of rules adopted pursuant to this part <u>II of chapter</u> 22 408, or applicable rules, in an amount not to exceed \$500 for 23 each violation. Such fine may not exceed \$5,000 in the 2.4 aggregate. (c) The failure to correct a violation by the date set 25 by the agency, or the failure to comply with an approved 26 27 corrective action plan, is a separate violation for each day 2.8 such failure continues, unless the agency approves an 29 extension to a specific date. 30 (d) If a PPEC center desires to appeal any agency action under this section and the fine is upheld, the violator 31 184

1 shall pay the fine, plus interest at the legal rate specified 2 in s. 687.01, for each day beyond the date set by the agency for payment of the fine. 3 (2) In determining if a fine is to be imposed and in 4 fixing the amount of any fine, the agency shall consider the 5 6 following factors: 7 (a) The gravity of the violation, including the 8 probability that death or serious physical or emotional harm to a child will result or has resulted, the severity of the 9 actual or potential harm, and the extent to which the 10 provisions of the applicable statutes or rules were violated. 11 12 (b) Actions taken by the owner or operator to correct 13 violations. (c) Any previous violations. 14 (d) The financial benefit to the PPEC center of 15 committing or continuing the violation. 16 17 (3) Fees and fines received by the agency under this 18 part shall be deposited in the Health Care Trust Fund created in s. 408.16. 19 Section 98. Section 400.910, Florida Statutes, is 20 21 repealed. 22 Section 99. Section 400.911, Florida Statutes, is 23 repealed. Section 100. Section 400.912, Florida Statutes, is 2.4 amended to read: 25 400.912 Closing of a PPEC center.--26 27 (1) Whenever a PPEC center voluntarily discontinues 2.8 operation, it shall, inform the agency in writing at least 30 days before the discontinuance of operation. The PPEC center 29 shall also, at such time, inform each child's legal guardian 30 of the fact and the proposed time of such discontinuance. 31

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1 (2) Immediately upon discontinuance of the operation 2 a PPEC center, the owner or operator shall surrender the 3 license therefor to the agency and the license shall be 4 canceled. 5 Section 101. Section 400.913, Florida Statutes, is б repealed. 7 Section 102. Subsection (1) of section 400.914, 8 Florida Statutes, is amended to read: 400.914 Rules establishing standards. --9 10 (1) Pursuant to the intention of the Legislature to provide safe and sanitary facilities and healthful programs, 11 12 the agency in conjunction with the Division of Children's 13 Medical Services Prevention and Intervention of the Department of Health shall adopt and publish rules to implement the 14 provisions of this part and part II of chapter 408, which 15 shall include reasonable and fair standards. Any conflict 16 17 between these standards and those that may be set forth in 18 local, county, or city ordinances shall be resolved in favor of those having statewide effect. Such standards shall relate 19 to: 20 21 (a) The assurance that PPEC services are family 22 centered and provide individualized medical, developmental, 23 and family training services. (b) The maintenance of PPEC centers, not in conflict 2.4 with the provisions of chapter 553 and based upon the size of 25 the structure and number of children, relating to plumbing, 26 27 heating, lighting, ventilation, and other building conditions, 2.8 including adequate space, which will ensure the health, safety, comfort, and protection from fire of the children 29 30 served. 31

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1 (C) The appropriate provisions of the most recent 2 edition of the "Life Safety Code" (NFPA-101) shall be applied. 3 The number and qualifications of all personnel who (d) have responsibility for the care of the children served. 4 5 (e) All sanitary conditions within the PPEC center and б its surroundings, including water supply, sewage disposal, 7 food handling, and general hygiene, and maintenance thereof, which will ensure the health and comfort of children served. 8 (f) Programs and basic services promoting and 9 10 maintaining the health and development of the children served and meeting the training needs of the children's legal 11 12 guardians. 13 (q) Supportive, contracted, other operational, and 14 transportation services. (h) Maintenance of appropriate medical records, data, 15 and information relative to the children and programs. Such 16 17 records shall be maintained in the facility for inspection by 18 the agency. Section 103. Subsection (3) of section 400.915, 19 Florida Statutes, is amended to read: 20 21 400.915 Construction and renovation; 22 requirements. -- The requirements for the construction or 23 renovation of a PPEC center shall comply with: (3) The standards or rules adopted pursuant to this 2.4 part and part II of chapter 408. 25 Section 104. Section 400.916, Florida Statutes, is 26 27 amended to read: 28 400.916 Prohibited acts; penalty for violation .--29 It is unlawful for any person or public body to (1)or advertise to the public, in any way or by any medium, 30 basic services as defined in this part without obtaining a 31

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1 valid current license. It is unlawful for any holder of a 2 license issued pursuant to this part to advertise or hold out to the public that it holds a license for a PPEC center other 3 than that for which it actually holds a license. 4 5 (2) Any person who violates s. 408.812 commits the б provisions of subsection (1) is quilty of a misdemeanor of the 7 second degree, punishable as provided in s. 775.083. Each day 8 of continuing violation is shall be considered a separate 9 offense. 10 Section 105. Section 400.917, Florida Statutes, is repealed. 11 12 Section 106. Section 400.925, Florida Statutes, is 13 amended to read: 400.925 Definitions.--As used in this part, the term: 14 (1) "Accrediting organizations" means the Joint 15 Commission on Accreditation of Healthcare Organizations or 16 17 other national accreditation agencies whose standards for 18 accreditation are comparable to those required by this part for licensure. 19 20 (2) "Affiliated person" means any person who directly 21 or indirectly manages, controls, or oversees the operation of 22 a corporation or other business entity that is a licensee, 23 regardless of whether such person is a partner, shareholder, 2.4 owner, officer, director, agent, or employee of the entity. (2)(3) "Agency" means the Agency for Health Care 25 Administration. 26 27 (4) "Applicant" means an individual applicant in the 2.8 case of a sole proprietorship, or any officer, director, 29 agent, managing employee, general manager, or affiliated 30 person, or any partner or shareholder having an ownership 31

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1 interest equal to 5 percent or greater in the corporation, 2 partnership, or other business entity. (3)(5) "Consumer" or "patient" means any person who 3 uses home medical equipment in his or her place of residence. 4 5 (4)(6) "Department" means the Department of Children б and Family Services. 7 (5) (7) "General manager" means the individual who has 8 the general administrative charge of the premises of a licensed home medical equipment provider. 9 10 (6)(8) "Home medical equipment" includes any product as defined by the Federal Drug Administration's Drugs, Devices 11 12 and Cosmetics Act, any products reimbursed under the Medicare 13 Part B Durable Medical Equipment benefits, or any products reimbursed under the Florida Medicaid durable medical 14 equipment program. Home medical equipment includes oxygen and 15 16 related respiratory equipment; manual, motorized, or 17 customized wheelchairs and related seating and positioning, 18 but does not include prosthetics or orthotics or any splints, braces, or aids custom fabricated by a licensed health care 19 practitioner; motorized scooters; personal transfer systems; 20 21 and specialty beds, for use by a person with a medical need. 22 (7)(9) "Home medical equipment provider" means any 23 person or entity that sells or rents or offers to sell or rent to or for a consumer: 2.4 (a) Any home medical equipment and services; or 25 (b) Home medical equipment that requires any home 26 27 medical equipment services. 2.8 (8) (10) "Home medical equipment provider personnel" means persons who are employed by or under contract with a 29 30 home medical equipment provider. 31

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1 (9)(11) "Home medical equipment services" means 2 equipment management and consumer instruction, including selection, delivery, setup, and maintenance of equipment, and 3 other related services for the use of home medical equipment 4 5 in the consumer's regular or temporary place of residence. 6 (12) "Licensee" means the person or entity to whom a 7 license to operate as a home medical equipment provider is 8 issued by the agency. 9 (10)(13) "Life-supporting or life-sustaining 10 equipment" means a device that is essential to, or that yields information that is essential to, the restoration or 11 12 continuation of a bodily function important to the 13 continuation of human life. Life-supporting or life-sustaining equipment includes apnea monitors, enteral feeding pumps, 14 infusion pumps, portable home dialysis equipment, and 15 ventilator equipment and supplies for all related equipment, 16 17 including oxygen equipment and related respiratory equipment. 18 (11)(14) "Moratorium" means a mandated temporary cessation or suspension of the sale, rental, or offering of 19 20 equipment after the imposition of the moratorium, in 21 accordance with part II of chapter 408. Services related to 22 equipment sold or rented prior to the moratorium must be 23 continued without interruption, unless determined deemed 2.4 otherwise by the agency. 25 (15) "Person" means any individual, firm, partnership, 26 corporation, or association. 27 (12)(16) "Premises" means those buildings and 2.8 equipment which are located at the address of the licensed home medical equipment provider for the provision of home 29 30 medical equipment services, which are in such reasonable 31

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1 proximity as to appear to the public to be a single provider 2 location, and which comply with zoning ordinances. (13)(17) "Residence" means the consumer's home or 3 4 place of residence, which may include nursing homes, assisted living facilities, transitional living facilities, adult 5 6 family-care homes, or other congregate residential facilities. Section 107. Subsections (3) and subsection (6) of 7 8 section 400.93, Florida Statutes, are amended to read: 400.93 Licensure required; exemptions; unlawful acts; 9 10 penalties.--(3) 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 14 pursuant to this part. A license issued by the agency is 15 required in order to provide home medical equipment and 16 17 services in this state. A home medical equipment provider must 18 licensed by the agency to operate in this state or to provide home medical equipment and services to consumers in 19 this state. A standard license issued to a home medical 2.0 21 equipment provider, unless sooner suspended or revoked, 22 expires 2 years after its effective date. 23 (6) 2.4 (a) It is unlawful for any person to offer or 25 advertise home medical equipment and services to the public unless he or she has a valid license under this part or is 26 exempted from licensure under subsection (5). It is unlawful 27 2.8 for any holder of a license issued under this part to advertise or indicate to the public that it holds a home 29 30 medical equipment provider license other than the one it has

31 been issued.

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1 (a) (b) A person who violates paragraph (a) is subject 2 to an injunctive proceeding under s. 400.956. A violation of s. 408.812 paragraph (a) is a deceptive and unfair trade 3 4 practice and constitutes a violation of the Florida Deceptive and Unfair Trade Practices Act. 5 б (b)(c) A person who violates <u>s. 408.812</u> paragraph (a) 7 commits a misdemeanor of the second degree, punishable as 8 provided in s. 775.082 or s. 775.083. A person who commits a second or subsequent violation commits a misdemeanor of the 9 10 first degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continuing violation constitutes a 11 12 separate offense. 13 (d) The following penalties shall be imposed for operating an unlicensed home medical equipment provider: 14 15 Any person or entity who operates an unlicensed 1. provider commits a felony of the third degree. 16 17 2. For any person or entity who has received 18 government reimbursement for services provided by an 19 unlicensed provider, the agency shall make a fraud referral to 2.0 the appropriate government reimbursement program. 21 3. For any licensee found to be concurrently operating 2.2 licensed and unlicensed provider premises, the agency may 23 impose a fine or moratorium, or revoke existing licenses of any or all of the licensee's licensed provider locations until 2.4 such time as the unlicensed provider premises is licensed. 25 26 (e) A provider found to be operating without a license 27 may apply for licensure, and must cease operations until a 2.8 license is awarded by the agency. Section 108. Section 400.931, Florida Statutes, is 29 30 amended to read: 31

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400.931 Application for license; fee; provisional 1 2 license; temporary permit. --3 (1) Application for an initial license or for renewal 4 of an existing license must be made under oath to the agency on forms furnished by it and must be accompanied by the 5 б appropriate license fee as provided in subsection (12). 7 (1)(2) In addition to the requirements of part II of 8 chapter 408, the applicant must file with the application satisfactory proof that the home medical equipment provider is 9 10 in compliance with this part and applicable rules, including: (a) A report, by category, of the equipment to be 11 12 provided, indicating those offered either directly by the 13 applicant or through contractual arrangements with existing providers. Categories of equipment include: 14 1. Respiratory modalities. 15 2. Ambulation aids. 16 17 3. Mobility aids. 4. Sickroom setup. 18 5. Disposables. 19 (b) A report, by category, of the services to be 20 21 provided, indicating those offered either directly by the 22 applicant or through contractual arrangements with existing providers. Categories of services include: 23 1. Intake. 2.4 25 2. Equipment selection. 3. Delivery. 26 27 4. Setup and installation. 28 5. Patient training. 6. Ongoing service and maintenance. 29 7. Retrieval. 30 31

1	(c) A listing of those with whom the applicant
2	contracts, both the providers the applicant uses to provide
3	equipment or services to its consumers and the providers for
4	whom the applicant provides services or equipment.
5	(2)(3) As an alternative to submitting proof of
б	financial ability to operate as required in s. 408.810(8) The
7	applicant for initial licensure must demonstrate financial
8	ability to operate, the applicant may submit which may be
9	accomplished by the submission of a \$50,000 surety bond to the
10	agency.
11	(4) An applicant for renewal who has demonstrated
12	financial inability to operate must demonstrate financial
13	ability to operate.
14	(5) Each applicant for licensure must comply with the
15	following requirements:
16	(a) Upon receipt of a completed, signed, and dated
17	application, the agency shall require background screening of
18	the applicant, in accordance with the level 2 standards for
19	screening set forth in chapter 435. As used in this
20	subsection, the term "applicant" means the general manager and
21	the financial officer or similarly titled individual who is
22	responsible for the financial operation of the licensed
23	facility.
24	(b) The agency may require background screening for a
25	member of the board of directors of the licensee or an officer
26	or an individual owning 5 percent or more of the licensee if
27	the agency has probable cause to believe that such individual
28	has been convicted of an offense prohibited under the level 2
29	standards for screening set forth in chapter 435.
30	(c) Proof of compliance with the level 2 background
31	screening requirements of chapter 435 which has been submitted
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1 within the previous 5 years in compliance with any other 2 health care licensure requirements of this state is acceptable 3 in fulfillment of paragraph (a). 4 (d) 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 disclosure of ownership and control interest requirements of 9 the Medicaid or Medicare programs shall be accepted in lieu of 10 this submission. (e) 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's 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 25 director and the not for profit corporation or organization 26 include in the application a statement affirming that the 27 director's relationship to the corporation satisfies the 2.8 requirements of this provision. 29 (f) A license may not be granted to any potential 30 licensee if any applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has 31

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1 entered a plea of nolo contendere or quilty to, any offense 2 prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has 3 4 been granted by the agency as set forth in chapter 435. 5 (q) The agency may deny or revoke licensure to any б potential licensee if any applicant: 7 1. Has falsely represented a material fact in the 8 application required by paragraphs (d) and (e), or has omitted 9 any material fact from the application required by paragraphs 10 (d) and (e); or 2. Has had prior Medicaid or Medicare action taken 11 12 against the applicant as set forth in paragraph (d). 13 (h) Upon licensure renewal, each applicant must submit 14 to the agency, under penalty of perjury, an affidavit of 15 compliance with the background screening provisions of this 16 section. 17 (3) (6) As specified in part II of chapter 408, the home medical equipment provider must also obtain and maintain 18 professional and commercial liability insurance. Proof of 19 liability insurance, as defined in s. 624.605, must be 2.0 21 submitted with the application. The agency shall set the 22 required amounts of liability insurance by rule, but the 23 required amount must not be less than \$250,000 per claim. In the case of contracted services, it is required that the 2.4 contractor have liability insurance not less than \$250,000 per 25 26 claim. 27 (7) A provisional license shall be issued to an 2.8 approved applicant for initial licensure for a period of 90 days, during which time a survey must be conducted 29 30 demonstrating substantial compliance with this section. A provisional license shall also be issued pending the results 31

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1 of an applicant's Federal Bureau of Investigation report of 2 background screening confirming that all standards have been met. If substantial compliance is demonstrated, a standard 3 4 license shall be issued to expire 2 years after the effective date of the provisional license. 5 б (8) Ninety days before the expiration date, an 7 application for license renewal must be submitted to the 8 agency under oath on forms furnished by the agency, and a license shall be renewed if the applicant has met the 9 10 requirements established under this part and applicable rules. The home medical equipment provider must file with the 11 12 application satisfactory proof that it is in compliance with this part and applicable rules. The home medical equipment 13 provider must submit satisfactory proof of its financial 14 ability to comply with the requirements of this part. 15 (9) When a change of ownership of a home medical 16 17 equipment provider occurs, the prospective owner must submit 18 an initial application for a license at least 15 days before the effective date of the change of ownership. An application 19 for change of ownership of a license is required when 2.0 21 ownership, a majority of the ownership, or controlling 2.2 interest of a licensed home medical equipment provider is 23 transferred or assigned and when a licensee agrees to undertake or provide services to the extent that legal 2.4 liability for operation of the home medical equipment provider 25 rests with the licensee. A provisional license shall be issued 26 to the new owner for a period of 90 days, during which time 27 2.8 all required documentation must be submitted and a survey must be conducted demonstrating substantial compliance with this 29 30 section. If substantial compliance is demonstrated, a standard 31

1 license shall be issued to expire 2 years after the issuance 2 of the provisional license. (4) (10) When a change of the general manager of a home 3 medical equipment provider occurs, the licensee must notify 4 the agency of the change within 45 days. thereof and must 5 6 provide evidence of compliance with the background screening 7 requirements in subsection (5); except that a general manager 8 who has met the standards for the Department of Law 9 Enforcement background check, but for whom background screening results from the Federal Bureau of Investigation 10 11 have not yet been received, may be employed pending receipt of 12 the Federal Bureau of Investigation background screening 13 report. An individual may not continue to serve as general manager if the Federal Bureau of Investigation background 14 15 screening report indicates any violation of background 16 screening standards. 17 (5)(11) In accordance with s. 408.805, an applicant or 18 a licensee shall pay a fee for each license application 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 may not exceed \$300 per biennium. All licensure 22 fees required of a home medical equipment provider are 23 nonrefundable. The agency shall set the fees in an amount that is sufficient to cover its costs in carrying out its 2.4 responsibilities under this part. However, state, county, or 25 26 municipal governments applying for licenses under this part 27 are exempt from the payment of license fees. All fees 2.8 collected under this part must be deposited in the Health Care Trust Fund for the administration of this part. 29 30 (6)(12) An applicant for initial licensure, renewal, or change of ownership shall <u>also</u> pay a license processing fee 31

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not to exceed \$300, to be paid by all applicants, and an 1 2 inspection fee not to exceed \$400, which shall to be paid by all applicants except those not subject to licensure 3 4 inspection by the agency as described in s. 400.933(2). 5 (13) When a change is reported which requires issuance б of a license, a fee must be assessed. The fee must be based on 7 the actual cost of processing and issuing the license. 8 (14) When a duplicate license is issued, a fee must be assessed, not to exceed the actual cost of duplicating and 9 10 mailing. (15) When applications are mailed out upon request, 11 12 fee must be assessed, not to exceed the cost of the printing, 13 preparation, and mailing. (16) The license must be displayed in a conspicuous 14 place in the administrative office of the home medical 15 equipment provider and is valid only while in the possession 16 17 of the person or entity to which it is issued. The license may 18 not be sold, assigned, or otherwise transferred, voluntarily or involuntarily, and is valid only for the home medical 19 equipment provider and location for which originally issued. 20 21 (17) A home medical equipment provider against whom a 2.2 proceeding for revocation or suspension, or for denial of a 23 renewal application, is pending at the time of license renewal may be issued a provisional license effective until final 2.4 disposition by the agency of such proceedings. If judicial 25 relief is sought from the final disposition, the court that 26 27 has jurisdiction may issue a temporary permit for the duration 2.8 of the judicial proceeding. 29 Section 109. Section 400.932, Florida Statutes, is 30 amended to read:

1 400.932 Administrative penalties; injunctions; 2 emergency orders; moratoriums. --3 (1) The agency may deny, revoke, and or suspend a 4 license and, or impose an administrative fine not to exceed \$5,000 per violation, per day, or initiate injunctive 5 6 proceedings under s. 400.956. 7 (2) Any of the following actions by an employee of a 8 home medical equipment provider are or any of its employees is grounds for administrative action or penalties by the agency: 9 10 (a) Violation of this part, part II of chapter 408, or of applicable rules. 11 12 (b) An intentional, reckless, or negligent act that 13 materially affects the health or safety of a patient. (3) The agency may deny or revoke the license of any 14 applicant that: 15 16 (a) Made a false representation or omission of any 17 material fact in making the application, including the 18 submission of an application that conceals the controlling ownership interest or any officer, director, agent, managing 19 employee, affiliated person, partner, or shareholder who may 20 21 not be eligible to participate; 22 (a)(b) Has been previously found by any professional 23 licensing, certifying, or standards board or agency to have violated the standards or conditions relating to licensure or 2.4 25 certification or the quality of services provided. 26 "Professional licensing, certifying, or standards board or 27 agency" shall include, but is not limited to, practitioners, 2.8 health care facilities, programs, or services, or residential care, treatment programs, or other human services; or 29 30 (b)(c) Has been or is currently excluded, suspended, or terminated from, or has involuntarily withdrawn from, 31

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1 participation in Florida's Medicaid program or any other 2 state's Medicaid program, or participation in the Medicare 3 program or any other governmental or private health care or 4 health insurance program. 5 (4) The agency may issue an emergency order б immediately suspending or revoking a license when it 7 determines that any condition within the responsibility of the 8 home medical equipment provider presents a clear and present 9 danger to public health and safety. 10 (5) The agency may impose an immediate moratorium on any licensed home medical equipment provider when the agency 11 12 determines that any condition within the responsibility of the 13 home medical equipment provider presents a threat to public health or safety. 14 15 Section 110. Section 400.933, Florida Statutes, is 16 amended to read: 17 400.933 Licensure inspections and investigations.--(1) In addition to the requirements of s. 408.811, the 18 agency shall make or cause to be made such inspections and 19 20 investigations as it considers necessary, including: 21 (a) Licensure inspections. 22 Inspections directed by the federal Centers for (b) 23 Medicare and Medicaid Services Health Care Financing Administration. 2.4 25 (c) Licensure complaint investigations, including full licensure investigations with a review of all licensure 26 27 standards as outlined in the administrative rules. Complaints 2.8 received by the agency from individuals, organizations, or other sources are subject to review and investigation by the 29 30 agency. 31

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1 (2) The agency shall accept, in lieu of its own 2 periodic inspections for licensure, submission of the 3 following: 4 (a) The survey or inspection of an accrediting organization, provided the accreditation of the licensed home 5 б medical equipment provider is not provisional and provided the 7 licensed home medical equipment provider authorizes release 8 of, and the agency receives the report of, the accrediting 9 organization; or 10 (b) A copy of a valid medical oxygen retail establishment permit issued by the Department of Health, 11 12 pursuant to chapter 499. 13 Section 111. Section 400.935, Florida Statutes, is amended to read: 14 400.935 Rules establishing minimum standards.--The 15 agency shall adopt, publish, and enforce rules to implement 16 this part and part II of chapter 408, which must provide 17 reasonable and fair minimum standards relating to: 18 19 (1) The gualifications and minimum training requirements of all home medical equipment provider personnel. 20 21 (2) License application and renewal. 22 (3) License and inspection fees. 23 (2) (4) Financial ability to operate. (3) (3) (5) The administration of the home medical 2.4 25 equipment provider. (4)(6) Procedures for maintaining patient records. 26 27 (5) (5) (7) Ensuring that the home medical equipment and 2.8 services provided by a home medical equipment provider are in accordance with the plan of treatment established for each 29 30 patient, when provided as a part of a plan of treatment. 31

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1 (6) (6) (8) Contractual arrangements for the provision of 2 home medical equipment and services by providers not employed by the home medical equipment provider providing for the 3 4 consumer's needs. (7) (9) Physical location and zoning requirements. 5 б (8) (10) Home medical equipment requiring home medical 7 equipment services. 8 (9)(11) Preparation of the comprehensive emergency management plan under s. 400.934 and the establishment of 9 10 minimum criteria for the plan, including the maintenance of patient equipment and supply lists that can accompany patients 11 12 who are transported from their homes. Such rules shall be 13 formulated in consultation with the Department of Health and the Department of Community Affairs. 14 Section 112. Section 400.95, Florida Statutes, is 15 16 repealed. 17 Section 113. Subsection (4) of section 400.955, 18 Florida Statutes, is amended to read: 400.955 Procedures for screening of home medical 19 equipment provider personnel. --20 21 (4) The general manager of each home medical equipment 22 provider must sign an affidavit annually, under penalty of 23 perjury, stating that all personnel hired on or after July 1, 2.4 1999, have been screened and that its remaining personnel have worked for the home medical equipment provider continuously 25 26 since before July 1, 1999. 27 Section 114. Section 400.956, Florida Statutes, is 2.8 repealed. Section 115. Section 400.962, Florida Statutes, is 29 30 amended to read: 400.962 License required; license application.--31

1 (1)The requirements of part II of chapter 408 apply 2 to the provision of services that require licensure pursuant 3 to this part and part II of chapter 408 and to entities 4 licensed by or applying for such licensure from the Agency for Health Care Administration pursuant to this part. A license 5 б issued by the agency is required in order to operate It is 7 unlawful to operate an intermediate care facility for the 8 developmentally disabled in this state without a license. 9 Separate licenses are required for facilities (2) 10 maintained on separate premises even if operated under the same management. However, a separate license is not required 11 12 for separate buildings on the same grounds. 13 (3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 14 submitted under this part, part II of chapter 408, and 15 applicable rules. The amount of the fee shall be \$234 per bed 16 unless modified by rule. The basic license fee collected shall 17 18 be deposited in the Health Care Trust Fund, established for carrying out the purposes of this chapter. 19 (4) The license must be conspicuously displayed inside 20 21 the facility. 22 (5)A license is valid only in the hands of the 23 individual, firm, partnership, association, or corporation to whom it is issued. A license is not valid for any premises 2.4 other than those for which it was originally issued and may 25 not be sold, assigned, or otherwise transferred, voluntarily 26 27 or involuntarily. 28 (6) An application for a license shall be made to the 29 agency on forms furnished by it and must be accompanied by the 30 appropriate license fee. 31

1 (7) The application must be under oath and must 2 contain the following: 3 (a) The name, address, and social security number of 4 the applicant if an individual; if the applicant is a firm, 5 partnership, or association, its name, address, and employer 6 identification number (EIN), and the name and address of every 7 member; if the applicant is a corporation, its name, address, 8 and employer identification number (EIN), and the name and 9 address of its director and officers and of each person having 10 at least a 5 percent interest in the corporation; and the name by which the facility is to be known. 11 12 (b) The name of any person whose name is required on 13 the application under paragraph (a) and who owns at least a 10 percent interest in any professional service, firm, 14 15 association, partnership, or corporation providing goods, leases, or services to the facility for which the application 16 17 is made, and the name and address of the professional service, 18 firm, association, partnership, or corporation in which such interest is held. 19 (c) The application must indicate the location of the 20 21 facility for which a license is sought and an indication that 2.2 such location conforms to the local zoning ordinances. 23 (d) The name of the persons under whose management or supervision the facility will be operated. 2.4 (e) The total number of beds. 25 26 (4) (8) The applicant must demonstrate that sufficient 27 numbers of staff, qualified by training or experience, will be 2.8 employed to properly care for the type and number of residents who will reside in the facility. 29 30 (9) The applicant must submit evidence that establishes the good moral character of the applicant, 31

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1 manager, supervisor, and administrator. An applicant who is an 2 individual or a member of a board of directors or officer of an applicant that is a firm, partnership, association, or 3 4 corporation must not have been convicted, or found guilty, regardless of adjudication, of a crime in any jurisdiction 5 6 which affects or may potentially affect residents in the 7 facility. 8 (10)(a) Upon receipt of a completed, signed, and dated 9 application, the agency shall require background screening of 10 the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this 11 12 subsection, the term "applicant" means the facility 13 administrator, or similarly titled individual who is responsible for the day to day operation of the licensed 14 facility, and the facility financial officer, or similarly 15 titled individual who is responsible for the financial 16 17 operation of the licensed facility. 18 (b) The agency may require background screening for member of the board of directors of the licensee or an officer 19 20 or an individual owning 5 percent or more of the licensee if 21 the agency has probable cause to believe that such individual 2.2 has been convicted of an offense prohibited under the level 2 23 standards for screening set forth in chapter 435. (c) Proof of compliance with the level 2 background 2.4 screening requirements of chapter 435 which has been submitted 25 within the previous 5 years in compliance with any other 26 27 licensure requirements under this chapter or chapter 429 2.8 satisfies the requirements of paragraph (a). Proof of compliance with background screening which has been submitted 29 30 within the previous 5 years to fulfill the requirements of the Financial Services Commission and the Office of Insurance 31

1 Regulation under chapter 651 as part of an application for a 2 certificate of authority to operate a continuing care retirement community satisfies the requirements for the 3 4 Department of Law Enforcement and Federal Bureau of Investigation background checks. 5 б (d) A provisional license may be granted to an 7 applicant when each individual required by this section to 8 undergo background screening has met the standards for the Department of Law Enforcement background check, but the agency 9 10 has not yet received background screening results from the Federal Bureau of Investigation, or a request for a 11 12 disqualification exemption has been submitted to the agency as set forth in chapter 435, but a response has not yet been 13 issued. A license may be granted to the applicant upon the 14 agency's receipt of a report of the results of the Federal 15 Bureau of Investigation background screening for each 16 17 individual required by this section to undergo background screening which confirms that all standards have been met, or 18 upon the granting of a disqualification exemption by the 19 agency as set forth in chapter 435. Any other person who is 2.0 21 required to undergo level 2 background screening may serve in 2.2 his or her capacity pending the agency's receipt of the report 23 from the Federal Bureau of Investigation; however, the person may not continue to serve if the report indicates any 2.4 25 violation of background screening standards and a disqualification exemption has not been granted by the agency 26 27 as set forth in chapter 435. 28 (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, 29 30 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 31

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1 disclosure of ownership and control interest requirements of 2 the Medicaid or Medicare programs shall be accepted in lieu of this submission. 4 (f) Each applicant must submit to the agency a 5 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 9 applicant. This requirement does not apply to a director of a 10 not for profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or 12 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's or organization's board of directors, and has no financial interest and has no family members with a financial 16 interest in the corporation or organization, provided that the 18 director and the not for profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the 21 requirements of this paragraph. 22 (g) An application for license renewal must contain 23 the information required under paragraphs (e) and (f). (11) The applicant must furnish satisfactory proof of financial ability to operate and conduct the facility in 25 26 accordance with the requirements of this part and all rules adopted under this part, and the agency shall establish 2.8 standards for this purpose. 29 (5) (12) The applicant must agree to provide or arrange 30 for active treatment services by an interdisciplinary team to

maximize individual independence or prevent regression or loss

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1 of functional status. Standards for active treatment shall be 2 adopted by the Agency for Health Care Administration by rule pursuant to ss. 120.536(1) and 120.54. Active treatment 3 services shall be provided in accordance with the individual 4 support plan and shall be reimbursed as part of the per diem 5 6 rate as paid under the Medicaid program. 7 Section 116. Section 400.963, Florida Statutes, is 8 <u>repealed.</u> 9 Section 117. Section 400.965, Florida Statutes, is 10 repealed. Section 118. Section 400.967, Florida Statutes, is 11 12 amended to read: 400.967 Rules and classification of deficiencies.--13 (1) It is the intent of the Legislature that rules 14 adopted and enforced under this part and part II of chapter 15 408 include criteria by which a reasonable and consistent 16 17 quality of resident care may be ensured, the results of such 18 resident care can be demonstrated, and safe and sanitary facilities can be provided. 19 (2) Pursuant to the intention of the Legislature, the 20 21 agency, in consultation with the Agency for Persons with 22 Disabilities and the Department of Elderly Affairs, shall 23 adopt and enforce rules to administer this part and part II of chapter 408, which shall include reasonable and fair criteria 2.4 25 governing: (a) The location and construction of the facility; 26 including fire and life safety, plumbing, heating, cooling, 27 2.8 lighting, ventilation, and other housing conditions that will ensure the health, safety, and comfort of residents. The 29 agency shall establish standards for facilities and equipment 30 to increase the extent to which new facilities and a new wing 31 209

1 or floor added to an existing facility after July 1, 2000, are 2 structurally capable of serving as shelters only for residents, staff, and families of residents and staff, and 3 equipped to be self-supporting during and immediately 4 following disasters. The Agency for Health Care Administration 5 6 shall work with facilities licensed under this part and report 7 to the Governor and the Legislature by April 1, 2000, its recommendations for cost-effective renovation standards to be 8 applied to existing facilities. In making such rules, the 9 agency shall be guided by criteria recommended by nationally 10 recognized, reputable professional groups and associations 11 12 having knowledge concerning such subject matters. The agency 13 shall update or revise such criteria as the need arises. All facilities must comply with those lifesafety code requirements 14 and building code standards applicable at the time of approval 15 of their construction plans. The agency may require 16 17 alterations to a building if it determines that an existing condition constitutes a distinct hazard to life, health, or 18 safety. The agency shall adopt fair and reasonable rules 19 setting forth conditions under which existing facilities 20 21 undergoing additions, alterations, conversions, renovations, 22 or repairs are required to comply with the most recent updated 23 or revised standards. (b) The number and qualifications of all personnel, 2.4 including management, medical nursing, and other personnel, 25 26 having responsibility for any part of the care given to 27 residents. 2.8 (c) All sanitary conditions within the facility and 29 its surroundings, including water supply, sewage disposal, food handling, and general hygiene, which will ensure the 30 health and comfort of residents. 31

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1 (d) The equipment essential to the health and welfare 2 of the residents. 3 (e) A uniform accounting system. 4 (f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof. 5 б (g) The preparation and annual update of a 7 comprehensive emergency management plan. The agency shall 8 adopt rules establishing minimum criteria for the plan after consultation with the Department of Community Affairs. At a 9 10 minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate 11 12 sheltering arrangements; postdisaster activities, including 13 emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual 14 15 identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency 16 17 management plan is subject to review and approval by the local emergency management agency. During its review, the local 18 emergency management agency shall ensure that the following 19 agencies, at a minimum, are given the opportunity to review 20 21 the plan: the Department of Elderly Affairs, the Agency for 22 Persons with Disabilities, the Agency for Health Care 23 Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the 2.4 25 opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either 26 27 approve the plan or advise the facility of necessary 28 revisions. 29 (h) The posting of licenses. Each licensee shall post 30 license in a prominent place that is in clear and 31

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1	unobstructed public view at or near the place where residents
2	are being admitted to the facility.
3	(h)(i) The use of restraint and seclusion. Such rules
4	must be consistent with recognized best practices; prohibit
5	inherently dangerous restraint or seclusion procedures;
б	establish limitations on the use and duration of restraint and
7	seclusion; establish measures to ensure the safety of clients
8	and staff during an incident of restraint or seclusion;
9	establish procedures for staff to follow before, during, and
10	after incidents of restraint or seclusion, including
11	individualized plans for the use of restraints or seclusion in
12	emergency situations; establish professional qualifications of
13	and training for staff who may order or be engaged in the use
14	of restraint or seclusion; establish requirements for facility
15	data collection and reporting relating to the use of restraint
16	and seclusion; and establish procedures relating to the
17	documentation of the use of restraint or seclusion in the
18	client's facility or program record.
19	(3) The agency shall adopt rules to provide that, when
20	the criteria established under <u>this part and part II of</u>
21	<u>chapter 408</u> subsection (2) are not met, such deficiencies
22	shall be classified according to the nature of the deficiency.
23	The agency shall indicate the classification on the face of
24	the notice of deficiencies as follows:
25	(a) Class I deficiencies are those which the agency
26	determines present \underline{an} and imminent danger to the residents or
27	guests of the facility or a substantial probability that death
28	or serious physical harm would result therefrom. The condition
29	or practice constituting a class I violation must be abated or
30	eliminated immediately, unless a fixed period of time, as
31	determined by the agency, is required for correction.

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1 Notwithstanding s. 400.121(2), A class I deficiency is subject 2 to a civil penalty in an amount not less than \$5,000 and not exceeding \$10,000 for each deficiency. A fine may be levied 3 notwithstanding the correction of the deficiency. 4 5 (b) Class II deficiencies are those which the agency б determines have a direct or immediate relationship to the 7 health, safety, or security of the facility residents, other 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 9 exceeding \$5,000 for each deficiency. A citation for a class 10 II deficiency shall specify the time within which the 11 12 deficiency must be corrected. If a class II deficiency is 13 corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense. 14 (c) Class III deficiencies are those which the agency 15 determines to have an indirect or potential relationship to 16 17 the health, safety, or security of the facility residents, other than class I or class II deficiencies. A class III 18 deficiency is subject to a civil penalty of not less than \$500 19 and not exceeding \$1,000 for each deficiency. A citation for a 20 21 class III deficiency shall specify the time within which the 22 deficiency must be corrected. If a class III deficiency is 23 corrected within the time specified, no civil penalty shall be imposed, unless it is a repeated offense. 2.4 (4) Civil penalties paid by any licensee under 25 subsection (3) shall be deposited in the Health Care Trust 26 27 Fund and expended as provided in s. 400.063. 2.8 (4) (5) The agency shall approve or disapprove the 29 plans and specifications within 60 days after receipt of the final plans and specifications. The agency may be granted one 30 15-day extension for the review period, if the secretary of 31

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1 the agency so approves. If the agency fails to act within the 2 specified time, it is deemed to have approved the plans and specifications. When the agency disapproves plans and 3 specifications, it must set forth in writing the reasons for 4 5 disapproval. Conferences and consultations may be provided as 6 necessary. 7 (5) (6) The agency may charge an initial fee of \$2,000 8 for review of plans and construction on all projects, no part of which is refundable. The agency may also collect a fee, not 9 to exceed 1 percent of the estimated construction cost or the 10 actual cost of review, whichever is less, for the portion of 11 12 the review which encompasses initial review through the 13 initial revised construction document review. The agency may collect its actual costs on all subsequent portions of the 14 review and construction inspections. Initial fee payment must 15 accompany the initial submission of plans and specifications. 16 17 Any subsequent payment that is due is payable upon receipt of 18 the invoice from the agency. Notwithstanding any other provision of law, all money received by the agency under this 19 section shall be deemed to be trust funds, to be held and 20 21 applied solely for the operations required under this section. 22 Section 119. Section 400.968, Florida Statutes, is 23 amended to read: 400.968 Right of entry; protection of health, safety, 2.4 and welfare.--25 (1) In addition to the requirements of s. 408.811, any 26 27 designated officer or employee of the agency, or any officer 2.8 or employee of the state, or of the local fire marshal, may 29 enter unannounced the premises of any facility licensed under this part in order to determine the state of compliance with 30 this part, part II of chapter 408, and applicable rules and 31

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1 the rules or standards in force under this part. The right of 2 entry and inspection also extends to any premises that the 3 agency has reason to believe are being operated or maintained as a facility without a license; but such an entry or 4 inspection may not be made without the permission of the owner 5 6 or person in charge of the facility unless a warrant that 7 authorizes the entry is first obtained from the circuit court. 8 The warrant requirement extends only to a facility that the agency has reason to believe is being operated or maintained 9 10 as a facility without a license. An application for a license or renewal thereof which is made under this section 11 12 constitutes permission for, and acquiescence in, any entry or 13 inspection of the premises for which the license is sought, in order to facilitate verification of the information submitted 14 in connection with the application; to discover, investigate, 15 and determine the existence of abuse or neglect; or to elicit, 16 17 receive, respond to, and resolve complaints. A current valid 18 license constitutes unconditional permission for, and acquiescence in, any entry or inspection of the premises by 19 authorized personnel. The agency retains the right of entry 2.0 21 and inspection of facilities that have had a license revoked 2.2 or suspended within the previous 24 months, to ensure that the 23 facility is not operating unlawfully. However, before the facility is entered, a statement of probable cause must be 2.4 filed with the director of the agency, who must approve or 25 disapprove the action within 48 hours. 26 27 (2) The agency may institute injunctive proceedings in a court of competent jurisdiction for temporary or permanent 2.8 relief to: 29 30 (a) Enforce this section or any minimum standard, rule, or order issued pursuant thereto if the agency's effort 31

1 to correct a violation through administrative fines has failed 2 or when the violation materially affects the health, safety, or welfare of residents; or 3 4 (b) Terminate the operation of a facility if a 5 violation of this section or of any standard or rule adopted б pursuant thereto exists which materially affects the health, 7 safety, or welfare of residents. 8 9 The Legislature recognizes that, in some instances, action is necessary to protect residents of facilities from immediately 10 life threatening situations. If it appears by competent 11 12 evidence or a sworn, substantiated affidavit that a temporary 13 injunction should issue, the court, pending the determination on final hearing, shall enjoin operation of the facility. 14 15 (3) The agency may impose an immediate moratorium on admissions to a facility when the agency determines that any 16 17 condition in the facility presents a threat to the health, 18 safety, or welfare of the residents in the facility. If a facility's license is denied, revoked, or suspended, the 19 facility may be subject to the immediate imposition of a 2.0 21 moratorium on admissions to run concurrently with licensure 2.2 denial, revocation, or suspension. Section 120. Subsection (1) of section 400.969, 23 Florida Statutes, is amended to read: 2.4 400.969 Violation of part; penalties .--25 26 (1) In addition to the requirements of part II of 27 chapter 408, and except as provided in s. 400.967(3), a 2.8 violation of any provision of this part, part II of chapter 408, or applicable rules adopted by the agency under this part 29 30 is punishable by payment of an administrative or civil penalty not to exceed \$5,000. 31

1 Section 121. Section 400.980, Florida Statutes, is 2 amended to read: 3 400.980 Health care services pools .--(1) As used in this section, the term: 4 5 "Agency" means the Agency for Health Care (a) б Administration. 7 (b) "Health care services pool" means any person, 8 firm, corporation, partnership, or association engaged for hire in the business of providing temporary employment in 9 10 health care facilities, residential facilities, and agencies for licensed, certified, or trained health care personnel 11 12 including, without limitation, nursing assistants, nurses' 13 aides, and orderlies. However, the term does not include nursing registries, a facility licensed under this chapter or 14 chapter 429, a health care services pool established within a 15 health care facility to provide services only within the 16 17 confines of such facility, or any individual contractor 18 directly providing temporary services to a health care facility without use or benefit of a contracting agent. 19 20 (2) The requirements of part II of chapter 408 apply 21 to the provision of services that require licensure or registration pursuant to this part and part II of chapter 408 22 23 and to entities registered by or applying for such registration from the agency pursuant to this part. 2.4 <u>Registration or a license issued by the agency is required for</u> 25 the operation of Each person who operates a health care 26 27 services pool in this state. In accordance with s. 408.805, an 2.8 applicant or licensee shall pay a fee for each license application submitted using this part, part II of chapter 408, 29 and applicable rules. must register each separate business 30 location with the agency. The agency shall adopt rules and 31

provide forms required for such registration and shall impose 1 2 a registration fee in an amount sufficient to cover the cost of administering this part and part II of chapter 408 section. 3 In addition to the requirements in part II of chapter 408, the 4 registrant must provide the agency with any change of 5 6 information contained on the original registration application 7 within 14 days prior to the change. The agency may inspect the 8 offices of any health care services pool at any reasonable 9 time for the purpose of determining compliance with this 10 section or the rules adopted under this section. (3) Each application for registration must include: 11 12 The name and address of any person who has an (a)13 ownership interest in the business, and, in the case of a 14 corporate owner, copies of the articles of incorporation, 15 bylaws, and names and addresses of all officers and directors 16 of the corporation. 17 (b) Any other information required by the agency. 18 (3) (4) Each applicant for registration must comply 19 with the following requirements: 20 (a) Upon receipt of a completed, signed, and dated 21 application, the agency shall require background screening, in 2.2 accordance with the level 1 standards for screening set forth 23 in chapter 435, of every individual who will have contact with patients. The agency shall require background screening of the 2.4 25 managing employee or other similarly titled individual who is 26 responsible for the operation of the entity, and of the 27 financial officer or other similarly titled individual who is 2.8 responsible for the financial operation of the entity, including billings for services in accordance with the level 2 29 30 standards for background screening as set forth in chapter 31 435.

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

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 controlling
6	interests under the Medicaid or Medicare programs may 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 which
11	was committed by a member of the board of directors of the
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13	applicant, its officers, or any individual owning 5 percent or
	more of the applicant. This requirement does not apply to a
14	director of a not for profit corporation or organization who
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's or organization's board of directors, and has no
20	financial interest and no family members having a financial
21	interest in the corporation or organization, if the director
22	and the not for profit corporation or organization include in
23	the application a statement affirming that the director's
24	relationship to the corporation satisfies the requirements of
25	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,
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1 unless an exemption from disqualification has been granted by 2 the agency as set forth in chapter 435. 3 (h) Failure to provide all required documentation 4 within 30 days after a written request from the agency will 5 result in denial of the application for registration. б (i) The agency must take final action on an 7 application for registration within 60 days after receipt of 8 all required documentation. 9 (j) The agency may deny, revoke, or suspend the 10 registration of any applicant or registrant who: Has falsely represented a material fact in the 11 1. 12 application required by paragraph (e) or paragraph (f), or has 13 omitted any material fact from the application required by paragraph (e) or paragraph (f); or 14 15 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in 16 17 paragraph (e). 3. Fails to comply with this section or applicable 18 19 rules. 20 4. Commits an intentional, reckless, or negligent act 21 that materially affects the health or safety of a person 2.2 receiving services. 23 (5) It is a misdemeanor of the first degree, punishable under s. 775.082 or s. 775.083, for any person 2.4 25 willfully, knowingly, or intentionally to: 26 (a) Fail, by false statement, misrepresentation, 27 impersonation, or other fraudulent means, to disclose in any 2.8 application for voluntary or paid employment a material fact used in making a determination as to an applicant's 29 30 qualifications to be a contractor under this section; 31

1 (b) Operate or attempt to operate an entity registered 2 under this part with persons who do not meet the minimum standards of chapter 435 as contained in this section; or 3 4 (c) Use information from the criminal records obtained 5 under this section for any purpose other than screening an б applicant for temporary employment as specified in this 7 section, or release such information to any other person for 8 any purpose other than screening for employment under this 9 section. 10 (6) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person 11 12 willfully, knowingly, or intentionally to use information from 13 the juvenile records of a person obtained under this section 14 for any purpose other than screening for employment under this 15 section. (7) It is unlawful for a person to offer or advertise 16 17 services, as defined by rule, to the public without obtaining 18 a certificate of registration from the Agency for Health Care Administration. It is unlawful for any holder of a certificate 19 of registration to advertise or hold out to the public that he 2.0 21 or she holds a certificate of registration for other than that 2.2 for which he or she actually holds a certificate of 23 registration. Any person who violates this subsection is subject to injunctive proceedings under s. 400.515. 2.4 25 (8) Each registration shall be for a period of 2 years. The application for renewal must be received by the 26 27 agency at least 30 days before the expiration date of the 2.8 registration. An application for a new registration is required within 30 days prior to the sale of a controlling 29 30 interest in a health care services pool. 31

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1	(4)(9) A health care services pool may not require an
2	employee to recruit new employees from persons employed at a
3	health care facility to which the health care services pool
4	employee is assigned. Nor shall a health care facility to
5	which employees of a health care services pool are assigned
б	recruit new employees from the health care services pool.
7	(5)(10) A health care services pool shall document
8	that each temporary employee provided to a health care
9	facility has met the licensing, certification, training, or
10	continuing education requirements, as established by the
11	appropriate regulatory agency, for the position in which he or
12	she will be working.
13	(6)(11) When referring persons for temporary
14	employment in health care facilities, a health care services
15	pool shall comply with all pertinent state and federal laws,
16	rules, and regulations relating to health, background
17	screening, and other qualifications required of persons
18	working in a facility of that type.
19	(7)(12)(a) As a condition of registration and prior to
20	the issuance or renewal of a certificate of registration, a
21	health care services pool applicant must prove financial
22	responsibility to pay claims, and costs ancillary thereto,
23	arising out of the rendering of services or failure to render
24	services by the pool or by its employees in the course of
25	their employment with the pool. The agency shall promulgate
26	rules establishing minimum financial responsibility coverage
27	amounts which shall be adequate to pay potential claims and
28	costs ancillary thereto.
29	(b) Each health care services pool shall give written
30	notification to the agency within 20 days after any change in
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31 the method of assuring financial responsibility or upon

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cancellation or nonrenewal of professional liability 1 2 insurance. Unless the pool demonstrates that it is otherwise in compliance with the requirements of this subsection 3 section, the agency shall suspend the registration of the pool 4 pursuant to s. 408.814 ss. 120.569 and 120.57. Any suspension 5 6 under this section shall remain in effect until the pool 7 demonstrates compliance with the requirements of this 8 subsection section. (c) Proof of financial responsibility must be 9 demonstrated to the satisfaction of the agency, through one of 10 the following methods: 11 12 1. Establishing and maintaining an escrow account 13 consisting of cash or assets eligible for deposit in accordance with s. 625.52; 14 2. Obtaining and maintaining an unexpired irrevocable 15 letter of credit established pursuant to chapter 675. Such 16 17 letters of credit shall be nontransferable and nonassignable and shall be issued by any bank or savings association 18 organized and existing under the laws of this state or any 19 bank or savings association organized under the laws of the 20 21 United States that has its principal place of business in this 22 state or has a branch office which is authorized under the 23 laws of this state or of the United States to receive deposits in this state; or 2.4 3. Obtaining and maintaining professional liability 25 26 coverage from one of the following: 27 a. An authorized insurer as defined under s. 624.09; 2.8 b. An eligible surplus lines insurer as defined under 29 s. 626.918(2); 30 c. A risk retention group or purchasing group as defined under s. 627.942; or 31

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1 d. A plan of self-insurance as provided in s. 627.357. 2 (d) If financial responsibility requirements are met by maintaining an escrow account or letter of credit, as 3 provided in this subsection section, upon the entry of an 4 adverse final judgment arising from a medical malpractice 5 6 arbitration award from a claim of medical malpractice either 7 in contract or tort, or from noncompliance with the terms of a 8 settlement agreement arising from a claim of medical malpractice either in contract or tort, the financial 9 10 institution holding the escrow account or the letter of credit shall pay directly to the claimant the entire amount of the 11 12 judgment together with all accrued interest or the amount 13 maintained in the escrow account or letter of credit as required by this subsection section, whichever is less, within 14 60 days after the date such judgment became final and subject 15 to execution, unless otherwise mutually agreed to in writing 16 17 by the parties. If timely payment is not made, the agency shall suspend the registration of the pool pursuant to 18 procedures set forth by the agency through rule. Nothing in 19 this paragraph shall abrogate a judgment debtor's obligation 20 21 to satisfy the entire amount of any judgment. 22 (e) Each health care services pool carrying 23 claims-made coverage must demonstrate proof of extended reporting coverage through either tail or nose coverage, in 2.4 the event the policy is canceled, replaced, or not renewed. 25 Such extended coverage shall provide coverage for incidents 26 27 that occurred during the claims-made policy period but were 2.8 reported after the policy period. (f) The financial responsibility requirements of this 29 30 subsection section shall apply to claims for incidents that 31

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occur on or after January 1, 1991, or the initial date of registration in this state, whichever is later. (g) Meeting the financial responsibility requirements of this subsection section must be established at the time of issuance or renewal of a certificate of registration. (8) (13) In addition to the requirements of part II of chapter 408, the agency shall adopt rules to implement this part section, including rules providing for the establishment of: (a) Minimum standards for the operation and administration of health care personnel pools, including procedures for recordkeeping and personnel. (b) Fines for the violation of this part, part II of chapter 408, or applicable rules section in an amount not to exceed \$2,500 and suspension or revocation of registration. (c) Disciplinary sanctions for failure to comply with this section or the rules adopted under this section. Section 122. Section 400.991, Florida Statutes, is amended to read: 400.991 License requirements; background screenings; prohibitions.--(1)(a) The requirements of part II of chapter 408 apply to the provision of services that require licensure 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 clinic in this state. Each clinic, as defined in s. 400.9905, must be licensed and shall at all times maintain a valid license with the agency. Each

30 clinic location shall be licensed separately regardless of 31

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1 whether the clinic is operated under the same business name or 2 management as another clinic. 3 (b) Each mobile clinic must obtain a separate health 4 care clinic license and must provide to the agency, at least quarterly, its projected street location to enable the agency 5 6 to locate and inspect such clinic. A portable equipment 7 provider must obtain a health care clinic license for a single administrative office and is not required to submit quarterly 8 projected street locations. 9 10 (2) The initial clinic license application shall be filed with the agency by all clinics, as defined in s. 11 12 400.9905, on or before July 1, 2004. A clinic license must be 13 renewed biennially. (3) Applicants that submit an application on or before 14 July 1, 2004, which meets all requirements for initial 15 licensure as specified in this section shall receive a 16 17 temporary license until the completion of an initial 18 inspection verifying that the applicant meets all requirements in rules authorized in s. 400.9925. However, a clinic engaged 19 2.0 in magnetic resonance imaging services may not receive a 21 temporary license unless it presents evidence satisfactory to 22 the agency that such clinic is making a good faith effort and 23 substantial progress in seeking accreditation required under s. 400.9935. 2.4 25 (4) Application for an initial clinic license or for 26 renewal of an existing license shall be notarized on forms 27 furnished by the agency and must be accompanied by the 2.8 appropriate license fee as provided in s. 400.9925. The agency shall take final action on an initial license application 29 30 within 60 days after receipt of all required documentation. 31

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1	(3)(5) The application shall contain information that
2	includes, but need not be limited to, information pertaining
3	to the name, residence and business address, phone number,
4	social security number, and license number of the medical or
5	clinic director, of the licensed medical providers employed or
6	under contract with the clinic , and of each person who,
7	directly or indirectly, owns or controls 5 percent or more of
8	an interest in the clinic, or general partners in limited
9	liability partnerships.
10	(4) (6) In addition to the requirements of part II of
11	chapter 408, the applicant must file with the application
12	satisfactory proof that the clinic is in compliance with this
13	part and applicable rules, including:
14	(a) A listing of services to be provided either
15	directly by the applicant or through contractual arrangements
16	with existing providers;
17	(b) The number and discipline of each professional
18	staff member to be employed; and
19	(c) Proof of financial ability to operate <u>as required</u>
20	<u>under s. 408.810(8)</u> . An applicant must demonstrate financial
21	ability to operate a clinic by submitting a balance sheet and
22	an income and expense statement for the first year of
23	operation which provide evidence of the applicant's having
24	sufficient assets, credit, and projected revenues to cover
25	liabilities and expenses. The applicant shall have
26	demonstrated financial ability to operate if the applicant's
27	assets, credit, and projected revenues meet or exceed
28	projected liabilities and expenses. All documents required
29	under this subsection must be prepared in accordance with
30	generally accepted accounting principles, may be in a
31	compilation form, and the financial statement must be signed

1 by a certified public accountant. As an alternative to 2 submitting proof of financial ability to operate as required under s. 408.810(8) a balance sheet and an income and expense 3 statement for the first year of operation, the applicant may 4 file a surety bond of at least \$500,000 which guarantees that 5 6 the clinic will act in full conformity with all legal 7 requirements for operating a clinic, payable to the agency. 8 The agency may adopt rules to specify related requirements for 9 such surety bond. 10 (5)(7) Each applicant for licensure shall comply with the following requirements: 11 12 (a) As used in this subsection, the term "applicant" 13 means individuals owning or controlling, directly or indirectly, 5 percent or more of an interest in a clinic; the 14 medical or clinic director, or a similarly titled person who 15 is responsible for the day-to-day operation of the licensed 16 17 clinic; the financial officer or similarly titled individual who is responsible for the financial operation of the clinic; 18 and licensed health care practitioners at the clinic. 19 20 (b) Upon receipt of a completed, signed, and dated 21 application, the agency shall require background screening of 22 the applicant, in accordance with the level 2 standards for 23 screening set forth in chapter 435. Proof of compliance with the level 2 background screening requirements of chapter 435 2.4 which has been submitted within the previous 5 years in 25 compliance with any other health care licensure requirements 26 27 of this state is acceptable in fulfillment of this paragraph. 2.8 Applicants who own less than 10 percent of a health care clinic are not required to submit fingerprints under this 29 30 section. 31

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1 (c) Each applicant must submit to the agency, with the 2 application, a description and explanation of any exclusions, 3 permanent suspensions, or terminations of an applicant from 4 the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control 5 б interest under the Medicaid or Medicare programs may be 7 accepted in lieu of this submission. The description and 8 explanation may indicate whether such exclusions, suspensions, or terminations were voluntary or not voluntary on the part of 9 10 the applicant. (d) A license may not be granted to a clinic if the 11 12 applicant has been found guilty of, regardless of 13 adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards 14 for screening set forth in chapter 435, or a violation of 15 insurance fraud under s. 817.234, within the past 5 years. If 16 17 the applicant has been convicted of an offense prohibited under the level 2 standards or insurance fraud in any 18 jurisdiction, the applicant must show that his or her civil 19 rights have been restored prior to submitting an application. 2.0 21 (e) The agency may deny or revoke licensure if the 2.2 applicant has falsely represented any material fact or omitted 23 any material fact from the application required by this part. 2.4 (8) Requested information omitted from an application 25 for licensure, license renewal, or transfer of ownership must 26 be filed with the agency within 21 days after receipt of the 27 agency's request for omitted information, or the application 2.8 shall be deemed incomplete and shall be withdrawn from further consideration. 29 30 31

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(9) The failure to file a timely renewal application 1 2 shall result in a late fee charged to the facility in an amount equal to 50 percent of the current license fee. 3 4 Section 123. Section 400.9915, Florida Statutes, is amended to read: 5 б 400.9915 Clinic inspections; Emergency suspension; 7 costs.--8 (1) Any authorized officer or employee of the agency 9 shall make inspections of the clinic as part of the initial 10 license application or renewal application. The application for a clinic license issued under this part or for a renewal 11 12 license constitutes permission for an appropriate agency 13 inspection to verify the information submitted on or in connection with the application or renewal. 14 (2) An authorized officer or employee of the agency 15 16 may make unannounced inspections of clinics licensed pursuant 17 to this part as are necessary to determine that the clinic is 18 in compliance with this part and with applicable rules. A licensed clinic shall allow full and complete access to the 19 premises and to billing records or information to any 2.0 21 representative of the agency who makes an inspection to 22 determine compliance with this part and with applicable rules. 23 (1)(3) Failure by a clinic licensed under this part to allow full and complete access to the premises and to billing 2.4 25 records or information to any representative of the agency who makes a request to inspect the clinic to determine compliance 26 27 with this part or failure by a clinic to employ a qualified 2.8 medical director or clinic director constitutes a ground for emergency suspension of the license by the agency pursuant to 29 30 <u>s. 408.814</u> s. 120.60(6). 31

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1 (2) (4) In addition to any administrative fines imposed 2 pursuant to this part or part II of chapter 408, the agency 3 may assess a fee equal to the cost of conducting a complaint 4 investigation. 5 Section 124. Section 400.992, Florida Statutes, is б repealed. 7 Section 125. Section 400.9925, Florida Statutes, is 8 amended to read: 9 400.9925 Rulemaking authority; license fees.--10 (1) The agency shall adopt rules necessary to administer the clinic administration, regulation, and 11 12 licensure program, including rules pursuant to this part and 13 part II of chapter 408, establishing the specific licensure requirements, procedures, forms, and fees. It shall adopt 14 rules establishing a procedure for the biennial renewal of 15 licenses. The agency may issue initial licenses for less than 16 17 the full 2-year period by charging a prorated licensure fee and specifying a different renewal date than would otherwise 18 be required for biennial licensure. The rules shall specify 19 the expiration dates of licenses, the process of tracking 20 21 compliance with financial responsibility requirements, and any 22 other conditions of renewal required by law or rule. 23 (2) The agency shall adopt rules specifying limitations on the number of licensed clinics and licensees 2.4 for which a medical director or a clinic director may assume 25 responsibility for purposes of this part. In determining the 26 27 quality of supervision a medical director or a clinic director 2.8 can provide, the agency shall consider the number of clinic employees, the clinic location, and the health care services 29 provided by the clinic. 30

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1	(3) In accordance with s. 408.805, an applicant or a
2	licensee shall pay a fee for each license application
3	submitted under this part, part II of chapter 408, and
4	applicable rules. The amount of the fee shall be established
5	by rule and may not exceed \$2,000. License application and
6	renewal fees must be reasonably calculated by the agency to
7	cover its costs in carrying out its responsibilities under
8	this part, including the cost of licensure, inspection, and
9	regulation of clinics, and must be of such amount that the
10	total fees collected do not exceed the cost of administering
11	and enforcing compliance with this part. Clinic licensure fees
12	are nonrefundable and may not exceed \$2,000. The agency shall
13	adjust the license fee annually by not more than the change in
14	the Consumer Price Index based on the 12 months immediately
15	preceding the increase. All fees collected under this part
16	must be deposited in the Health Care Trust Fund for the
17	administration of this part.
18	Section 126. Section 400.993, Florida Statutes, is
19	amended to read:
20	400.993 Unlicensed clinics; <u>reporting</u> penalties;
21	fines; verification of licensure status
22	(1) It is unlawful to own, operate, or maintain a
23	clinic without obtaining a license under this part.
24	(1)(2) Any person who violates s. 408.812 regarding
25	unlicensed activity owns, operates, or maintains an unlicensed
26	clinic commits a felony of the third degree, punishable as
27	provided in s. 775.082, s. 775.083, or s. 775.084. Each day of
28	continued operation is a separate offense.
29	(2)(3) Any person found guilty of violating <u>s. 408.812</u>
30	subsection (2) a second or subsequent time commits a felony of
31	the second degree, punishable as provided under s. 775.082, s.

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1 775.083, or s. 775.084. Each day of continued operation is a 2 separate offense. 3 (4) Any person who owns, operates, or maintains an 4 unlicensed clinic due to a change in this part or a 5 modification in agency rules within 6 months after the 6 effective date of such change or modification and who, within 7 10 working days after receiving notification from the agency, 8 fails to cease operation or apply for a license under this 9 part commits a felony of the third degree, punishable as 10 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 11 continued operation is a separate offense. 12 (5) Any clinic that fails to cease operation after 13 agency notification may be fined for each day of noncompliance 14 pursuant to this part. 15 (6) When a person has an interest in more than one clinic, and fails to obtain a license for any one of these 16 17 clinics, the agency may revoke the license, impose a 18 moratorium, or impose a fine pursuant to this part on any all of the licensed clinics until such time as the unlicensed 19 clinic is licensed or ceases operation. 2.0 21 (7) Any person aware of the operation of an unlicensed 2.2 clinic must report that facility to the agency. 23 (3) (3) (8) In addition to the requirements of part II of chapter 408, any health care provider who is aware of the 2.4 operation of an unlicensed clinic shall report that facility 25 to the agency. Failure to report a clinic that the provider 26 27 knows or has reasonable cause to suspect is unlicensed shall 2.8 be reported to the provider's licensing board. 29 (9) The agency may not issue a license to a clinic 30 that has any unpaid fines assessed under this part. 31

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1 Section 127. Section 400.9935, Florida Statutes, is 2 amended to read: 3 400.9935 Clinic responsibilities.--(1) Each clinic shall appoint a medical director or 4 clinic director who shall agree in writing to accept legal 5 б responsibility for the following activities on behalf of the 7 clinic. The medical director or the clinic director shall: 8 (a) Have signs identifying the medical director or clinic director posted in a conspicuous location within the 9 clinic readily visible to all patients. 10 (b) Ensure that all practitioners providing health 11 12 care services or supplies to patients maintain a current 13 active and unencumbered Florida license. (c) Review any patient referral contracts or 14 agreements executed by the clinic. 15 (d) Ensure that all health care practitioners at the 16 17 clinic have active appropriate certification or licensure for 18 the level of care being provided. (e) Serve as the clinic records owner as defined in s. 19 456.057. 20 21 (f) Ensure compliance with the recordkeeping, office 22 surgery, and adverse incident reporting requirements of 23 chapter 456, the respective practice acts, and rules adopted under this part and part II of chapter 408. 2.4 (g) Conduct systematic reviews of clinic billings to 25 ensure that the billings are not fraudulent or unlawful. Upon 26 27 discovery of an unlawful charge, the medical director or 2.8 clinic director shall take immediate corrective action. If the 29 clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or 30 positron emission tomography, and provides the professional 31

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1 interpretation of such services, in a fixed facility that is 2 accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Accreditation Association for 3 Ambulatory Health Care, and the American College of Radiology; 4 5 and if, in the preceding quarter, the percentage of scans 6 performed by that clinic which was billed to all personal 7 injury protection insurance carriers was less than 15 percent, 8 the chief financial officer of the clinic may, in a written 9 acknowledgment provided to the agency, assume the responsibility for the conduct of the systematic reviews of 10 clinic billings to ensure that the billings are not fraudulent 11 12 or unlawful. 13 (h) Not refer a patient to the clinic if the clinic performs magnetic resonance imaging, static radiographs, 14 computed tomography, or positron emission tomography. The term 15 "refer a patient" means the referral of one or more patients 16 17 of the medical or clinical director or a member of the medical 18 or clinical director's group practice to the clinic for magnetic resonance imaging, static radiographs, computed 19 tomography, or positron emission tomography. A medical 20 21 director who is found to violate this paragraph commits a 22 felony of the third degree, punishable as provided in s. 23 775.082, s. 775.083, or s. 775.084. 2.4 (2) Any business that becomes a clinic after 25 commencing operations must, within 5 days after becoming a 26 clinic, file a license application under this part and shall 27 be subject to all provisions of this part applicable to a 2.8 clinic. 29 (2) (3) Any contract to serve as a medical director or a clinic director entered into or renewed by a physician or a 30 licensed health care practitioner in violation of this part is 31 236

1 void as contrary to public policy. This subsection shall apply 2 to contracts entered into or renewed on or after March 1, 3 2004. 4 (3)(4) All charges or reimbursement claims made by or on behalf of a clinic that is required to be licensed under 5 6 this part, but that is not so licensed, or that is otherwise 7 operating in violation of this part, are unlawful charges, and 8 therefore are noncompensable and unenforceable. (4)(5) In addition to the requirements of s. 408.812, 9 any person establishing, operating, or managing an unlicensed 10 clinic otherwise required to be licensed under this part or 11 12 part II of chapter 408, or any person who knowingly files a 13 false or misleading license application or license renewal application, or false or misleading information related to 14 such application or department rule, commits a felony of the 15 third degree, punishable as provided in s. 775.082, s. 16 17 775.083, or s. 775.084. (5)(6) Any licensed health care provider who violates 18 this part is subject to discipline in accordance with this 19 chapter and his or her respective practice act. 20 21 (7) The agency may fine, or suspend or revoke the 22 license of, any clinic licensed under this part for operating 23 in violation of the requirements of this part or the rules 2.4 adopted by the agency. 25 (8) The agency shall investigate allegations of 26 noncompliance with this part and the rules adopted under this 27 part. 2.8 (6) (9) Any person or entity providing health care services which is not a clinic, as defined under s. 400.9905, 29 may voluntarily apply for a certificate of exemption from 30 licensure under its exempt status with the agency on a form 31

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1 that sets forth its name or names and addresses, a statement 2 of the reasons why it cannot be defined as a clinic, and other information deemed necessary by the agency. An exemption is 3 not transferable. The agency may charge an applicant for a 4 certificate of exemption in an amount equal to \$100 or the 5 6 actual cost of processing the certificate, whichever is less. 7 (10) The clinic shall display its license in a 8 conspicuous location within the clinic readily visible to patients. 9 10 (7)(11)(a) Each clinic engaged in magnetic resonance imaging services must be accredited by the Joint Commission on 11 12 Accreditation of Healthcare Organizations, the American 13 College of Radiology, or the Accreditation Association for Ambulatory Health Care, within 1 year after licensure. 14 However, a clinic may request a single, 6-month extension if 15 it provides evidence to the agency establishing that, for good 16 17 cause shown, such clinic can not be accredited within 1 year 18 after licensure, and that such accreditation will be completed within the 6-month extension. After obtaining accreditation as 19 required by this subsection, each such clinic must maintain 20 21 accreditation as a condition of renewal of its license. 22 (b) The agency may deny the application or revoke the 23 license of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this 2.4 subsection and whose principals were previously principals of 25 an entity that was unable to meet the accreditation 26 27 requirements within the specified timeframes. The agency may 2.8 adopt rules as to the accreditation of magnetic resonance 29 imaging clinics. (8)(12) The agency shall give full faith and credit 30 pertaining to any past variance and waiver granted to a 31

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magnetic resonance imaging clinic from rule 64-2002, Florida Administrative Code, by the Department of Health, until

September 2004. After that date, such clinic must request a 3 variance and waiver from the agency under s. 120.542. 4 (9) (13) In addition to the requirements of part II of 5 б chapter 408, the clinic shall display a sign in a conspicuous 7 location within the clinic readily visible to all patients 8 indicating that, pursuant to s. 626.9892, the Department of 9 Financial Services may pay rewards of up to \$25,000 to persons providing information leading to the arrest and conviction of 10 persons committing crimes investigated by the Division of 11 12 Insurance Fraud arising from violations of s. 440.105, s. 13 624.15, s. 626.9541, s. 626.989, or s. 817.234. An authorized employee of the Division of Insurance Fraud may make 14 unannounced inspections of a clinic licensed under this part 15 as necessary to determine whether the clinic is in compliance 16 17 with this subsection. A licensed clinic shall allow full and 18 complete access to the premises to such authorized employee of the division who makes an inspection to determine compliance 19 with this subsection. 20 21 Section 128. Section 400.994, Florida Statutes, is 22 repealed. 23 Section 129. Section 400.9945, Florida Statutes, is 2.4 repealed. 25 Section 130. Section 400.995, Florida Statutes, is amended to read: 26 27 400.995 Agency administrative penalties .--2.8 (1) In addition to the requirements of part II of 29 chapter 408, the agency may deny the application for a license renewal, revoke and or suspend the license, and impose 30 administrative fines of up to \$5,000 per violation for 31

1 violations of the requirements of this part or rules of the 2 agency. In determining if a penalty is to be imposed and in fixing the amount of the fine, the agency shall consider the 3 following factors: 4 5 (a) The gravity of the violation, including the б probability that death or serious physical or emotional harm 7 to a patient will result or has resulted, the severity of the 8 action or potential harm, and the extent to which the provisions of the applicable laws or rules were violated. 9 10 (b) Actions taken by the owner, medical director, or clinic director to correct violations. 11 12 (c) Any previous violations. 13 (d) The financial benefit to the clinic of committing or continuing the violation. 14 (2) Each day of continuing violation after the date 15 fixed for termination of the violation, as ordered by the 16 17 agency, constitutes an additional, separate, and distinct violation. 18 (3) Any action taken to correct a violation shall be 19 documented in writing by the owner, medical director, or 20 21 clinic director of the clinic and verified through followup 22 visits by agency personnel. The agency may impose a fine and, 23 in the case of an owner-operated clinic, revoke or deny a clinic's license when a clinic medical director or clinic 2.4 director knowingly misrepresents actions taken to correct a 25 violation. 26 27 (4) For fines that are upheld following administrative 2.8 or judicial review, the violator shall pay the fine, plus 29 interest at the rate as specified in s. 55.03, for each day 30 beyond the date set by the agency for payment of the fine. 31

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1 (5) Any unlicensed clinic that continues to operate 2 after agency notification is subject to a \$1,000 fine per day. 3 (4)(6) Any licensed clinic whose owner, medical 4 director, or clinic director concurrently operates an unlicensed clinic shall be subject to an administrative fine 5 б of \$5,000 per day. 7 (5) (7) Any clinic whose owner fails to apply for a 8 change-of-ownership license in accordance with s. 400.992 and operates the clinic under the new ownership is subject to a 9 10 fine of \$5,000. (6) (8) The agency, as an alternative to or in 11 12 conjunction with an administrative action against a clinic for 13 violations of this part and adopted rules, shall make a reasonable attempt to discuss each violation and recommended 14 corrective action with the owner, medical director, or clinic 15 director of the clinic, prior to written notification. The 16 17 agency, instead of fixing a period within which the clinic 18 shall enter into compliance with standards, may request a plan of corrective action from the clinic which demonstrates a good 19 faith effort to remedy each violation by a specific date, 20 21 subject to the approval of the agency. 22 (9) Administrative fines paid by any clinic under this 23 section shall be deposited into the Health Care Trust Fund. 2.4 (10) If the agency issues a notice of intent to deny a 25 license application after a temporary license has been issued 26 pursuant to s. 400.991(3), the temporary license shall expire 27 on the date of the notice and may not be extended during any 2.8 proceeding for administrative or judicial review pursuant to chapter 120. 29 Section 131. Section 408.802, Florida Statutes, is 30 amended to read: 31

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1 408.802 Applicability.--The provisions of this part 2 apply to the provision of services that require licensure as 3 defined in this part and to the following entities licensed, registered, or certified by the agency, as described in 4 chapters 112, 383, 390, 394, 395, 400, 429, 440, 483, and 765: 5 б (1) Laboratories authorized to perform testing under 7 the Drug-Free Workplace Act, as provided under ss. 112.0455 and 440.102. 8 9 (2) Birth centers, as provided under chapter 383. (3) Abortion clinics, as provided under chapter 390. 10 (4) Crisis stabilization units, as provided under 11 12 parts I and IV of chapter 394. 13 (5) Short-term residential treatment facilities, as provided under parts I and IV of chapter 394. 14 (6) Residential treatment facilities, as provided 15 under part IV of chapter 394. 16 17 (7) Residential treatment centers for children and 18 adolescents, as provided under part IV of chapter 394. (8) Hospitals, as provided under part I of chapter 19 395. 20 21 (9) Ambulatory surgical centers, as provided under 22 part I of chapter 395. 23 (10) Mobile surgical facilities, as provided under part I of chapter 395. 2.4 (11) Private review agents, as provided under part I 25 of chapter 395. 26 27 (12) Health care risk managers, as provided under part 28 I of chapter 395. (13) Nursing homes, as provided under part II of 29 30 chapter 400. 31

1 (14) Assisted living facilities, as provided under 2 part <u>I</u> III of chapter <u>429</u> 400. (15) Home health agencies, as provided under part III 3 $\frac{1}{1}$ of chapter 400. 4 (16) Nurse registries, as provided under part III IV 5 6 of chapter 400. 7 (17) Companion services or homemaker services 8 providers, as provided under part <u>III</u> IV of chapter 400. (18) Adult day care centers, as provided under part 9 <u>III</u> \forall of chapter <u>429</u> 400. 10 (19) Hospices, as provided under part <u>IV</u> VI of chapter 11 12 400. 13 (20) Adult family-care homes, as provided under part <u>II</u> \forall II of chapter <u>429</u> 400. 14 (21) Homes for special services, as provided under 15 part V VIII of chapter 400. 16 17 (22) Transitional living facilities, as provided under part \underline{V} \underline{VIII} of chapter 400. 18 (23) Prescribed pediatric extended care centers, as 19 provided under part <u>VI</u> IX of chapter 400. 20 21 (24) Home medical equipment providers, as provided 22 under part <u>VII \times </u> of chapter 400. 23 (25) Intermediate care facilities for persons with developmental disabilities, as provided under part <u>VIII</u> XI of 2.4 chapter 400. 25 (26) Health care services pools, as provided under 26 27 part <u>IX</u> XII of chapter 400. 2.8 (27) Health care clinics, as provided under part X 29 XIII of chapter 400. 30 (28) Clinical laboratories, as provided under part I of chapter 483. 31

1 (29) Multiphasic health testing centers, as provided 2 under part II of chapter 483. 3 (30) Organ and tissue procurement agencies, as provided under chapter 765. 4 5 Section 132. Section 408.832, Florida Statutes, is б amended to read: 7 408.832 Conflicts.--In case of conflict between the 8 provisions of part II of chapter 408 and the authorizing statutes governing the licensure of health care providers by 9 the Agency for Health Care Administration found in s. 112.0455 10 and chapters 383, 390, 394, 395, 400, 429, 440, 483, and 765, 11 12 the provisions of part II of chapter 408 shall prevail. 13 Section 133. Paragraph (e) of subsection (4) of section 409.221, Florida Statutes, is amended to read: 14 409.221 Consumer-directed care program.--15 (4) CONSUMER-DIRECTED CARE.--16 17 (e) Services.--Consumers shall use the budget 18 allowance only to pay for home and community-based services that meet the consumer's long-term care needs and are a 19 cost-efficient use of funds. Such services may include, but 20 21 are not limited to, the following: 22 1. Personal care. 23 2. Homemaking and chores, including housework, meals, shopping, and transportation. 24 3. Home modifications and assistive devices which may 25 increase the consumer's independence or make it possible to 26 27 avoid institutional placement. 2.8 4. Assistance in taking self-administered medication. 29 5. Day care and respite care services, including those 30 provided by nursing home facilities pursuant to s. 400.141(6) 31

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1 or by adult day care facilities licensed pursuant to s. 2 429.907 400.554. 6. Personal care and support services provided in an 3 assisted living facility. 4 5 Section 134. Paragraph (g) of subsection (2) of б section 409.815, Florida Statutes, is amended to read: 7 409.815 Health benefits coverage; limitations.--(2) BENCHMARK BENEFITS.--In order for health benefits 8 9 coverage to qualify for premium assistance payments for an 10 eligible child under ss. 409.810-409.820, the health benefits coverage, except for coverage under Medicaid and Medikids, 11 12 must include the following minimum benefits, as medically 13 necessary. (q) Behavioral health services.--14 1. Mental health benefits include: 15 a. Inpatient services, limited to not more than 30 16 17 inpatient days per contract year for psychiatric admissions, or residential services in facilities licensed under s. 18 394.875(6)(8) or s. 395.003 in lieu of inpatient psychiatric 19 admissions; however, a minimum of 10 of the 30 days shall be 20 21 available only for inpatient psychiatric services when 22 authorized by a physician; and 23 b. Outpatient services, including outpatient visits for psychological or psychiatric evaluation, diagnosis, and 2.4 treatment by a licensed mental health professional, limited to 25 a maximum of 40 outpatient visits each contract year. 26 27 2. Substance abuse services include: 2.8 a. Inpatient services, limited to not more than 7 29 inpatient days per contract year for medical detoxification only and 30 days of residential services; and 30 31

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b. Outpatient services, including evaluation, diagnosis, and treatment by a licensed practitioner, limited to a maximum of 40 outpatient visits per contract year. Section 135. Subsection (8) of section 409.905, Florida Statutes, is amended to read: 409.905 Mandatory Medicaid services.--The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. (8) NURSING FACILITY SERVICES. -- The agency shall pay for 24-hour-a-day nursing and rehabilitative services for a recipient in a nursing facility licensed under part II of chapter 400 or in a rural hospital, as defined in s. 395.602, or in a Medicare certified skilled nursing facility operated by a hospital, as defined by s. 395.002(10)(11), that is licensed under part I of chapter 395, and in accordance with

29 ordered by and provided under the direction of a licensed 30 physician. However, if a nursing facility has been destroyed

31 or otherwise made uninhabitable by natural disaster or other

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provisions set forth in s. 409.908(2)(a), which services are

1 emergency and another nursing facility is not available, the 2 agency must pay for similar services temporarily in a hospital licensed under part I of chapter 395 provided federal funding 3 is approved and available. The agency shall pay only for 4 bed-hold days if the facility has an occupancy rate of 95 5 6 percent or greater. The agency is authorized to seek any 7 federal waivers to implement this policy. 8 Section 136. Subsection (7) of section 409.907, Florida Statutes, is amended to read: 9 10 409.907 Medicaid provider agreements. -- The agency may make payments for medical assistance and related services 11 12 rendered to Medicaid recipients only to an individual or 13 entity who has a provider agreement in effect with the agency, who is performing services or supplying goods in accordance 14 with federal, state, and local law, and who agrees that no 15 person shall, on the grounds of handicap, race, color, or 16 17 national origin, or for any other reason, be subjected to 18 discrimination under any program or activity for which the provider receives payment from the agency. 19 20 (7) The agency may require, as a condition of 21 participating in the Medicaid program and before entering into 22 the provider agreement, that the provider submit information, 23 in an initial and any required renewal applications, concerning the professional, business, and personal background 2.4 of the provider and permit an onsite inspection of the 25 26 provider's service location by agency staff or other personnel 27 designated by the agency to perform this function. The agency 2.8 shall perform a random onsite inspection, within 60 days after receipt of a fully complete new provider's application, of the 29 provider's service location prior to making its first payment 30 to the provider for Medicaid services to determine the 31

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applicant's ability to provide the services that the applicant is proposing to provide for Medicaid reimbursement. The agency is not required to perform an onsite inspection of a provider or program that is licensed by the agency, that provides services under waiver programs for home and community-based services, or that is licensed as a medical foster home by the Department of Children and Family Services. As a continuing condition of participation in the Medicaid program, a provider shall immediately notify the agency of any current or pending bankruptcy filing. Before entering into the provider agreement, or as a condition of continuing participation in the Medicaid program, the agency may also require that Medicaid providers reimbursed on a fee-for-services basis or fee schedule basis which is not cost-based, post a surety bond not to exceed \$50,000 or the total amount billed by the provider to the program during the current or most recent calendar year, whichever is greater. For new providers, the amount of the surety bond shall be determined by the agency based on the provider's estimate of its first year's billing. If the provider's billing during the first year exceeds the bond amount, the agency may require the provider to acquire an additional bond equal to the actual billing level of the provider. A provider's bond shall not exceed \$50,000 if a physician or group of physicians licensed under chapter 458, chapter 459, or chapter 460 has a 50 percent or greater ownership interest in the provider or if the provider is an assisted living facility licensed under chapter 429. The bonds permitted by this section are in addition to the bonds

29 referenced in s. 400.179<u>(2)(5)(d)</u>. If the provider is a

30 corporation, partnership, association, or other entity, the

31 agency may require the provider to submit information

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1 concerning the background of that entity and of any principal 2 of the entity, including any partner or shareholder having an ownership interest in the entity equal to 5 percent or 3 greater, and any treating provider who participates in or 4 intends to participate in Medicaid through the entity. The 5 6 information must include: 7 (a) Proof of holding a valid license or operating certificate, as applicable, if required by the state or local 8 jurisdiction in which the provider is located or if required 9 by the Federal Government. 10 (b) Information concerning any prior violation, fine, 11 12 suspension, termination, or other administrative action taken 13 under the Medicaid laws, rules, or regulations of this state or of any other state or the Federal Government; any prior 14 violation of the laws, rules, or regulations relating to the 15 Medicare program; any prior violation of the rules or 16 17 regulations of any other public or private insurer; and any prior violation of the laws, rules, or regulations of any 18 regulatory body of this or any other state. 19 20 (c) Full and accurate disclosure of any financial or 21 ownership interest that the provider, or any principal, 22 partner, or major shareholder thereof, may hold in any other 23 Medicaid provider or health care related entity or any other entity that is licensed by the state to provide health or 2.4 residential care and treatment to persons. 25 (d) If a group provider, identification of all members 26 27 of the group and attestation that all members of the group are 2.8 enrolled in or have applied to enroll in the Medicaid program. Section 137. Subsections (6) through (27) of section 29 30 429.02, Florida Statutes, are renumbered as subsections (5) 31

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1 through (26), respectively, and present subsections (5) and 2 (12) of that section are amended to read: 429.02 Definitions.--When used in this part, the term: 3 4 (5) "Applicant" means an individual owner, 5 corporation, partnership, firm, association, or governmental б entity that applies for a license. 7 (11)(12) "Extended congregate care" means acts beyond 8 those authorized in subsection (16)(17) that may be performed pursuant to part I of chapter 464 by persons licensed 9 thereunder while carrying out their professional duties, and 10 other supportive services which may be specified by rule. The 11 12 purpose of such services is to enable residents to age in 13 place in a residential environment despite mental or physical limitations that might otherwise disqualify them from 14 residency in a facility licensed under this part. 15 Section 138. Section 429.07, Florida Statutes, is 16 17 amended to read: 429.07 License required; fee, display.--18 (1) The requirements of part II of chapter 408 apply 19 20 to the provision of services that require licensure pursuant 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 in order to operate for an assisted living facility 2.4 25 operating in this state. (2) Separate licenses shall be required for facilities 26 27 maintained in separate premises, even though operated under 2.8 the same management. A separate license shall not be required 29 for separate buildings on the same grounds. 30 (3) In addition to the requirements of s. 408.806, each Any license granted by the agency must state the maximum 31

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1 resident capacity of the facility, the type of care for which 2 the license is granted, the date the license is issued, the expiration date of the license, and any other information 3 4 deemed necessary by the agency. Licenses shall be issued for 5 one or more of the following categories of care: standard, 6 extended congregate care, limited nursing services, or limited 7 mental health. (a) A standard license shall be issued to facilities 8 providing one or more of the personal services identified in 9 s. 429.02. Such facilities may also employ or contract with a 10 person licensed under part I of chapter 464 to administer 11 12 medications and perform other tasks as specified in s. 13 429.255. (b) An extended congregate care license shall be 14 issued to facilities providing, directly or through contract, 15 services beyond those authorized in paragraph (a), including 16 17 acts performed pursuant to part I of chapter 464 by persons 18 licensed thereunder, and supportive services defined by rule to persons who otherwise would be disqualified from continued 19 residence in a facility licensed under this part. 20 21 1. In order for extended congregate care services to 22 be provided in a facility licensed under this part, the agency 23 must first determine that all requirements established in law and rule are met and must specifically designate, on the 2.4 facility's license, that such services may be provided and 25 26 whether the designation applies to all or part of a facility. 27 Such designation may be made at the time of initial licensure 2.8 or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval 29 or denial of such request shall be made in accordance with 30

31 part II of chapter 408 within 90 days after receipt of such

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reasons:

request and all necessary documentation. Existing facilities qualifying to provide extended congregate care services must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following a. A class I or class II violation; b. Three or more repeat or recurring class III violations of identical or similar resident care standards as specified in rule from which a pattern of noncompliance is found by the agency; c. Three or more class III violations that were not corrected in accordance with the corrective action plan approved by the agency; d. Violation of resident care standards resulting in a requirement to employ the services of a consultant pharmacist or consultant dietitian; e. Denial, suspension, or revocation of a license for

another facility under this part in which the applicant for an 20 21 extended congregate care license has at least 25 percent 22 ownership interest; or

23 f. Imposition of a moratorium pursuant to this part or part II of chapter 408 on admissions or initiation of 2.4 25 injunctive proceedings.

2. Facilities that are licensed to provide extended 26 27 congregate care services shall maintain a written progress 2.8 report on each person who receives such services, which report describes the type, amount, duration, scope, and outcome of 29 services that are rendered and the general status of the 30 resident's health. A registered nurse, or appropriate 31

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1 designee, representing the agency shall visit such facilities 2 at least quarterly to monitor residents who are receiving extended congregate care services and to determine if the 3 facility is in compliance with this part, part II of chapter 4 408, and with rules that relate to extended congregate care. 5 6 One of these visits may be in conjunction with the regular 7 survey. The monitoring visits may be provided through 8 contractual arrangements with appropriate community agencies. 9 A registered nurse shall serve as part of the team that inspects such facility. The agency may waive one of the 10 required yearly monitoring visits for a facility that has been 11 12 licensed for at least 24 months to provide extended congregate 13 care services, if, during the inspection, the registered nurse determines that extended congregate care services are being 14 provided appropriately, and if the facility has no class I or 15 class II violations and no uncorrected class III violations. 16 17 Before such decision is made, the agency shall consult with 18 the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been 19 made and substantiated about the quality of services or care. 20 21 The agency may not waive one of the required yearly monitoring 22 visits if complaints have been made and substantiated. 23 3. Facilities that are licensed to provide extended congregate care services shall: 2.4 25 a. Demonstrate the capability to meet unanticipated resident service needs. 26 27 b. Offer a physical environment that promotes a 2.8 homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space 29 30 as defined by rule. 31

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c. Have sufficient staff available, taking into 1 2 account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an 3 4 emergency, as necessary. 5 d. Adopt and follow policies and procedures that 6 maximize resident independence, dignity, choice, and 7 decisionmaking to permit residents to age in place to the 8 extent possible, so that moves due to changes in functional status are minimized or avoided. 9 10 e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in 11 12 fact to make a variety of personal choices, participate in 13 developing service plans, and share responsibility in decisionmaking. 14 f. Implement the concept of managed risk. 15 q. Provide, either directly or through contract, the 16 17 services of a person licensed pursuant to part I of chapter 18 464. h. In addition to the training mandated in s. 429.52, 19 provide specialized training as defined by rule for facility 20 21 staff. 22 4. Facilities licensed to provide extended congregate 23 care services are exempt from the criteria for continued residency as set forth in rules adopted under s. 429.41. 2.4 Facilities so licensed shall adopt their own requirements 25 26 within guidelines for continued residency set forth by the 27 department in rule. However, such facilities may not serve 2.8 residents who require 24-hour nursing supervision. Facilities 29 licensed to provide extended congregate care services shall provide each resident with a written copy of facility policies 30 governing admission and retention. 31

1 5. The primary purpose of extended congregate care 2 services is to allow residents, as they become more impaired, 3 the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A 4 facility licensed to provide extended congregate care services 5 6 may also admit an individual who exceeds the admission 7 criteria for a facility with a standard license, if the 8 individual is determined appropriate for admission to the extended congregate care facility. 9 10 6. Before admission of an individual to a facility licensed to provide extended congregate care services, the 11 12 individual must undergo a medical examination as provided in 13 s. 429.26(4) and the facility must develop a preliminary service plan for the individual. 14 7. When a facility can no longer provide or arrange 15 for services in accordance with the resident's service plan 16 17 and needs and the facility's policy, the facility shall make 18 arrangements for relocating the person in accordance with s. 429.28(1)(k). 19 8. Failure to provide extended congregate care 20 21 services may result in denial of extended congregate care 22 license renewal. 23 9. No later than January 1 of each year, the department, in consultation with the agency, shall prepare and 2.4 submit to the Governor, the President of the Senate, the 25 26 Speaker of the House of Representatives, and the chairs of 27 appropriate legislative committees, a report on the status of, 2.8 and recommendations related to, extended congregate care services. The status report must include, but need not be 29 30 limited to, the following information: 31

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a. A description of the facilities licensed to provide

2 such services, including total number of beds licensed under 3 this part. b. The number and characteristics of residents 4 receiving such services. 5 c. The types of services rendered that could not be 6 7 provided through a standard license. 8 d. An analysis of deficiencies cited during licensure 9 inspections. 10 e. The number of residents who required extended congregate care services at admission and the source of 11 12 admission. 13 f. Recommendations for statutory or regulatory 14 changes. g. The availability of extended congregate care to 15 state clients residing in facilities licensed under this part 16 17 and in need of additional services, and recommendations for 18 appropriations to subsidize extended congregate care services for such persons. 19 h. Such other information as the department considers 20 21 appropriate. 22 (c) A limited nursing services license shall be issued 23 to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph. 24 1. In order for limited nursing services to be 25 provided in a facility licensed under this part, the agency 26 27 must first determine that all requirements established in law 2.8 and rule are met and must specifically designate, on the facility's license, that such services may be provided. Such 29 designation may be made at the time of initial licensure or 30 relicensure, or upon request in writing by a licensee under 31

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1	this part and part II of chapter 408. Notification of approval
2	or denial of such request shall be made <u>in accordance with</u>
3	<u>part II of chapter 408</u> within 90 days after receipt of such
4	request and all necessary documentation. Existing facilities
5	qualifying to provide limited nursing services shall have
б	maintained a standard license and may not have been subject to
7	administrative sanctions that affect the health, safety, and
8	welfare of residents for the previous 2 years or since initial
9	licensure if the facility has been licensed for less than 2
10	years.
11	2. Facilities that are licensed to provide limited
12	nursing services shall maintain a written progress report on
13	each person who receives such nursing services, which report
14	describes the type, amount, duration, scope, and outcome of
15	services that are rendered and the general status of the
16	resident's health. A registered nurse representing the agency
17	shall visit such facilities at least twice a year to monitor
18	residents who are receiving limited nursing services and to
19	determine if the facility is in compliance with applicable
20	provisions of this part <u>, part II of chapter 408,</u> and with
21	related rules. The monitoring visits may be provided through
22	contractual arrangements with appropriate community agencies.
23	A registered nurse shall also serve as part of the team that
24	inspects such facility.
25	3. A person who receives limited nursing services
26	under this part must meet the admission criteria established
27	by the agency for assisted living facilities. When a resident
28	no longer meets the admission criteria for a facility licensed
29	under this part, arrangements for relocating the person shall
30	be made in accordance with s. 429.28(1)(k), unless the
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1 facility is licensed to provide extended congregate care 2 services. 3 (4) 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 6 applicable rules. The amount of the fee shall be established 7 by rule. (a) The biennial license fee required of a facility is 8 \$300 per license, with an additional fee of \$50 per resident 9 10 based on the total licensed resident capacity of the facility, except that no additional fee will be assessed for beds 11 12 designated for recipients of optional state supplementation 13 payments provided for in s. 409.212. The total fee may not exceed \$10,000, no part of which shall be returned to the 14 facility. The agency shall adjust the per bed license fee and 15 the total licensure fee annually by not more than the change 16 17 in the consumer price index based on the 12 months immediately 18 preceding the increase. (b) In addition to the total fee assessed under 19 paragraph (a), the agency shall require facilities that are 20 21 licensed to provide extended congregate care services under 22 this part to pay an additional fee per licensed facility. The 23 amount of the biennial fee shall be \$400 per license, with an additional fee of \$10 per resident based on the total licensed 2.4 resident capacity of the facility. No part of this fee shall 25 26 be returned to the facility. The agency may adjust the per bed 27 license fee and the annual license fee once each year by not 2.8 more than the average rate of inflation for the 12 months 29 immediately preceding the increase. 30 (c) 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 limited nursing services under this part 2 to pay an additional fee per licensed facility. The amount of the biennial fee shall be \$250 per license, with an additional 3 fee of \$10 per resident based on the total licensed resident 4 capacity of the facility. No part of this fee shall be 5 6 returned to the facility. The agency may adjust the per bed 7 license fee and the biennial 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 (5) Counties or municipalities applying for licenses under this part are exempt from the payment of license fees. 11 12 (6) The license shall be displayed in a conspicuous 13 place inside the facility. (7) A license shall be valid only in the possession of 14 15 the individual, firm, partnership, association, or corporation to which it is issued and shall not be subject to sale, 16 17 assignment, or other transfer, voluntary or involuntary; nor 18 shall a license be valid for any premises other than that for which originally issued. 19 20 (8) A fee may be charged to a facility requesting a 21 duplicate license. The fee shall not exceed the actual cost of 22 duplication and postage. Section 139. Subsection (1) of section 429.075, 23 Florida Statutes, is amended to read: 2.4 429.075 Limited mental health license.--An assisted 25 living facility that serves three or more mental health 26 27 residents must obtain a limited mental health license. 28 (1) To obtain a limited mental health license, a 29 facility must hold a standard license as an assisted living facility, must not have any current uncorrected deficiencies 30 or violations, and must ensure that, within 6 months after 31

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1 receiving a limited mental health license, the facility 2 administrator and the staff of the facility who are in direct contact with mental health residents must complete training of 3 no less than 6 hours related to their duties. Such designation 4 may be made at the time of initial licensure or relicensure or 5 6 upon request in writing by a licensee under this part and part 7 II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of 8 chapter 408, and applicable rules. This training will be 9 provided by or approved by the Department of Children and 10 Family Services. 11 12 Section 140. Section 429.08, Florida Statutes, is 13 amended to read: 429.08 Unlicensed facilities; referral of person for 14 residency to unlicensed facility; penalties; verification of 15 16 licensure status. --17 (1)(a) This section applies to the unlicensed operation of an assisted living facility in addition to the 18 requirements of part II of chapter 408. It is unlawful to own, 19 20 operate, or maintain an assisted living facility without 21 obtaining a license under this part. 22 (b) Except as provided under paragraph (d), any person 23 who owns, operates, or maintains an unlicensed assisted living facility commits a felony of the third degree, punishable as 2.4 provided in s. 775.082, s. 775.083, or s. 775.084. Each day of 25 26 continued operation is a separate offense. 27 (c) Any person found quilty of violating paragraph (a) 2.8 a second or subsequent time commits a felony of the second 29 degree, punishable as provided under s. 775.082, s. 775.083, or s. 775.084. Each day of continued operation is a separate 30 31 offense.

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1	(d) Any person who owns, operates, or maintains an
2	unlicensed assisted living facility due to a change in this
3	part or a modification in department rule within 6 months
4	after the effective date of such change and who, within 10
5	working days after receiving notification from the agency,
6	fails to cease operation or apply for a license under this
7	part commits a felony of the third degree, punishable as
8	provided in s. 775.082, s. 775.083, or s. 775.084. Each day of
9	continued operation is a separate offense.
10	(e) Any facility that fails to cease operation after
11	agency notification may be fined for each day of noncompliance
12	pursuant to s. 429.19.
13	(f) When a licensee has an interest in more than one
14	assisted living facility, and fails to license any one of
15	these facilities, the agency may revoke the license, impose a
16	moratorium, or impose a fine pursuant to s. 429.19, on any or
17	all of the licensed facilities until such time as the
18	unlicensed facility is licensed or ceases operation.
19	(g) If the agency determines that an owner is
20	operating or maintaining an assisted living facility without
21	obtaining a license and determines that a condition exists in
22	the facility that poses a threat to the health, safety, or
23	welfare of a resident of the facility, the owner is subject to
24	the same actions and fines imposed against a licensed facility
25	as specified in ss. 429.14 and 429.19.
26	<u>(e)(h) Any person aware of the operation of an</u>
27	unlicensed assisted living facility must report that facility
28	to the agency. The agency shall provide to the department's
29	elder information and referral providers a list, by county, of
30	licensed assisted living facilities, to assist persons who are
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1 considering an assisted living facility placement in locating 2 a licensed facility. 3 (2)(i) Each field office of the Agency for Health Care 4 Administration shall establish a local coordinating workgroup which includes representatives of local law enforcement 5 б agencies, state attorneys, the Medicaid Fraud Control Unit of 7 the Department of Legal Affairs, local fire authorities, the 8 Department of Children and Family Services, the district long-term care ombudsman council, and the district human 9 rights advocacy committee to assist in identifying the 10 operation of unlicensed facilities and to develop and 11 12 implement a plan to ensure effective enforcement of state laws 13 relating to such facilities. The workgroup shall report its findings, actions, and recommendations semiannually to the 14 Director of Health Quality Assurance Facility Regulation of 15 16 the agency. 17 (3) (3) (2) It is unlawful to knowingly refer a person for residency to an unlicensed assisted living facility; to an 18 assisted living facility the license of which is under denial 19 or has been suspended or revoked; or to an assisted living 20 21 facility that has a moratorium pursuant to part II of chapter 22 408 on admissions. Any person who violates this subsection 23 commits a noncriminal violation, punishable by a fine not exceeding \$500 as provided in s. 775.083. 2.4 (a) Any health care practitioner, as defined in s. 25 456.001, who is aware of the operation of an unlicensed 26 27 facility shall report that facility to the agency. Failure to 2.8 report a facility that the practitioner knows or has 29 reasonable cause to suspect is unlicensed shall be reported to 30 the practitioner's licensing board. 31

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1 (b) Any hospital or community mental health center 2 licensed under chapter 395 or chapter 394 which knowingly discharges a patient or client to an unlicensed facility is 3 subject to sanction by the agency. 4 5 (c) Any employee of the agency or department, or the 6 Department of Children and Family Services, who knowingly 7 refers a person for residency to an unlicensed facility; to a facility the license of which is under denial or has been 8 suspended or revoked; or to a facility that has a moratorium 9 10 pursuant to part II of chapter 408 on admissions is subject to disciplinary action by the agency or department, or the 11 12 Department of Children and Family Services. 13 (d) The employer of any person who is under contract with the agency or department, or the Department of Children 14 and Family Services, and who knowingly refers a person for 15 residency to an unlicensed facility; to a facility the license 16 17 of which is under denial or has been suspended or revoked; or 18 to a facility that has a moratorium pursuant to part II of chapter 408 on admissions shall be fined and required to 19 prepare a corrective action plan designed to prevent such 20 21 referrals. 22 (e) The agency shall provide the department and the 23 Department of Children and Family Services with a list of licensed facilities within each county and shall update the 2.4 list at least quarterly. 25 (f) At least annually, the agency shall notify, in 26 27 appropriate trade publications, physicians licensed under 2.8 chapter 458 or chapter 459, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 29 30 400, and employees of the agency or the department, or the Department of Children and Family Services, who are 31

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1 responsible for referring persons for residency, that it is 2 unlawful to knowingly refer a person for residency to an unlicensed assisted living facility and shall notify them of 3 the penalty for violating such prohibition. The department and 4 the Department of Children and Family Services shall, in turn, 5 6 notify service providers under contract to the respective 7 departments who have responsibility for resident referrals to facilities. Further, the notice must direct each noticed 8 facility and individual to contact the appropriate agency 9 office in order to verify the licensure status of any facility 10 prior to referring any person for residency. Each notice must 11 12 include the name, telephone number, and mailing address of the 13 appropriate office to contact. Section 141. Section 429.11, Florida Statutes, is 14 amended to read: 15 429.11 Initial application for license; provisional 16 17 license.--18 (1) Each applicant for licensure must comply with all provisions of part II of chapter 408 and must: Application for 19 20 a license shall be made to the agency on forms furnished by it 21 and shall be accompanied by the appropriate license fee. 22 (2) The applicant may be an individual owner, 23 corporation, a partnership, a firm, an association, or a 2.4 governmental entity. 25 (3) The application must be signed by the applicant 26 under oath and must contain the following: 27 (a) The name, address, date of birth, and social 2.8 security number of the applicant and the name by which the facility is to be known. If the applicant is a firm, 29 partnership, or association, the application shall contain the 30 name, address, date of birth, and social security number of 31

1 every member thereof. If the applicant is a corporation, the 2 application shall contain the corporation's name and address; the name, address, date of birth, and social security number 3 of each of its directors and officers; and the name and 4 5 address of each person having at least a 5 percent ownership 6 interest in the corporation. 7 (b) The name and address of any professional service, 8 firm, association, partnership, or corporation that is to 9 provide goods, leases, or services to the facility if a 5 percent or greater ownership interest in the service, firm, 10 11 association, partnership, or corporation is owned by a person 12 whose name must be listed on the application under paragraph 13 (a). (c) The name and address of any long term care 14 facility with which the applicant, administrator, or financial 15 officer has been affiliated through ownership or employment 16 17 within 5 years of the date of this license application; and a signed affidavit disclosing any financial or ownership 18 19 interest that the applicant, or any person listed in paragraph (a), holds or has held within the last 5 years in any facility 20 21 licensed under this part, or in any other entity licensed by 2.2 this state or another state to provide health or residential 23 care, which facility or entity closed or ceased to operate as a result of financial problems, or has had a receiver 2.4 appointed or a license denied, suspended or revoked, or was 25 26 subject to a moratorium on admissions, or has had an 27 injunctive proceeding initiated against it. 28 (d) A description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from 29 30 the Medicare or Medicaid programs. Proof of compliance with disclosure of ownership and control interest requirements of 31

1 the Medicaid or Medicare programs shall be accepted in lieu of 2 this submission. (e) The names and addresses of persons of whom the 3 4 agency may inquire as to the character, reputation, and financial responsibility of the owner and, if different from 5 6 the applicant, the administrator and financial officer. 7 (a)(f) Identify Identification of all other homes or facilities, including the addresses and the license or 8 licenses under which they operate, if applicable, which are 9 currently operated by the applicant or administrator and which 10 provide housing, meals, and personal services to residents. 11 12 (b) (g) Provide the location of the facility for which 13 a license is sought and documentation, signed by the appropriate local government official, which states that the 14 applicant has met local zoning requirements. 15 (c) (h) Provide the name, address, date of birth, 16 17 social security number, education, and experience of the administrator, if different from the applicant. 18 19 (4) The applicant shall furnish satisfactory proof of financial ability to operate and conduct the facility in 2.0 21 accordance with the requirements of this part. A certificate 22 of authority, pursuant to chapter 651, may be provided as 23 proof of financial ability. (5) If the applicant is a continuing care facility 2.4 certified under chapter 651, a copy of the facility's 25 26 certificate of authority must be provided. 27 (2) (6) The applicant shall provide proof of liability 2.8 insurance as defined in s. 624.605. (3)(7) If the applicant is a community residential 29 home, the applicant must provide proof that it has met the 30 requirements specified in chapter 419. 31

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1 (8) The applicant must provide the agency with proof 2 of legal right to occupy the property. 3 (4) (9) The applicant must furnish proof that the facility has received a satisfactory firesafety inspection. 4 The local authority having jurisdiction or the State Fire 5 6 Marshal must conduct the inspection within 30 days after 7 written request by the applicant. 8 (5) (10) The applicant must furnish documentation of a 9 satisfactory sanitation inspection of the facility by the county health department. 10 11 (11) The applicant must furnish proof of compliance 12 with level 2 background screening as required under s. 429.174. 13 (6) (12) In addition to the license categories 14 available in s. 408.808, a provisional license may be issued 15 to an applicant making initial application for licensure or 16 17 making application for a change of ownership. A provisional license shall be limited in duration to a specific period of 18 time not to exceed 6 months, as determined by the agency. 19 (7)(13) A county or municipality may not issue an 20 21 occupational license that is being obtained for the purpose of 22 operating a facility regulated under this part without first 23 ascertaining that the applicant has been licensed to operate such facility at the specified location or locations by the 2.4 agency. The agency shall furnish to local agencies responsible 25 26 for issuing occupational licenses sufficient instruction for 27 making such determinations. 28 Section 142. Section 429.12, Florida Statutes, is amended to read: 29 429.12 Sale or transfer of ownership of a 30 facility.--It is the intent of the Legislature to protect the 31 267

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rights of the residents of an assisted living facility when 1 2 the facility is sold or the ownership thereof is transferred. Therefore, in addition to the requirements of part II of 3 chapter 408, whenever a facility is sold or the ownership 4 thereof is transferred, including leasing: 5 б (1) The transferee shall make application to the 7 agency for a new license at least 60 days before the date of 8 transfer of ownership. The application must comply with the provisions of s. 429.11. 9 10 (2)(a) The transferor shall notify the agency in writing at least 60 days before the date of transfer of 11 12 ownership. 13 (1) (b) The transferee new owner shall notify the residents, in writing, of the change transfer of ownership 14 within 7 days after of his or her receipt of the new license. 15 16 (3) The transferor shall be responsible and liable 17 for: 18 (a)The lawful operation of the facility and the welfare of the residents domiciled in the facility until the 19 date the transferee is licensed by the agency. 2.0 21 (b) Any and all penalties imposed against the facility 2.2 for violations occurring before the date of transfer of 23 ownership unless the penalty imposed is a moratorium on admissions or denial of licensure. The moratorium on 2.4 admissions or denial of licensure remains in effect after the 25 26 transfer of ownership, unless the agency has approved the 27 transferee's corrective action plan or the conditions which 2.8 created the moratorium or denial have been corrected, and may be grounds for denial of license to the transferee in 29 30 accordance with chapter 120. 31

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1 (c) Any outstanding liability to the state, unless the 2 transferee has agreed, as a condition of sale or transfer, to accept the outstanding liabilities and to guarantee payment 3 therefor; except that, if the transferee fails to meet these 4 obligations, the transferor shall remain liable for the 5 6 outstanding liability. 7 (2)(4) The transferor of a facility the license of 8 which is denied pending an administrative hearing shall, as a part of the written <u>change-of-ownership</u> transfer of ownership 9 contract, advise the transferee that a plan of correction must 10 be submitted by the transferee and approved by the agency at 11 12 least 7 days before the change transfer of ownership and that 13 failure to correct the condition which resulted in the moratorium pursuant to part II of chapter 408 on admissions or 14 denial of licensure is grounds for denial of the transferee's 15 16 license. 17 (5) The transferee must provide the agency with proof 18 of legal right to occupy the property before a license may be issued. Proof may include, but is not limited to, copies of 19 warranty deeds, or copies of lease or rental agreements, 20 21 contracts for deeds, quitclaim deeds, or other such 22 documentation. 23 Section 143. Section 429.14, Florida Statutes, is amended to read: 2.4 25 429.14 Denial, revocation, or suspension of license; imposition of Administrative penalties fine; grounds. --26 27 (1) In addition to the requirements of part II of 2.8 chapter 408, the agency may deny, revoke, and or suspend any 29 license issued under this part and, or impose an administrative fine in the manner provided in chapter 120 30 against a licensee of an assisted living facility for a 31

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violation of any provision of this part, part II of chapter 408, or applicable rules, or for any of the following actions by <u>a licensee of</u> an assisted living facility, for the actions

2 408, or applicable rules, or for any of the following actions by <u>a licensee of</u> an assisted living facility, for the actions 3 of any person subject to level 2 background screening under s. 4 408.809 s. 429.174, or for the actions of any facility 5 6 employee: 7 (a) An intentional or negligent act seriously 8 affecting the health, safety, or welfare of a resident of the 9 facility. 10 (b) The determination by the agency that the owner lacks the financial ability to provide continuing adequate 11 12 care to residents. 13 (c) Misappropriation or conversion of the property of a resident of the facility. 14 (d) Failure to follow the criteria and procedures 15 provided under part I of chapter 394 relating to the 16 17 transportation, voluntary admission, and involuntary 18 examination of a facility resident. (e) A citation of any of the following deficiencies as 19 defined in s. 429.19: 20 21 1. One or more cited class I deficiencies. 22 2. Three or more cited class II deficiencies. 23 3. Five or more cited class III deficiencies that have been cited on a single survey and have not been corrected 2.4 within the times specified. 25 (f) A determination that a person subject to level 2 26 27 background screening under s. 408.809 s. 429.174(1) does not 2.8 meet the screening standards of s. 435.04 or that the facility is retaining an employee subject to level 1 background 29 screening standards under s. 429.174(2) who does not meet the 30 31

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screening standards of s. 435.03 and for whom exemptions from 1 2 disqualification have not been provided by the agency. 3 (g) A determination that an employee, volunteer, 4 administrator, or owner, or person who otherwise has access to the residents of a facility does not meet the criteria 5 6 specified in s. 435.03(2), and the owner or administrator has 7 not taken action to remove the person. Exemptions from 8 disqualification may be granted as set forth in s. 435.07. No 9 administrative action may be taken against the facility if the person is granted an exemption. 10 (h) Violation of a moratorium. 11 12 (i) Failure of the license applicant, the licensee 13 during relicensure, or a licensee that holds a provisional license to meet the minimum license requirements of this part, 14 15 or related rules, at the time of license application or 16 renewal. 17 (j) A fraudulent statement or omission of any material 18 fact on an application for a license or any other document required by the agency, including the submission of a license 19 20 application that conceals the fact that any board member, 21 officer, or person owning 5 percent or more of the facility 22 may not meet the background screening requirements of s. 23 429.174, or that the applicant has been excluded, permanently 2.4 suspended, or terminated from the Medicaid or Medicare 25 programs. (j)(k) An intentional or negligent life-threatening 26 27 act in violation of the uniform firesafety standards for 2.8 assisted living facilities or other firesafety standards that threatens the health, safety, or welfare of a resident of a 29 facility, as communicated to the agency by the local authority 30 having jurisdiction or the State Fire Marshal. 31

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1 (1) Exclusion, permanent suspension, or termination 2 from the Medicare or Medicaid programs. 3 (k)(m) Knowingly operating any unlicensed facility or providing without a license any service that must be licensed 4 under this chapter or chapter 400. 5 б (1)(n) Any act constituting a ground upon which 7 application for a license may be denied. 8 9 Administrative proceedings challenging agency action under 10 this subsection shall be reviewed on the basis of the facts and conditions that resulted in the agency action. 11 12 (2) Upon notification by the local authority having 13 jurisdiction or by the State Fire Marshal, the agency may deny or revoke the license of an assisted living facility that 14 fails to correct cited fire code violations that affect or 15 16 threaten the health, safety, or welfare of a resident of a 17 facility. 18 (3) The agency may deny a license to any applicant or controlling interest as defined in part II of chapter 408 19 which to any officer or board member of an applicant who is a 20 21 firm, corporation, partnership, or association or who owns 5 22 percent or more of the facility, if the applicant, officer, or 23 board member has or had a 25-percent or greater financial or ownership interest in any other facility licensed under this 2.4 part, or in any entity licensed by this state or another state 25 26 to provide health or residential care, which facility or 27 entity during the 5 years prior to the application for a 2.8 license closed due to financial inability to operate; had a receiver appointed or a license denied, suspended, or revoked; 29 30 was subject to a moratorium on admissions; or had an 31

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1 injunctive proceeding initiated against it; or has an 2 outstanding fine assessed under this chapter or chapter 400. 3 (4) The agency shall deny or revoke the license of an assisted living facility that has two or more class I 4 violations that are similar or identical to violations 5 6 identified by the agency during a survey, inspection, 7 monitoring visit, or complaint investigation occurring within 8 the previous 2 years. 9 (5) An action taken by the agency to suspend, deny, or 10 revoke a facility's license under this part or part II of chapter 408, in which the agency claims that the facility 11 12 owner or an employee of the facility has threatened the 13 health, safety, or welfare of a resident of the facility be heard by the Division of Administrative Hearings of the 14 Department of Management Services within 120 days after 15 receipt of the facility's request for a hearing, unless that 16 17 time limitation is waived by both parties. The administrative law judge must render a decision within 30 days after receipt 18 of a proposed recommended order. 19 (6) The agency shall provide to the Division of Hotels 20 21 and Restaurants of the Department of Business and Professional 22 Regulation, on a monthly basis, a list of those assisted 23 living facilities that have had their licenses denied, suspended, or revoked or that are involved in an appellate 2.4 proceeding pursuant to s. 120.60 related to the denial, 25 26 suspension, or revocation of a license. 27 (7) Agency notification of a license suspension or 2.8 revocation, or denial of a license renewal, shall be posted and visible to the public at the facility. 29 30 31

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1 (8) The agency may issue a temporary license pending 2 final disposition of a proceeding involving the suspension or revocation of an assisted living facility license. 3 4 Section 144. Section 429.15, Florida Statutes, is 5 repealed. б Section 145. Section 429.17, Florida Statutes, is 7 amended to read: 8 429.17 Expiration of license; renewal; conditional 9 license.--10 (1) Biennial licenses, unless sooner suspended or revoked, shall expire 2 years from the date of issuance. 11 12 Limited nursing, extended congregate care, and limited mental 13 health licenses shall expire at the same time as the facility's standard license, regardless of when issued. The 14 agency shall notify the facility at least 120 days prior to 15 16 expiration that a renewal license is necessary to continue 17 operation. The notification must be provided electronically or 18 mail delivery. Ninety days prior to the expiration date, an application for renewal shall be submitted to the agency. Fees 19 must be prorated. The failure to file a timely renewal 2.0 21 application shall result in a late fee charged to the facility 22 in an amount equal to 50 percent of the current fee. 23 (2) A license shall be renewed in accordance with part II of chapter 408 within 90 days upon the timely filing of an 2.4 application on forms furnished by the agency and the provision 25 26 of satisfactory proof of ability to operate and conduct the 27 facility in accordance with the requirements of this part and 2.8 adopted rules, including proof that the facility has received a satisfactory firesafety inspection, conducted by the local 29 30 authority having jurisdiction or the State Fire Marshal, 31

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1 within the preceding 12 months and an affidavit of compliance 2 with the background screening requirements of s. 429.174. 3 (3) In addition to the requirements of part II of 4 chapter 408, An applicant for renewal of a license who has 5 complied with the provisions of s. 429.11 with respect to 6 proof of financial ability to operate shall not be required to 7 provide further proof unless the facility or any other 8 facility owned or operated in whole or in part by the same 9 person has demonstrated financial instability as provided 10 under s. 429.47(2) or unless the agency suspects that the facility is not financially stable as a result of the annual 11 12 survey or complaints from the public or a report from the 13 State Long Term Care Ombudsman Council. each facility must report to the agency any adverse court action concerning the 14 facility's financial viability, within 7 days after its 15 occurrence. The agency shall have access to books, records, 16 17 and any other financial documents maintained by the facility 18 to the extent necessary to determine the facility's financial stability. A license for the operation of a facility shall not 19 be renewed if the licensee has any outstanding fines assessed 2.0 21 pursuant to this part which are in final order status. 22 (4)A licensee against whom a revocation or suspension 23 proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition 2.4 by the agency. If judicial relief is sought from the final 25 26 disposition, the court having jurisdiction may issue a 27 conditional license for the duration of the judicial 2.8 proceeding. 29 (4)(5) In addition to the license categories available 30 in s. 408.808, a conditional license may be issued to an applicant for license renewal if the applicant fails to meet 31

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1 all standards and requirements for licensure. A conditional 2 license issued under this subsection shall be limited in duration to a specific period of time not to exceed 6 months, 3 as determined by the agency, and shall be accompanied by an 4 agency-approved plan of correction. 5 б (5) (5) (6) When an extended care or limited nursing 7 license is requested during a facility's biennial license period, the fee shall be prorated in order to permit the 8 additional license to expire at the end of the biennial 9 10 license period. The fee shall be calculated as of the date the additional license application is received by the agency. 11 12 (6) (7) The department may by rule establish renewal 13 procedures, identify forms, and specify documentation necessary to administer this section. The agency, in 14 consultation with the department, may adopt rules to 15 administer the requirements of part II of chapter 408. 16 17 Section 146. Section 429.174, Florida Statutes, is 18 amended to read: 19 429.174 Background screening; exemptions.--20 (1)(a) Level 2 background screening must be conducted 21 on each of the following persons, who shall be considered 22 employees for the purposes of conducting screening under 23 chapter 435: 1. The facility owner if an individual, the 2.4 25 administrator, and the financial officer. 2. An officer or board member if the facility owner is 26 27 a firm, corporation, partnership, or association, or any 2.8 person owning 5 percent or more of the facility if the agency 29 has probable cause to believe that such person has been convicted of any offense prohibited by s. 435.04. For each 30 31 officer, board member, or person owning 5 percent or more who

1 has been convicted of any such offense, the facility shall 2 submit to the agency a description and explanation of the conviction at the time of license application. This 3 4 subparagraph does not apply to a board member of a not for profit corporation or organization if the board member 5 6 serves solely in a voluntary capacity, does not regularly take 7 part in the day to day operational decisions of the 8 corporation or organization, receives no remuneration for his or her services, and has no financial interest and has no 9 10 family members with a financial interest in the corporation or organization, provided that the board member and facility 11 12 submit a statement affirming that the board member's 13 relationship to the facility satisfies the requirements of 14 this subparagraph. 15 (b) Proof of compliance with level 2 screening standards which has been submitted within the previous 5 years 16 17 to meet any facility or professional licensure requirements of 18 the agency or the Department of Health satisfies the requirements of this subsection, provided that such proof is 19 accompanied, under penalty of perjury, by an affidavit of 2.0 21 compliance with the provisions of chapter 435. Proof of 2.2 compliance with the background screening requirements of the 23 Financial Services Commission and the Office of Insurance Regulation for applicants for a certificate of authority to 2.4 25 operate a continuing care retirement community under chapter 651, submitted within the last 5 years, satisfies the 26 27 Department of Law Enforcement and Federal Bureau of 2.8 Investigation portions of a level 2 background check. 29 (c) The agency may grant a provisional license to a 30 facility applying for an initial license when each individual required by this subsection to undergo screening has completed 31

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1 the Department of Law Enforcement background checks, but has 2 yet received results from the Federal Bureau of 3 Investigation, or when a request for an exemption from 4 disqualification has been submitted to the agency pursuant to 5 s. 435.07, but a response has not been issued. б (2) The owner or administrator of an assisted living 7 facility must conduct level 1 background screening, as set 8 forth in chapter 435, on all employees hired on or after October 1, 1998, who perform personal services as defined in 9 s. 429.02(16)(17). The agency may exempt an individual from 10 employment disqualification as set forth in chapter 435. Such 11 12 persons shall be considered as having met this requirement if: 13 (1) (a) Proof of compliance with level 1 screening requirements obtained to meet any professional license 14 requirements in this state is provided and accompanied, under 15 16 penalty of perjury, by a copy of the person's current 17 professional license and an affidavit of current compliance 18 with the background screening requirements. 19 (2) (b) The person required to be screened has been continuously employed in the same type of occupation for which 20 21 the person is seeking employment without a breach in service 22 which exceeds 180 days, and proof of compliance with the level 23 1 screening requirement which is no more than 2 years old is provided. Proof of compliance shall be provided directly from 2.4 one employer or contractor to another, and not from the person 25 26 screened. Upon request, a copy of screening results shall be 27 provided by the employer retaining documentation of the 2.8 screening to the person screened. 29 (3)(c) The person required to be screened is employed

30 by a corporation or business entity or related corporation or 31 business entity that owns, operates, or manages more than one

1 facility or agency licensed under this chapter, and for whom a level 1 screening was conducted by the corporation or business 2 entity as a condition of initial or continued employment. 3 Section 147. Section 429.176, Florida Statutes, is 4 amended to read: 5 б 429.176 Notice of change of administrator.--If, during 7 the period for which a license is issued, the owner changes 8 administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that 9 the new administrator has completed the applicable core 10 educational requirements under s. 429.52. Background screening 11 12 shall be completed on any new administrator as specified in s. 429.174. 13 Section 148. Section 429.18, Florida Statutes, is 14 amended to read: 15 429.18 Disposition of fees and administrative fines.--16 17 (1) Income from license fees, inspection fees, late 18 fees, and administrative fines collected under this part generated pursuant to ss. 429.07, 429.08, 429.17, 429.19, and 19 429.31 shall be deposited in the Health Care Trust Fund 20 21 administered by the agency. Such funds shall be directed to 22 and used by the agency for the following purposes: 23 (1) (1) (a) Up to 50 percent of the trust funds accrued each fiscal year under this part may be used to offset the 2.4 expenses of receivership, pursuant to s. 429.22, if the court 25 26 determines that the income and assets of the facility are 27 insufficient to provide for adequate management and operation. 2.8 (2) (b) An amount of \$5,000 of the trust funds accrued 29 each year under this part shall be allocated to pay for inspection-related physical and mental health examinations 30 requested by the agency pursuant to s. 429.26 for residents 31

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1 who are either recipients of supplemental security income or 2 have monthly incomes not in excess of the maximum combined federal and state cash subsidies available to supplemental 3 security income recipients, as provided for in s. 409.212. 4 Such funds shall only be used where the resident is ineligible 5 6 for Medicaid. 7 (3)(c) Any trust funds accrued each year under this 8 part and not used for the purposes specified in subsections (1) and (2) paragraphs (a) and (b) shall be used to offset the 9 costs of the licensure program, including the costs of 10 conducting background investigations, verifying information 11 12 submitted, defraying the costs of processing the names of 13 applicants, and conducting inspections and monitoring visits pursuant to this part and part II of chapter 408. 14 (2) Income from fees generated pursuant to s. 15 429.41(5) shall be deposited in the Health Care Trust Fund and 16 17 used to offset the costs of printing and postage. 18 Section 149. Section 429.19, Florida Statutes, is amended to read: 19 429.19 Violations; imposition of administrative fines; 20 21 grounds.--22 (1) In addition to the requirements of part II of 23 chapter 408, the agency shall impose an administrative fine in the manner provided in chapter 120 for the violation of any 2.4 provision of this part, part II of chapter 408, and applicable 25 rules any of the actions or violations as set forth within 26 27 this section by an assisted living facility, for the actions 2.8 of any person subject to level 2 background screening under s. 29 408.809 s. 429.174, for the actions of any facility employee, or for an intentional or negligent act seriously affecting the 30 health, safety, or welfare of a resident of the facility. 31

1 (2) Each violation of this part and adopted rules 2 shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. 3 The agency shall indicate the classification on the written 4 notice of the violation as follows: 5 б (a) Class "I" violations are those conditions or 7 occurrences related to the operation and maintenance of a 8 facility or to the personal care of residents which the agency determines present an imminent danger to the residents or 9 guests of the facility or a substantial probability that death 10 or serious physical or emotional harm would result therefrom. 11 12 The condition or practice constituting a class I violation 13 shall be abated or eliminated within 24 hours, unless a fixed period, as determined by the agency, is required for 14 correction. The agency shall impose an administrative fine for 15 a cited class I violation in an amount not less than \$5,000 16 17 and not exceeding \$10,000 for each violation. A fine may be 18 levied notwithstanding the correction of the violation. (b) Class "II" violations are those conditions or 19 occurrences related to the operation and maintenance of a 20 facility or to the personal care of residents which the agency 21 22 determines directly threaten the physical or emotional health, 23 safety, or security of the facility residents, other than class I violations. The agency shall impose an administrative 2.4 fine for a cited class II violation in an amount not less than 25 26 \$1,000 and not exceeding \$5,000 for each violation. A fine 27 shall be levied notwithstanding the correction of the 2.8 violation. (c) Class "III" violations are those conditions or 29 occurrences related to the operation and maintenance of a 30 facility or to the personal care of residents which the agency 31

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1 determines indirectly or potentially threaten the physical or 2 emotional health, safety, or security of facility residents, other than class I or class II violations. The agency shall 3 impose an administrative fine for a cited class III violation 4 in an amount not less than \$500 and not exceeding \$1,000 for 5 б each violation. A citation for a class III violation must 7 specify the time within which the violation is required to be 8 corrected. If a class III violation is corrected within the time specified, no fine may be imposed, unless it is a 9 repeated offense. 10 (d) Class "IV" violations are those conditions or 11 12 occurrences related to the operation and maintenance of a 13 building or to required reports, forms, or documents that do not have the potential of negatively affecting residents. 14 These violations are of a type that the agency determines do 15 not threaten the health, safety, or security of residents of 16 17 the facility. The agency shall impose an administrative fine for a cited class IV violation in an amount not less than \$100 18 and not exceeding \$200 for each violation. A citation for a 19 class IV violation must specify the time within which the 20 21 violation is required to be corrected. If a class IV violation 22 is corrected within the time specified, no fine shall be 23 imposed. Any class IV violation that is corrected during the time an agency survey is being conducted will be identified as 2.4 an agency finding and not as a violation. 25 (3) For purposes of this section, in determining if a 26 27 penalty is to be imposed and in fixing the amount of the fine, 2.8 the agency shall consider the following factors: 29 (a) The gravity of the violation, including the probability that death or serious physical or emotional harm 30 to a resident will result or has resulted, the severity of the 31

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1 action or potential harm, and the extent to which the 2 provisions of the applicable laws or rules were violated. (b) Actions taken by the owner or administrator to 3 4 correct violations. 5 (c) Any previous violations. б (d) The financial benefit to the facility of 7 committing or continuing the violation. 8 (e) The licensed capacity of the facility. 9 (4) Each day of continuing violation after the date 10 fixed for termination of the violation, as ordered by the agency, constitutes an additional, separate, and distinct 11 12 violation. 13 (5) Any action taken to correct a violation shall be documented in writing by the owner or administrator of the 14 facility and verified through followup visits by agency 15 personnel. The agency may impose a fine and, in the case of an 16 17 owner-operated facility, revoke or deny a facility's license when a facility administrator fraudulently misrepresents 18 action taken to correct a violation. 19 20 (6) For fines that are upheld following administrative 21 or judicial review, the violator shall pay the fine, plus 22 interest at the rate as specified in s. 55.03, for each day 23 beyond the date set by the agency for payment of the fine. (7) Any unlicensed facility that continues to operate 2.4 after agency notification is subject to a \$1,000 fine per day. 25 (8) Any licensed facility whose owner or administrator 26 27 concurrently operates an unlicensed facility shall be subject 2.8 to an administrative fine of \$5,000 per day. 29 (6) (9) Any facility whose owner fails to apply for a 30 change-of-ownership license in accordance with part II of 31

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chapter 408 \pm . 429.12 and operates the facility under the new ownership is subject to a fine of \$5,000. (7)(10) In addition to any administrative fines imposed, the agency may assess a survey fee, equal to the lesser of one half of the facility's biennial license and bed fee or \$500, to cover the cost of conducting initial complaint investigations that result in the finding of a violation that was the subject of the complaint or monitoring visits conducted under s. 429.28(3)(c) to verify the correction of the violations. (8)(11) The agency, as an alternative to or in conjunction with an administrative action against a facility for violations of this part and adopted rules, shall make a reasonable attempt to discuss each violation and recommended corrective action with the owner or administrator of the facility, prior to written notification. The agency, instead of fixing a period within which the facility shall enter into compliance with standards, may request a plan of corrective action from the facility which demonstrates a good faith effort to remedy each violation by a specific date, subject to

21 the approval of the agency.

22 (12) Administrative fines paid by any facility under
23 this section shall be deposited into the Health Care Trust
24 Fund and expended as provided in s. 429.18.

25 (9)(13) The agency shall develop and disseminate an annual list of all facilities sanctioned or fined \$5,000 or more for violations of state standards, the number and class of violations involved, the penalties imposed, and the current status of cases. The list shall be disseminated, at no charge, to the Department of Elderly Affairs, the Department of Health, the Department of Children and Family Services, the

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Agency for Persons with Disabilities, the area agencies on aging, the Florida Statewide Advocacy Council, and the state and local ombudsman councils. The Department of Children and Family Services shall disseminate the list to service providers under contract to the department who are responsible for referring persons to a facility for residency. The agency may charge a fee commensurate with the cost of printing and postage to other interested parties requesting a copy of this list. Section 150. Section 429.21, Florida Statutes, is repealed. Section 151. Subsection (9) of section 429.22, Florida Statutes, is amended to read: 429.22 Receivership proceedings.--(9) The court may direct the agency to allocate funds from the Health Care Trust Fund to the receiver, subject to the provisions of s. 429.18(1). Section 152. Subsection (9) of section 429.26, Florida Statutes, is amended to read: 429.26 Appropriateness of placements; examinations of residents.--(9) If, at any time after admission to a facility, a resident appears to need care beyond that which the facility is licensed to provide, the agency shall require the resident to be physically examined by a licensed physician, physician assistant, or licensed nurse practitioner. This examination shall, to the extent possible, be performed by the resident's preferred physician or nurse practitioner and shall be paid for by the resident with personal funds, except as provided in

31 physician, physician assistant, or licensed nurse practitioner

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s. 429.18(2)(1)(b). Following this examination, the examining

shall complete and sign a medical form provided by the agency. 1 2 The completed medical form shall be submitted to the agency within 30 days after the date the facility owner or 3 administrator is notified by the agency that the physical 4 examination is required. After consultation with the 5 6 physician, physician assistant, or licensed nurse practitioner 7 who performed the examination, a medical review team 8 designated by the agency shall then determine whether the 9 resident is appropriately residing in the facility. The medical review team shall base its decision on a comprehensive 10 review of the resident's physical and functional status, 11 12 including the resident's preferences, and not on an isolated 13 health-related problem. In the case of a mental health resident, if the resident appears to have needs in addition to 14 those identified in the community living support plan, the 15 agency may require an evaluation by a mental health 16 17 professional, as determined by the Department of Children and 18 Family Services. A facility may not be required to retain a resident who requires more services or care than the facility 19 is able to provide in accordance with its policies and 20 21 criteria for admission and continued residency. Members of the 22 medical review team making the final determination may not 23 include the agency personnel who initially questioned the appropriateness of a resident's placement. Such determination 2.4 is final and binding upon the facility and the resident. Any 25 26 resident who is determined by the medical review team to be 27 inappropriately residing in a facility shall be given 30 days' 2.8 written notice to relocate by the owner or administrator, 29 unless the resident's continued residence in the facility presents an imminent danger to the health, safety, or welfare 30 of the resident or a substantial probability exists that death 31

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1 or serious physical harm would result to the resident if 2 allowed to remain in the facility. Section 153. Subsections (1), (4), and (5) of section 3 4 429.31, Florida Statutes, are amended to read: 5 429.31 Closing of facility; notice; penalty.-б (1) In addition to the requirements of part II of 7 chapter 408, Whenever a facility voluntarily discontinues 8 operation, it shall inform the agency in writing at least 90 9 days prior to the discontinuance of operation. the facility 10 shall also inform each resident or the next of kin, legal representative, or agency acting on each resident's behalf, of 11 12 the fact and the proposed time of such discontinuance of 13 operation, following the notification requirements provided in s. 429.28(1)(k). In the event a resident has no person to 14 represent him or her, the facility shall be responsible for 15 16 referral to an appropriate social service agency for 17 placement. 18 (4) Immediately upon discontinuance of the operation of a facility, the owner shall surrender the license therefor 19 to the agency, and the license shall be canceled. 20 21 (4) (5) The agency may levy a fine in an amount no 22 greater than \$5,000 upon each person or business entity that 23 owns any interest in a facility that terminates operation without providing notice to the agency and the residents of 2.4 the facility at least 30 days before operation ceases. This 25 fine shall not be levied against any facility involuntarily 26 27 closed at the initiation of the agency. The agency shall use 2.8 the proceeds of the fines to operate the facility until all residents of the facility are relocated and shall deposit any 29 balance of the proceeds into the Health Care Trust Fund 30 established pursuant to s. 429.18. 31

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1 Section 154. Section 429.34, Florida Statutes, is 2 amended to read: 3 429.34 Right of entry and inspection. -- In addition to 4 the requirements of s. 408.811, any duly designated officer or employee of the department, the Department of Children and 5 6 Family Services, the agency, the Medicaid Fraud Control Unit 7 of the Office of the Attorney General Department of Legal Affairs, the state or local fire marshal, or a member of the 8 state or local long-term care ombudsman council shall have the 9 right to enter unannounced upon and into the premises of any 10 facility licensed pursuant to this part in order to determine 11 12 the state of compliance with the provisions of this part, part 13 <u>II of chapter 408, and applicable of</u> rules or standards in force pursuant thereto. The right of entry and inspection 14 15 shall also extend to any premises which the agency has reason 16 to believe is being operated or maintained as a facility 17 without a license; but no such entry or inspection of any 18 premises may be made without the permission of the owner person in charge thereof, unless a warrant is first obtained 19 from the circuit court authorizing such entry. The warrant 20 21 requirement shall extend only to a facility which the agency 22 has reason to believe is being operated or maintained as a 23 facility without a license. Any application for a license or 2.4 renewal thereof made pursuant to this part shall constitute 25 permission for, and complete acquiescence in, any entry or 26 inspection of the premises for which the license is sought, in 27 order to facilitate verification of the information submitted 2.8 on or in connection with the application; to discover, investigate, and determine the existence of abuse or neglect; 29 30 to elicit, receive, respond to, and resolve complaints. Any current valid license shall constitute unconditional 31

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1 permission for, and complete acquiescence in, any entry 2 inspection of the premises by authorized personnel. The agency 3 shall retain the right of entry and inspection of facilities 4 that have had a license revoked or suspended within the 5 previous 24 months, to ensure that the facility is not б operating unlawfully. However, before entering the facility, a 7 statement of probable cause must be filed with the director of 8 the agency, who must approve or disapprove the action within 48 hours. Probable cause shall include, but is not limited to, 9 10 evidence that the facility holds itself out to the public as a 11 provider of personal care services or the receipt of a 12 complaint by the long term care ombudsman council about the 13 facility. Data collected by the state or local long-term care ombudsman councils or the state or local advocacy councils may 14 be used by the agency in investigations involving violations 15 16 of regulatory standards. 17 Section 155. Section 429.35, Florida Statutes, is 18 amended to read: 429.35 Maintenance of records; reports.--19 20 (1) Every facility shall maintain, as public 21 information available for public inspection under such 22 conditions as the agency shall prescribe, records containing 23 copies of all inspection reports pertaining to the facility that have been issued by the agency to the facility. Copies of 2.4 inspection reports shall be retained in the records for 5 25 26 years from the date the reports are filed or issued. 27 (2) Within 60 days after the date of the biennial 2.8 inspection visit required under s. 408.811 or within 30 days after the date of any interim visit, the agency shall forward 29 the results of the inspection to the local ombudsman council 30 in whose planning and service area, as defined in part \underline{I} \overline{II} of 31

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1 chapter 400, the facility is located; to at least one public 2 library or, in the absence of a public library, the county seat in the county in which the inspected assisted living 3 facility is located; and, when appropriate, to the district 4 Adult Services and Mental Health Program Offices. 5 6 (3) Every facility shall post a copy of the last 7 inspection report of the agency for that facility in a 8 prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the 9 facility shall also provide a copy of the report to any 10 resident of the facility or to an applicant for admission to 11 12 the facility. 13 Section 156. Section 429.41, Florida Statutes, is amended to read: 14 429.41 Rules establishing standards.--15 (1) It is the intent of the Legislature that rules 16 17 published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of 18 resident care and quality of life may be ensured and the 19 results of such resident care may be demonstrated. Such rules 20 21 shall also ensure a safe and sanitary environment that is 22 residential and noninstitutional in design or nature. It is 23 further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance 2.4 the quality of life in a facility. The agency, in consultation 25 26 with the department, may adopt rules to administer the 27 requirements of part II of chapter 408. In order to provide 2.8 safe and sanitary facilities and the highest quality of 29 resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, 30 the Department of Children and Family Services, and the 31

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1 Department of Health, shall adopt rules, policies, and 2 procedures to administer this part, which must include reasonable and fair minimum standards in relation to: 3 4 (a) The requirements for and maintenance of facilities, not in conflict with the provisions of chapter 5 6 553, relating to plumbing, heating, cooling, lighting, 7 ventilation, living space, and other housing conditions, which 8 will ensure the health, safety, and comfort of residents and protection from fire hazard, including adequate provisions for 9 fire alarm and other fire protection suitable to the size of 10 the structure. Uniform firesafety standards shall be 11 12 established and enforced by the State Fire Marshal in 13 cooperation with the agency, the department, and the Department of Health. 14 1. Evacuation capability determination .--15 a. The provisions of the National Fire Protection 16 17 Association, NFPA 101A, Chapter 5, 1995 edition, shall be used for determining the ability of the residents, with or without 18 staff assistance, to relocate from or within a licensed 19 facility to a point of safety as provided in the fire codes 20 21 adopted herein. An evacuation capability evaluation for 22 initial licensure shall be conducted within 6 months after the 23 date of licensure. For existing licensed facilities that are not equipped with an automatic fire sprinkler system, the 24 administrator shall evaluate the evacuation capability of 25 residents at least annually. The evacuation capability 26 27 evaluation for each facility not equipped with an automatic 2.8 fire sprinkler system shall be validated, without liability, by the State Fire Marshal, by the local fire marshal, or by 29 the local authority having jurisdiction over firesafety, 30 before the license renewal date. If the State Fire Marshal, 31

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1 local fire marshal, or local authority having jurisdiction 2 over firesafety has reason to believe that the evacuation capability of a facility as reported by the administrator may 3 have changed, it may, with assistance from the facility 4 administrator, reevaluate the evacuation capability through 5 6 timed exiting drills. Translation of timed fire exiting drills 7 to evacuation capability may be determined: 8 (I) Three minutes or less: prompt. 9 (II) More than 3 minutes, but not more than 13 minutes: slow. 10 (III) More than 13 minutes: impractical. 11 12 b. The Office of the State Fire Marshal shall provide 13 or cause the provision of training and education on the proper application of Chapter 5, NFPA 101A, 1995 edition, to its 14 employees, to staff of the Agency for Health Care 15 Administration who are responsible for regulating facilities 16 17 under this part, and to local governmental inspectors. The Office of the State Fire Marshal shall provide or cause the 18 provision of this training within its existing budget, but may 19 charge a fee for this training to offset its costs. The 20 21 initial training must be delivered within 6 months after July 22 1, 1995, and as needed thereafter. 23 c. The Office of the State Fire Marshal, in cooperation with provider associations, shall provide or cause 2.4 the provision of a training program designed to inform 25 facility operators on how to properly review bid documents 26 27 relating to the installation of automatic fire sprinklers. The 2.8 Office of the State Fire Marshal shall provide or cause the 29 provision of this training within its existing budget, but may 30 charge a fee for this training to offset its costs. The 31

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initial training must be delivered within 6 months after July 1 1, 1995, and as needed thereafter. 2 d. The administrator of a licensed facility shall sign 3 an affidavit verifying the number of residents occupying the 4 facility at the time of the evacuation capability evaluation. 5 6 2. Firesafety requirements.--7 a. Except for the special applications provided 8 herein, effective January 1, 1996, the provisions of the National Fire Protection Association, Life Safety Code, NFPA 9 101, 1994 edition, Chapter 22 for new facilities and Chapter 10 23 for existing facilities shall be the uniform fire code 11 12 applied by the State Fire Marshal for assisted living 13 facilities, pursuant to s. 633.022. b. Any new facility, regardless of size, that applies 14 for a license on or after January 1, 1996, must be equipped 15 with an automatic fire sprinkler system. The exceptions as 16 17 provided in s. 22-2.3.5.1, NFPA 101, 1994 edition, as adopted 18 herein, apply to any new facility housing eight or fewer residents. On July 1, 1995, local governmental entities 19 responsible for the issuance of permits for construction shall 20 inform, without liability, any facility whose permit for 21 22 construction is obtained prior to January 1, 1996, of this 23 automatic fire sprinkler requirement. As used in this part, the term "a new facility" does not mean an existing facility 2.4 that has undergone change of ownership. 25 c. Notwithstanding any provision of s. 633.022 or of 26 27 the National Fire Protection Association, NFPA 101A, Chapter 2.8 5, 1995 edition, to the contrary, any existing facility 29 housing eight or fewer residents is not required to install an automatic fire sprinkler system, nor to comply with any other 30 requirement in Chapter 23, NFPA 101, 1994 edition, that 31 293

1 exceeds the firesafety requirements of NFPA 101, 1988 edition, 2 that applies to this size facility, unless the facility has been classified as impractical to evacuate. Any existing 3 facility housing eight or fewer residents that is classified 4 as impractical to evacuate must install an automatic fire 5 6 sprinkler system within the timeframes granted in this 7 section. 8 d. Any existing facility that is required to install an automatic fire sprinkler system under this paragraph need 9 not meet other firesafety requirements of Chapter 23, NFPA 10 101, 1994 edition, which exceed the provisions of NFPA 101, 11 12 1988 edition. The mandate contained in this paragraph which 13 requires certain facilities to install an automatic fire sprinkler system supersedes any other requirement. 14 e. This paragraph does not supersede the exceptions 15 granted in NFPA 101, 1988 edition or 1994 edition. 16 17 f. This paragraph does not exempt facilities from other firesafety provisions adopted under s. 633.022 and local 18 building code requirements in effect before July 1, 1995. 19 20 g. A local government may charge fees only in an 21 amount not to exceed the actual expenses incurred by local 22 government relating to the installation and maintenance of an 23 automatic fire sprinkler system in an existing and properly licensed assisted living facility structure as of January 1, 2.4 1996. 25 If a licensed facility undergoes major 26 h. 27 reconstruction or addition to an existing building on or after 2.8 January 1, 1996, the entire building must be equipped with an automatic fire sprinkler system. Major reconstruction of a 29 building means repair or restoration that costs in excess of 30 50 percent of the value of the building as reported on the tax 31

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1 rolls, excluding land, before reconstruction. Multiple reconstruction projects within a 5-year period the total costs 2 of which exceed 50 percent of the initial value of the 3 building at the time the first reconstruction project was 4 permitted are to be considered as major reconstruction. 5 6 Application for a permit for an automatic fire sprinkler 7 system is required upon application for a permit for a 8 reconstruction project that creates costs that go over the 9 50-percent threshold. i. Any facility licensed before January 1, 1996, that 10 is required to install an automatic fire sprinkler system 11 12 shall ensure that the installation is completed within the 13 following timeframes based upon evacuation capability of the facility as determined under subparagraph 1.: 14 (I) Impractical evacuation capability, 24 months. 15 (II) Slow evacuation capability, 48 months. 16 17 (III) Prompt evacuation capability, 60 months. 18 The beginning date from which the deadline for the automatic 19 fire sprinkler installation requirement must be calculated is 20 upon receipt of written notice from the local fire official 21 22 that an automatic fire sprinkler system must be installed. The 23 local fire official shall send a copy of the document indicating the requirement of a fire sprinkler system to the 2.4 Agency for Health Care Administration. 25 j. It is recognized that the installation of an 26 27 automatic fire sprinkler system may create financial hardship 2.8 for some facilities. The appropriate local fire official shall, without liability, grant two 1-year extensions to the 29 timeframes for installation established herein, if an 30 automatic fire sprinkler installation cost estimate and proof 31

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1 of denial from two financial institutions for a construction 2 loan to install the automatic fire sprinkler system are submitted. However, for any facility with a class I or class 3 II, or a history of uncorrected class III, firesafety 4 deficiencies, an extension must not be granted. The local fire 5 б official shall send a copy of the document granting the time 7 extension to the Agency for Health Care Administration. 8 k. A facility owner whose facility is required to be equipped with an automatic fire sprinkler system under Chapter 9 23, NFPA 101, 1994 edition, as adopted herein, must disclose 10 to any potential buyer of the facility that an installation of 11 12 an automatic fire sprinkler requirement exists. The sale of 13 the facility does not alter the timeframe for the installation of the automatic fire sprinkler system. 14 1. Existing facilities required to install an 15 automatic fire sprinkler system as a result of 16 17 construction-type restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted herein, or evacuation capability 18 requirements shall be notified by the local fire official in 19 writing of the automatic fire sprinkler requirement, as well 20 21 as the appropriate date for final compliance as provided in 22 this subparagraph. The local fire official shall send a copy 23 of the document to the Agency for Health Care Administration. m. Except in cases of life-threatening fire hazards, 2.4 if an existing facility experiences a change in the evacuation 25 26 capability, or if the local authority having jurisdiction 27 identifies a construction-type restriction, such that an 2.8 automatic fire sprinkler system is required, it shall be afforded time for installation as provided in this 29 30 subparagraph. 31

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Facilities that are fully sprinkled and in compliance with other firesafety standards are not required to conduct more than one of the required fire drills between the hours of 11 p.m. and 7 a.m., per year. In lieu of the remaining drills, staff responsible for residents during such hours may be required to participate in a mock drill that includes a review of evacuation procedures. Such standards must be included or

8 referenced in the rules adopted by the State Fire Marshal.
9 Pursuant to s. 633.022(1)(b), the State Fire Marshal is the
10 final administrative authority for firesafety standards
11 established and enforced pursuant to this section. All
12 licensed facilities must have an annual fire inspection
13 conducted by the local fire marshal or authority having
14 jurisdiction.

3. Resident elopement requirements.--Facilities are 15 required to conduct a minimum of two resident elopement 16 17 prevention and response drills per year. All administrators and direct care staff must participate in the drills which 18 shall include a review of procedures to address resident 19 elopement. Facilities must document the implementation of the 20 21 drills and ensure that the drills are conducted in a manner 22 consistent with the facility's resident elopement policies and 23 procedures.

(b) The preparation and annual update of a 2.4 25 comprehensive emergency management plan. Such standards must be included in the rules adopted by the department 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 provision of emergency power, food, and water; postdisaster 31

1	transportation; supplies; staffing; emergency equipment;
2	individual identification of residents and transfer of
3	records; communication with families; and responses to family
4	inquiries. The comprehensive emergency management plan is
5	subject to review and approval by the local emergency
6	management agency. During its review, the local emergency
7	management agency shall ensure that the following agencies, at
8	a minimum, are given the opportunity to review the plan: the
9	Department of Elderly Affairs, the Department of Health, the
10	Agency for Health Care Administration, and the Department of
11	Community Affairs. Also, appropriate volunteer organizations
12	must be given the opportunity to review the plan. The local
13	emergency management agency shall complete its review within
14	60 days and either approve the plan or advise the facility of
15	necessary revisions.
16	(c) The number, training, and qualifications of all
17	personnel having responsibility for the care of residents. The
18	rules must require adequate staff to provide for the safety of
19	all residents. Facilities licensed for 17 or more residents
20	are required to maintain an alert staff for 24 hours per day.
21	(d) All sanitary conditions within the facility and
22	its surroundings which will ensure the health and comfort of
23	residents. The rules must clearly delineate the
24	responsibilities of the agency's licensure and survey staff,
25	the county health departments, and the local authority having
26	jurisdiction over firesafety and ensure that inspections are
27	not duplicative. The agency may collect fees for food service
28	inspections conducted by the county health departments and
29	transfer such fees to the Department of Health.
30	(e) License application and license renewal, transfer
31	of ownership, proper management of resident funds and personal
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property, surety bonds, resident contracts, refund policies, 1 2 financial ability to operate, and facility and staff records. 3 (f) Inspections, complaint investigations, 4 moratoriums, classification of deficiencies, levying and enforcement of penalties, and use of income from fees and 5 б fines. 7 (g) The enforcement of the resident bill of rights 8 specified in s. 429.28. (h) The care and maintenance of residents, which must 9 10 include, but is not limited to: 1. The supervision of residents; 11 12 2. The provision of personal services; 13 3. The provision of, or arrangement for, social and leisure activities; 14 4. The arrangement for appointments and transportation 15 16 to appropriate medical, dental, nursing, or mental health 17 services, as needed by residents; 18 5. The management of medication; 6. The nutritional needs of residents; 19 7. Resident records; and 20 21 8. Internal risk management and quality assurance. 22 (i) Facilities holding a limited nursing, extended 23 congregate care, or limited mental health license. (j) The establishment of specific criteria to define 2.4 appropriateness of resident admission and continued residency 25 in a facility holding a standard, limited nursing, extended 26 27 congregate care, and limited mental health license. 28 (k) The use of physical or chemical restraints. The use of physical restraints is limited to half-bed rails as 29 prescribed and documented by the resident's physician with the 30 consent of the resident or, if applicable, the resident's 31

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representative or designee or the resident's surrogate, guardian, or attorney in fact. The use of chemical restraints is limited to prescribed dosages of medications authorized by the resident's physician and must be consistent with the resident's diagnosis. Residents who are receiving medications

6 that can serve as chemical restraints must be evaluated by 7 their physician at least annually to assess:

- 1. The continued need for the medication.
- 2. The level of the medication in the resident's 9 blood. 10

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3. The need for adjustments in the prescription. 11 12 (1) The establishment of specific policies and 13 procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All 14 administrators and direct care staff shall participate in the 15 drills. Facilities shall document the drills. 16

17 (2) In adopting any rules pursuant to this part, the 18 department, in conjunction with the agency, shall make distinct standards for facilities based upon facility size; 19 the types of care provided; the physical and mental 20 21 capabilities and needs of residents; the type, frequency, and 22 amount of services and care offered; and the staffing 23 characteristics of the facility. Rules developed pursuant to this section shall not restrict the use of shared staffing and 2.4 shared programming in facilities that are part of retirement 25 26 communities that provide multiple levels of care and otherwise 27 meet the requirements of law and rule. Except for uniform 2.8 firesafety standards, the department shall adopt by rule separate and distinct standards for facilities with 16 or 29 fewer beds and for facilities with 17 or more beds. The 30 standards for facilities with 16 or fewer beds shall be 31

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appropriate for a noninstitutional residential environment, provided that the structure is no more than two stories in height and all persons who cannot exit the facility unassisted in an emergency reside on the first floor. The department, in conjunction with the agency, may make other distinctions among types of facilities as necessary to enforce the provisions of this part. Where appropriate, the agency shall offer alternate solutions for complying with established standards, based on distinctions made by the department and the agency relative to the physical characteristics of facilities and the types of care offered therein. (3) The department shall submit a copy of proposed rules to the Speaker of the House of Representatives, the President of the Senate, and appropriate committees of substance for review and comment prior to the promulgation (a) Rules promulgated by the department shall encourage the development of homelike facilities which promote the dignity, individuality, personal strengths, and decisionmaking ability of residents.

21 (4) (b) The agency, in consultation with the 22 department, may waive rules promulgated pursuant to this part 23 in order to demonstrate and evaluate innovative or 2.4 cost-effective congregate care alternatives which enable 25 individuals to age in place. Such waivers may be granted only in instances where there is reasonable assurance that the 26 27 health, safety, or welfare of residents will not be 2.8 endangered. To apply for a waiver, the licensee shall submit 29 to the agency a written description of the concept to be demonstrated, including goals, objectives, and anticipated 30 benefits; the number and types of residents who will be 31

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affected, if applicable; a brief description of how the demonstration will be evaluated; and any other information deemed appropriate by the agency. Any facility granted a waiver shall submit a report of findings to the agency and the department within 12 months. At such time, the agency may renew or revoke the waiver or pursue any regulatory or statutory changes necessary to allow other facilities to adopt the same practices. The department may by rule clarify terms and establish waiver application procedures, criteria for reviewing waiver proposals, and procedures for reporting

12 (5) (4) The agency may use an abbreviated biennial 13 standard licensure inspection that consists of a review of key quality-of-care standards in lieu of a full inspection in 14 facilities which have a good record of past performance. 15 However, a full inspection shall be conducted in facilities 16 17 which have had a history of class I or class II violations, 18 uncorrected class III violations, confirmed ombudsman council complaints, or confirmed licensure complaints, within the 19 previous licensure period immediately preceding the inspection 20 21 or when a potentially serious problem is identified during the 22 abbreviated inspection. The agency, in consultation with the 23 department, shall develop the key quality-of-care standards with input from the State Long-Term Care Ombudsman Council and 2.4 representatives of provider groups for incorporation into its 25 26 rules. The department, in consultation with the agency, shall 27 report annually to the Legislature concerning its 2.8 implementation of this subsection. The report shall include, 29 at a minimum, the key quality-of-care standards which have been developed; the number of facilities identified as being 30 eligible for the abbreviated inspection; the number of 31

findings, as necessary to implement this subsection.

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1 facilities which have received the abbreviated inspection and, 2 of those, the number that were converted to full inspection; the number and type of subsequent complaints received by the 3 agency or department on facilities which have had abbreviated 4 inspections; any recommendations for modification to this 5 6 subsection; any plans by the agency to modify its 7 implementation of this subsection; and any other information 8 which the department believes should be reported. 9 (5) A fee shall be charged by the department to any 10 person requesting a copy of this part or rules promulgated under this part. Such fees shall not exceed the actual cost of 11 12 duplication and postage. 13 Section 157. Subsections (4) through (7) of section 429.47, Florida Statutes, are renumbered as subsections (1) 14 through (4), respectively, and present subsections (1), (2), 15 and (3) of that section are amended to read: 16 17 429.47 Prohibited acts; penalties for violation .--18 (1)It is unlawful for any person or public body to offer or advertise to the public, in any way by any medium 19 20 whatever, personal services as defined in this act, without 21 obtaining a valid current license. It is unlawful for any 2.2 holder of a license issued pursuant to the provisions of this 23 act to advertise or hold out to the public that it holds a license for a facility other than that for which it actually 2.4 holds a license. 25 (2) It is unlawful for any holder of a license issued 26 27 pursuant to the provisions of this act to withhold from the 2.8 agency any evidence of financial instability, including, but not limited to, bad checks, delinquent accounts, nonpayment of 29 30 withholding taxes, unpaid utility expenses, nonpayment for 31 essential services, or adverse court action concerning the

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1 financial viability of the facility or any other facility 2 licensed under part II of chapter 400 or under this part which is owned by the licensee. 3 4 (3) Any person found guilty of violating subsection (1) or subsection (2) commits a misdemeanor of the second 5 6 degree, punishable as provided in s. 775.083. Each day of 7 continuing violation shall be considered a separate offense. Section 158. Section 429.51, Florida Statutes, is 8 9 repealed. 10 Section 159. Section 429.67, Florida Statutes, is amended to read: 11 12 429.67 Licensure application and renewal. --13 (1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant 14 to this part and part II of chapter 408 and to entities 15 licensed by or applying for such licensure from the Agency for 16 17 Health Care Administration pursuant to this part. A license issued by the agency is required in order to operate an adult 18 family-care home in this state. Each person who intends to be 19 an adult family care home provider must apply for a license 20 21 from the agency at least 90 days before the applicant intends 22 to operate the adult family care home. 23 (2) A person who intends to be an adult family-care home provider must own or rent the adult family-care home that 2.4 is to be licensed and reside therein. 25 (3) In accordance with s. 408.805, an applicant or 26 27 licensee shall pay a fee for each license application 2.8 submitted under this part, part II of chapter 408, and applicable rules. The amount of the fee shall be \$200 per 29 biennium. The agency shall notify a licensee at least 120 days 30 before the expiration date that license renewal is required to 31

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1 continue operation. The notification must be provided 2 electronically or by mail delivery. Application for a license 3 or annual license renewal must be made on a form provided by 4 the agency, signed under oath, and must be accompanied by a 5 licensing fee of \$100 per year. 6 (4) Upon receipt of a completed license application or 7 license renewal, and the fee, the agency shall initiate a level 1 background screening as provided under chapter 435 on 8 the adult family-care home provider, the designated relief 9 person, all adult household members, and all staff members. 10 The agency shall conduct an onsite visit to the home that is 11 12 to be licensed. 13 (a) Proof of compliance with level 1 screening standards which has been submitted within the previous 5 years 14 to meet any facility or professional licensure requirements of 15 the agency or the Department of Health satisfies the 16 17 requirements of this subsection. Such proof must be accompanied, under penalty of perjury, by a copy of the 18 person's current professional license and an affidavit of 19 current compliance with the background screening requirements. 2.0 21 (b) The person required to be screened must have been 22 continuously employed in the same type of occupation for which 23 the person is seeking employment without a breach in service that exceeds 180 days, and proof of compliance with the level 2.4 1 screening requirement which is no more than 2 years old must 25 be provided. Proof of compliance shall be provided directly 26 27 from one employer or contractor to another, and not from the 2.8 person screened. Upon request, a copy of screening results shall be provided to the person screened by the employer 29 30 retaining documentation of the screening. 31

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1 (5) The application must be accompanied by a 2 description and explanation of any exclusions, permanent 3 suspensions, or terminations of the applicant from 4 participation in the Medicaid or Medicare programs or any 5 other governmental health care or health insurance program. б (5) (5) (6) Unless the adult family-care home is a 7 community residential home subject to chapter 419, the 8 applicant must provide documentation, signed by the appropriate governmental official, that the home has met local 9 10 zoning requirements for the location for which the license is 11 sought. 12 (6) (7) In addition to the requirements of s. 408.811, 13 access to a licensed adult family-care home must be provided at reasonable times for the appropriate officials of the 14 department, the Department of Health, the Department of 15 Children and Family Services, the agency, and the State Fire 16 17 Marshal, who are responsible for the development and maintenance of fire, health, sanitary, and safety standards, 18 to inspect the facility to assure compliance with these 19 standards. In addition, access to a licensed adult family-care 20 21 home must be provided at reasonable times for the local 22 long-term care ombudsman council. 23 (8) A license is effective for 1 year after the date of issuance unless revoked sooner. Each license must state the 2.4 name of the provider, the address of the home to which the 25 26 license applies, and the maximum number of residents of the 27 home. Failure to timely file a license renewal application 2.8 shall result in a late fee equal to 50 percent of the license 29 fee. 30 31

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1 (9) A license is not transferable or applicable to any 2 location or person other than the location and person indicated on the license. 3 4 (7)(10) The licensed maximum capacity of each adult family-care home is based on the service needs of the 5 6 residents and the capability of the provider to meet the needs 7 of the residents. Any relative who lives in the adult 8 family-care home and who is a disabled adult or frail elder must be included in that limitation. 9 10 (8)(11) Each adult family-care home must designate at least one licensed space for a resident receiving optional 11 12 state supplementation. The Department of Children and Family 13 Services shall specify by rule the procedures to be followed for referring residents who receive optional state 14 supplementation to adult family-care homes. Those homes 15 licensed as adult foster homes or assisted living facilities 16 17 prior to January 1, 1994, that convert to adult family-care 18 homes, are exempt from this requirement. (9) (12) In addition to the license categories 19 available in s. 408.808, the agency may issue a conditional 20 21 license to a provider for the purpose of bringing the adult 22 family-care home into compliance with licensure requirements. 23 A conditional license must be limited to a specific period, not exceeding 6 months. The department shall, by rule, 2.4 establish criteria for issuing conditional licenses. 25 (13) All moneys collected under this section must be 26 27 deposited into the Department of Elderly Affairs 2.8 Administrative Trust Fund. (10) (14) The department may adopt rules to establish 29 procedures, identify forms, specify documentation, and clarify 30 terms, as necessary, to administer this section. 31

1 (11) The agency may adopt rules to administer the 2 requirements of part II of chapter 408. 3 Section 160. Section 429.69, Florida Statutes, is 4 amended to read: 5 429.69 Denial, revocation, and or suspension of a б license.--In addition to the requirements of part II of 7 chapter 408, the agency may deny, suspend, and or revoke a license for any of the following reasons: 8 (1) Failure of any of the persons required to undergo 9 10 background screening under s. 429.67 to meet the level 1 screening standards of s. 435.03, unless an exemption from 11 12 disgualification has been provided by the agency. (2) An intentional or negligent act materially 13 affecting the health, safety, or welfare of the adult 14 15 family care home residents. (3) Submission of fraudulent information or omission 16 17 of any material fact on a license application or any other 18 document required by the agency. 19 (4) Failure to pay an administrative fine assessed under this part. 2.0 21 (5) A violation of this part or adopted rules which 2.2 results in conditions or practices that directly threaten the 23 physical or emotional health, safety, or welfare of residents. (2) (6) Failure to correct cited fire code violations 2.4 25 that threaten the health, safety, or welfare of residents. 26 (7) Failure to submit a completed initial license 27 application or to complete an application for license renewal 2.8 within the specified timeframes. 29 (8) Exclusion, permanent suspension, or termination of 30 the provider from the Medicare or Medicaid program. 31

1 Section 161. Section 429.71, Florida Statutes, is 2 amended to read: 3 429.71 <u>Classification of deficiencies; administrative</u> 4 fines Violations; penalties .--5 (1) In addition to the requirements of part II of б chapter 408 and in addition to any other liability or penalty 7 provided by law, the agency may impose an administrative fine 8 a civil penalty on a provider according to the following 9 classification: 10 (a) Class I violations are those conditions or practices related to the operation and maintenance of an adult 11 12 family-care home or to the care of residents which the agency 13 determines present an imminent danger to the residents or guests of the facility or a substantial probability that death 14 or serious physical or emotional harm would result therefrom. 15 The condition or practice that constitutes a class I violation 16 17 must be abated or eliminated within 24 hours, unless a fixed 18 period, as determined by the agency, is required for correction. A class I deficiency is subject to an 19 administrative fine in an amount not less than \$500 and not 20 21 exceeding \$1,000 for each violation. A fine may be levied 22 notwithstanding the correction of the deficiency. 23 (b) Class II violations are those conditions or practices related to the operation and maintenance of an adult 2.4 family-care home or to the care of residents which the agency 25 26 determines directly threaten the physical or emotional health, 27 safety, or security of the residents, other than class I 2.8 violations. A class II violation is subject to an administrative fine in an amount not less than \$250 and not 29 exceeding \$500 for each violation. A citation for a class II 30 violation must specify the time within which the violation is 31

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

(c) Class III violations are those conditions or 4 practices related to the operation and maintenance of an adult 5 6 family-care home or to the care of residents which the agency 7 determines indirectly or potentially threaten the physical or 8 emotional health, safety, or security of residents, other than class I or class II violations. A class III violation is 9 subject to an administrative fine in an amount not less than 10 \$100 and not exceeding \$250 for each violation. A citation for 11 12 a class III violation shall specify the time within which the 13 violation is required to be corrected. If a class III violation is corrected within the time specified, no civil 14 penalty shall be imposed, unless it is a repeated offense. 15 (d) Class IV violations are those conditions or 16 17 occurrences related to the operation and maintenance of an

18 adult family-care home, or related to the required reports, forms, or documents, which do not have the potential of 19 negatively affecting the residents. A provider that does not 20 21 correct a class IV violation within the time limit specified 22 by the agency is subject to an administrative fine in an 23 amount not less than \$50 and not exceeding \$100 for each violation. Any class IV violation that is corrected during the 2.4 time the agency survey is conducted will be identified as an 25 26 agency finding and not as a violation.

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

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1 (a) Violating any term or condition of a license. 2 (b) Violating any provision of rule adopted under this part, part II of chapter 408, or applicable rules. 3 4 (c) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the 5 б transportation, voluntary admission, and involuntary 7 examination of adult family-care home residents. 8 (d) Exceeding licensed capacity. (e) Providing services beyond the scope of the 9 10 license. (f) Violating a moratorium. 11 12 (3) Each day during which a violation occurs 13 constitutes a separate offense. (4) In determining whether a penalty is to be imposed, 14 and in fixing the amount of any penalty to be imposed, the 15 16 agency must consider: 17 (a) The gravity of the violation. 18 (b) Actions taken by the provider to correct a violation. 19 (c) Any previous violation by the provider. 20 21 (d) The financial benefit to the provider of 22 committing or continuing the violation. 23 (5) As an alternative to or in conjunction with an administrative action against a provider, the agency may 2.4 request a plan of corrective action that demonstrates a good 25 faith effort to remedy each violation by a specific date, 26 27 subject to the approval of the agency. 28 (6) The department shall set forth, by rule, notice requirements and procedures for correction of deficiencies. 29 30 (7) Civil penalties paid by a provider must be deposited into the Department of Elderly Affairs 31

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Administrative Trust Fund and used to offset the expenses of departmental training and education for adult family care home providers. (8) The agency may impose an immediate moratorium on admissions to any adult family care home if the agency finds that a condition in the home presents a threat to the health, safety, or welfare of its residents. The department may by rule establish facility conditions that constitute grounds for imposing a moratorium and establish procedures for imposing and lifting a moratorium. Section 162. Section 429.73, Florida Statutes, is amended to read: 429.73 Rules and standards relating to adult family-care homes. --(1) <u>The agency</u>, in consultation with the department, may adopt rules to administer the requirements of part II of chapter 408. The department, in consultation with the Department of Health, the Department of Children and Family Services, and the agency shall, by rule, establish minimum standards to ensure the health, safety, and well-being of each resident in the adult family-care home pursuant to this part. The rules must address: (a) Requirements for the physical site of the facility and facility maintenance. (b) Services that must be provided to all residents of an adult family-care home and standards for such services, which must include, but need not be limited to:

1. Room and board.

2. Assistance necessary to perform the activities of 29 30 daily living. 31

3. Assistance necessary to administer medication.

1 4. Supervision of residents. 2 5. Health monitoring. 6. Social and leisure activities. 3 (c) Standards and procedures for license application 4 5 and annual license renewal, advertising, proper management of б each resident's funds and personal property and personal 7 affairs, financial ability to operate, medication management, 8 inspections, complaint investigations, and facility, staff, and resident records. 9 10 (d) Qualifications, training, standards, and responsibilities for providers and staff. 11 12 (e) Compliance with chapter 419, relating to community 13 residential homes. (f) Criteria and procedures for determining the 14 appropriateness of a resident's placement and continued 15 residency in an adult family-care home. A resident who 16 17 requires 24-hour nursing supervision may not be retained in an adult family-care home unless such resident is an enrolled 18 hospice patient and the resident's continued residency is 19 mutually agreeable to the resident and the provider. 20 21 (g) Procedures for providing notice and assuring the 22 least possible disruption of residents' lives when residents 23 are relocated, an adult family-care home is closed, or the ownership of an adult family-care home is transferred. 2.4 (h) Procedures to protect the residents' rights as 25 provided in s. 429.85. 26 27 (i) Procedures to promote the growth of adult 2.8 family-care homes as a component of a long-term care system. (j) Procedures to promote the goal of aging in place 29 30 for residents of adult family-care homes. 31

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1	(2) The department shall by rule provide minimum
2	standards and procedures for emergencies. Pursuant to s.
3	633.022, the State Fire Marshal, in consultation with the
4	department and the agency, shall adopt uniform firesafety
5	standards for adult family-care homes.
б	(3) The department shall adopt rules providing for the
7	implementation of orders not to resuscitate. The provider may
8	withhold or withdraw cardiopulmonary resuscitation if
9	presented with an order not to resuscitate executed pursuant
10	to s. 401.45. The provider shall not be subject to criminal
11	prosecution or civil liability, nor be considered to have
12	engaged in negligent or unprofessional conduct, for
13	withholding or withdrawing cardiopulmonary resuscitation
14	pursuant to such an order and <u>applicable</u> rules adopted by the
15	department.
16	(4) The provider of any adult family care home that is
17	in operation at the time any rules are adopted or amended
18	under this part may be given a reasonable time, not exceeding
19	6 months, within which to comply with the new or revised rules
20	and standards.
21	Section 163. <u>Section 429.77, Florida Statutes, is</u>
22	repealed.
23	Section 164. Subsections (6) and (7) of section
24	429.901, Florida Statutes, are amended to read:
25	429.901 DefinitionsAs used in this part, the term:
26	(6) "Operator" means the <u>licensee or</u> person having
27	general administrative charge of an adult day care center.
28	(7) "Owner" means the <u>licensee</u> owner of an adult day
29	care center.
30	Section 165. Section 429.907, Florida Statutes, is
31	amended to read:

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1 429.907 License requirement; fee; exemption; 2 display.--3 The requirements of part II of chapter 408 apply (1) 4 to the provision of services that require licensure pursuant 5 to this part and part II of chapter 408 and to entities б licensed by or applying for such licensure from the Agency for 7 Health Care Administration pursuant to this part. A license 8 issued by the agency is required in order to operate an adult day care in this state. It is unlawful to operate an adult day 9 10 care center without first obtaining from the agency a license authorizing such operation. The agency is responsible for 11 12 licensing adult day care centers in accordance with this part. 13 (2) Separate licenses are required for centers operated on separate premises, even though operated under the 14 same management. Separate licenses are not required for 15 separate buildings on the same premises. 16 17 (3) In accordance with s. 408.805, an applicant or licensee shall pay a fee for each license application 18 submitted under this part and part II of chapter 408. The 19 amount of the fee shall be established by rule and The 20 21 biennial license fee required of a center shall be determined 22 by the department, but may not exceed \$150. 23 (4) County-operated or municipally operated centers applying for licensure under this part are exempt from the 2.4 25 payment of license fees. 26 (5) The license for a center shall be displayed in a conspicuous place inside the center. 27 28 (6) A license is valid only in the possession of the individual, firm, partnership, association, or corporation to 29 30 which it is issued and is not subject to sale, assignment, other transfer, voluntary or involuntary; nor is a license 31

1 valid for any premises other than the premises for which 2 originally issued. Section 166. Section 429.909, Florida Statutes, is 3 4 amended to read: 5 429.909 Application for license.-б (1) An application for a license to operate an adult 7 day care center must be made to the agency on forms furnished 8 by the agency and must be accompanied by the appropriate 9 license fee unless the applicant is exempt from payment of the fee as provided in s. 429.907(4). 10 (2) In addition to all provisions of part II of 11 12 chapter 408, the applicant for licensure must furnish+ 13 (a) a description of the physical and mental capabilities and needs of the participants to be served and 14 the availability, frequency, and intensity of basic services 15 and of supportive and optional services to be provided and+ 16 17 (b) Satisfactory proof of financial ability to operate 18 and conduct the center in accordance with the requirements of this part, which must include, in the case of an initial 19 20 application, a 1 year operating plan and proof of a 3 month 21 operating reserve fund; and 22 (c) proof of adequate liability insurance coverage. 23 (d) Proof of compliance with level 2 background screening as required under s. 429.919. 2.4 25 (e) A description and explanation of any exclusions, 26 permanent suspensions, or terminations of the application from 27 the Medicare or Medicaid programs. Proof of compliance with 2.8 disclosure of ownership and control interest requirements of 29 the Medicare or Medicaid programs shall be accepted in lieu of 30 this submission. 31

1 Section 167. Section 429.911, Florida Statutes, is 2 amended to read: 3 429.911 Denial, suspension, revocation of license; 4 emergency action; administrative fines; investigations and 5 inspections.-б (1) The agency may deny, revoke, and or suspend a 7 license under this part, impose an action under s. 408.814, and or may impose an administrative fine against the owner of 8 9 an adult day care center or its operator or employee in the manner provided in chapter 120 for the violation of any 10 provision of this part, part II of chapter 408, or applicable 11 12 rules. 13 (2) Each of the following actions by the owner of an adult day care center or by its operator or employee is a 14 ground for action by the agency against the owner of the 15 center or its operator or employee: 16 17 (a) An intentional or negligent act materially affecting the health or safety of center participants. 18 (b) A violation of this part or of any standard or 19 rule under this part or part II of chapter 408. 20 21 (c) A failure of persons subject to level 2 background 22 screening under s. 408.809 429.174(1) to meet the screening 23 standards of s. 435.04, or the retention by the center of an employee subject to level 1 background screening standards 2.4 under s. 429.174(2) who does not meet the screening standards 25 of s. 435.03 and for whom exemptions from disqualification 26 27 have not been provided by the agency. 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 center participants. 31

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1 (e) Multiple or repeated violations of this part or of 2 any standard or rule adopted under this part or part II of 3 chapter 408. 4 (f) Exclusion, permanent suspension, or termination of the owner, if an individual, officer, or board member of the 5 6 adult day care center, if the owner is a firm, corporation, 7 partnership, or association, or any person owning 5 percent or 8 more of the center, from the Medicare or Medicaid program. 9 (3) The agency is responsible for all investigations 10 and inspections conducted pursuant to this part and s. 408.811. 11 12 Section 168. Section 429.913, Florida Statutes, is 13 amended to read: 429.913 Administrative fines; interest.--14 (1)(a) In addition to the requirements of part II of 15 chapter 408, if the agency determines that an adult day care 16 17 center is not operated in compliance with this part or with 18 rules adopted under this part, the agency, notwithstanding any other administrative action it takes, shall make a reasonable 19 attempt to discuss with the owner each violation and 2.0 21 recommended corrective action prior to providing the owner 22 with written notification. The agency may request the 23 submission of a corrective action plan for the center which demonstrates a good faith effort to remedy each violation by a 2.4 25 specific date, subject to the approval of the agency. (b) The owner of a center or its operator or employee 26 27 found in violation of this part, part II of chapter 408, or 2.8 applicable rules or of rules adopted under this part may be fined by the agency. A fine may not exceed \$500 for each 29 violation. In no event, however, may such fines in the 30 aggregate exceed \$5,000. 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 the owner of a center or its operator or 7 employee appeals an agency action under this section and the 8 fine is upheld, the violator shall pay the fine, plus interest 9 at the legal rate specified in s. 687.01 for each day that the 10 fine remains unpaid after the date set by the agency for payment of the fine. 11 12 (2) In determining whether to impose a fine and in 13 fixing the amount of any fine, the agency shall consider the following factors: 14 (a) The gravity of the violation, including the 15 probability that death or serious physical or emotional harm 16 17 to a participant will result or has resulted, the severity of the 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 20 21 violations. 22 (c) Any previous violations. 23 (d) The financial benefit to the center of committing or continuing the violation. 2.4 25 Section 169. Section 429.915, Florida Statutes, is amended to read: 26 27 429.915 Expiration of license; renewal; Conditional 2.8 license or permit .--29 (1)A license issued for the operation of an adult day -center, unless sooner suspended or revoked, expires 2 30 years after the date of issuance. The agency shall notify a 31

1 licensee at least 120 days before the expiration date that 2 license renewal is required to continue operation. The notification must be provided electronically or by mail 3 4 delivery. At least 90 days prior to the expiration date, an 5 application for renewal must be submitted to the agency. A 6 license shall be renewed, upon the filing of an application on 7 forms furnished by the agency, if the applicant has first met 8 the requirements of this part and of the rules adopted under 9 this part. The applicant must file with the application 10 satisfactory proof of financial ability to operate the center accordance with the requirements of this part and in 11 12 accordance with the needs of the participants to be served and an affidavit of compliance with the background screening 13 requirements of s. 429.919. 14 15 (2)A licensee against whom a revocation or suspension proceeding is pending at the time for license renewal may be 16 17 issued a conditional license effective until final disposition 18 the agency of the proceeding. If judicial relief is sought from the final disposition, the court having jurisdiction may 19 issue a conditional permit effective for the duration of the 2.0 21 judicial proceeding. 22 (3) In addition to the license categories available in 23 part II of chapter 408, the agency may issue a conditional license to an applicant for license renewal or change of 2.4 ownership if the applicant fails to meet all standards and 25 requirements for licensure. A conditional license issued under 26 27 this subsection must be limited to a specific period not 2.8 exceeding 6 months, as determined by the agency, and must be 29 accompanied by an approved plan of correction. 30 Section 170. Section 429.919, Florida Statutes, is 31 amended to read:

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1 429.919 Background screening.--2 (1)(a) Level 2 background screening must be conducted 3 on each of the following persons, who shall be considered 4 employees for the purposes of conducting screening under 5 chapter 435: б 1. The adult day care center owner if an individual, 7 the operator, and the financial officer. 8 An officer or board member if the owner of the 2 9 adult day care center is a firm, corporation, partnership, or 10 association, or any person owning 5 percent or more of the facility, if the agency has probable cause to believe that 11 12 such person has been convicted of any offense prohibited by s. 13 435.04. For each officer, board member, or person owning 5 percent or more who has been convicted of any such offense, 14 the facility shall submit to the agency a description and 15 explanation of the conviction at the time of license 16 17 application. This subparagraph does not apply to a board 18 member of a not for profit corporation or organization if the board member serves solely in a voluntary capacity, does not 19 regularly take part in the day to day operational decisions of 2.0 21 the corporation or organization, receives no remuneration for 2.2 his or her services, and has no financial interest and has no 23 family members with a financial interest in the corporation or organization, provided that the board member and facility 2.4 submit a statement affirming that the board member's 25 relationship to the facility satisfies the requirements of 26 27 this subparagraph. 28 (b) Proof of compliance with level 2 screening standards which has been submitted within the previous 5 years 29 30 to meet any facility or professional licensure requirements of 31

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1 the agency or the Department of Health satisfies the 2 requirements of this subsection. 3 (c) The agency may grant a provisional license to an 4 adult day care center applying for an initial license when 5 each individual required by this subsection to undergo б screening has completed the Department of Law Enforcement 7 background check, but has not yet received results from the 8 Federal Bureau of Investigation, or when a request for an 9 exemption from disqualification has been submitted to the agency pursuant to s. 435.07, but a response has not been 10 11 issued. 12 (2) The owner or administrator of an adult day care 13 center must conduct level 1 background screening as set forth in chapter 435 on all employees hired on or after October 1, 14 1998, who provide basic services or supportive and optional 15 16 services to the participants. Such persons satisfy this 17 requirement if: (1)(a) Proof of compliance with level 1 screening 18 requirements obtained to meet any professional license 19 requirements in this state is provided and accompanied, under 20 21 penalty of perjury, by a copy of the person's current 2.2 professional license and an affidavit of current compliance 23 with the background screening requirements. (2) (b) The person required to be screened has been 2.4 25 continuously employed, without a breach in service that exceeds 180 days, in the same type of occupation for which the 26 27 person is seeking employment and provides proof of compliance 2.8 with the level 1 screening requirement which is no more than 2 years old. Proof of compliance must be provided directly from 29 one employer or contractor to another, and not from the person 30 screened. Upon request, a copy of screening results shall be 31

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1 provided to the person screened by the employer retaining 2 documentation of the screening. 3 (3)(c) The person required to be screened is employed 4 by a corporation or business entity or related corporation or business entity that owns, operates, or manages more than one 5 6 facility or agency licensed under chapter 400 or this chapter, 7 and for whom a level 1 screening was conducted by the 8 corporation or business entity as a condition of initial or 9 continued employment. 10 Section 171. Section 429.921, Florida Statutes, is repealed. 11 12 Section 172. Section 429.923, Florida Statutes, is 13 repealed. Section 173. Section 429.925, Florida Statutes, is 14 amended to read: 15 429.925 Discontinuance of operation of adult day care 16 17 centers Closing or change of owner or operator of center. --(1) In addition to the requirements of part II of 18 chapter 408, before operation of an adult day care center may 19 be voluntarily discontinued, the operator must, inform the 20 21 agency in writing at least 60 days before prior to the 22 discontinuance of operation. The operator must also, at such 23 time, inform each participant of the fact and the proposed date of such discontinuance of operation. 2.4 (2) Immediately upon discontinuance of the operation 25 26 of a center, the owner or operator shall surrender the license 27 for the center to the agency, and the license shall be 2.8 canceled by the agency. 29 (3)If a center has a change of ownership, the new 30 owner shall apply to the agency for a new license at least 60 days before the date of the change of ownership. 31

1 (4) If a center has a change of operator, the new 2 operator shall notify the agency in writing within 30 days 3 after the change of operator. 4 Section 174. Section 429.927, Florida Statutes, is amended to read: 5 б 429.927 Right of entry and inspection.--In accordance 7 with s. 408.811, any duly designated officer or employee of 8 the agency or department has the right to enter the premises of any adult day care center licensed pursuant to this part, 9 at any reasonable time, in order to determine the state of 10 compliance with this part, part II of chapter 408, and 11 12 applicable the rules or standards in force pursuant to this 13 part. The right of entry and inspection also extends to any premises that the agency has reason to believe are being 14 operated as a center without a license, but no entry or 15 inspection of any unlicensed premises may be made without the 16 17 permission of the owner or operator unless a warrant is first 18 obtained from the circuit court authorizing entry inspection. Any application for a center license or license 19 20 renewal made pursuant to this part constitutes permission for, 21 and complete acquiescence in, any entry or inspection of the 22 premises for which the license is sought in order to 23 facilitate verification of the information submitted on or in connection with the application. 2.4 25 Section 175. Section 429.929, Florida Statutes, is amended to read: 26 27 429.929 Rules establishing standards.--28 (1)The agency, in consultation with the department, may adopt rules to administer the requirements of part II of 29 30 chapter 408. The Department of Elderly Affairs, in conjunction with the agency, shall adopt rules to implement the provisions 31

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standards. Any conflict between these standards and those that may be set forth in local, county, or municipal ordinances shall be resolved in favor of those having statewide effect. Such standards must relate to: (a) The maintenance of adult day care centers with respect to plumbing, heating, lighting, ventilation, and other building conditions, including adequate meeting space, to ensure the health, safety, and comfort of participants and protection from fire hazard. Such standards may not conflict with chapter 553 and must be based upon the size of the structure and the number of participants. (b) The number and qualifications of all personnel employed by adult day care centers who have responsibilities for the care of participants. (c) All sanitary conditions within adult day care centers and their surroundings, including water supply, sewage disposal, food handling, and general hygiene, and maintenance of sanitary conditions, to ensure the health and comfort of participants. (d) Basic services provided by adult day care centers.

of this part. The rules must include reasonable and fair

22 (e) Supportive and optional services provided by adult 23 day care centers.

(f) Data and information relative to participants and programs of adult day care centers, including, but not limited to, the physical and mental capabilities and needs of the participants, the availability, frequency, and intensity of basic services and of supportive and optional services provided, the frequency of participation, the distances traveled by participants, the hours of operation, the number 31

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1 of referrals to other centers or elsewhere, and the incidence 2 of illness. (g) Components of a comprehensive emergency management 3 plan, developed in consultation with the Department of Health, 4 the Agency for Health Care Administration, and the Department 5 6 of Community Affairs. 7 (2) Pursuant to s. 119.07, the agency may charge a fee 8 for furnishing a copy of this part, or of the rules adopted 9 under this part, to any person upon request for the copy. (2)(3) Pursuant to this part, s. 408.811, and 10 applicable rules adopted by the department, the agency may 11 12 conduct an abbreviated biennial inspection of key 13 quality-of-care standards, in lieu of a full inspection, of a center that has a record of good performance. However, the 14 agency must conduct a full inspection of a center that has had 15 one or more confirmed complaints within the licensure period 16 17 immediately preceding the inspection or which has a serious 18 problem identified during the abbreviated inspection. The agency shall develop the key quality-of-care standards, taking 19 into consideration the comments and recommendations of the 20 21 Department of Elderly Affairs and of provider groups. These 22 standards shall be included in rules adopted by the Department 23 of Elderly Affairs. Section 176. Section 429.933, Florida Statutes, is 2.4 repealed. 25 Section 177. Subsections (9) and (10) of section 26 27 440.102, Florida Statutes, are amended to read: 2.8 440.102 Drug-free workplace program requirements. -- The 29 following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency 30 for Health Care Administration: 31

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1	(9) DRUG-TESTING STANDARDS FOR LABORATORIES
2	(a) The requirements of part II of chapter 408 apply
3	to the provision of services that require licensure pursuant
4	to this section and part II of chapter 408 and to entities
5	licensed by or applying for such licensure from the agency
б	pursuant to this section. A license issued by the agency is
7	required in order to operate a drug-free workplace laboratory.
8	<u>(b)(a)</u> A laboratory may analyze initial or
9	confirmation test specimens only if:
10	1. The laboratory obtains a license under part II of
11	chapter 408 and s. 112.0455(17). Each applicant for licensure
12	and each licensee must comply with all requirements of this
13	section, part II of chapter 408, and applicable rules. is
14	licensed and approved by the Agency for Health Care
15	Administration using criteria established by the United States
16	Department of Health and Human Services as general guidelines
17	for modeling the state drug testing program pursuant to this
18	section or the laboratory is certified by the United States
19	Department of Health and Human Services.
20	2. The laboratory has written procedures to ensure the
21	chain of custody.
22	3. The laboratory follows proper quality control
23	procedures, including, but not limited to:
24	a. The use of internal quality controls, including the
25	use of samples of known concentrations which are used to check
26	the performance and calibration of testing equipment, and
27	periodic use of blind samples for overall accuracy.
28	b. An internal review and certification process for
29	drug test results, conducted by a person qualified to perform
30	that function in the testing laboratory.
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	2.07

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1 c. Security measures implemented by the testing 2 laboratory to preclude adulteration of specimens and drug test 3 results. 4 d. Other necessary and proper actions taken to ensure reliable and accurate drug test results. 5 б (c) (b) A laboratory shall disclose to the medical 7 review officer a written positive confirmed test result report 8 within 7 working days after receipt of the sample. All laboratory reports of a drug test result must, at a minimum, 9 10 state: 1. The name and address of the laboratory that 11 12 performed the test and the positive identification of the 13 person tested. 2. Positive results on confirmation tests only, or 14 negative results, as applicable. 15 16 3. A list of the drugs for which the drug analyses 17 were conducted. 18 4. The type of tests conducted for both initial tests and confirmation tests and the minimum cutoff levels of the 19 tests. 20 21 5. Any correlation between medication reported by the 22 employee or job applicant pursuant to subparagraph (5)(b)2. 23 and a positive confirmed drug test result. 2.4 A report must not disclose the presence or absence of any drug 25 other than a specific drug and its metabolites listed pursuant 26 27 to this section. 2.8 (d)(c) The laboratory shall submit to the Agency for 29 Health Care Administration a monthly report with statistical information regarding the testing of employees and job 30 applicants. The report must include information on the methods 31 328

1 of analysis conducted, the drugs tested for, the number of 2 positive and negative results for both initial tests and confirmation tests, and any other information deemed 3 appropriate by the Agency for Health Care Administration. A 4 monthly report must not identify specific employees or job 5 б applicants. 7 (10) RULES.--The Agency for Health Care Administration 8 shall adopt rules pursuant to s. 112.0455, part II of chapter 408, and criteria established by the United States Department 9 10 of Health and Human Services as general guidelines for modeling drug-free workplace laboratories the state 11 12 drug testing program, concerning, but not limited to: 13 (a) Standards for licensing drug-testing laboratories and suspension and revocation of such licenses. 14 (b) Urine, hair, blood, and other body specimens and 15 16 minimum specimen amounts that are appropriate for drug 17 testing. (c) Methods of analysis and procedures to ensure 18 reliable drug-testing results, including standards for initial 19 tests and confirmation tests. 2.0 21 (d) Minimum cutoff detection levels for each drug or 22 metabolites of such drug for the purposes of determining a 23 positive test result. (e) Chain-of-custody procedures to ensure proper 2.4 identification, labeling, and handling of specimens tested. 25 (f) Retention, storage, and transportation procedures 26 27 to ensure reliable results on confirmation tests and retests. 2.8 Section 178. Paragraph (1) of subsection (1) of section 468.505, Florida Statutes, is amended to read: 29 30 468.505 Exemptions; exceptions.--31

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1 (1) Nothing in this part may be construed as 2 prohibiting or restricting the practice, services, or activities of: 3 (1) A person employed by a nursing facility exempt 4 from licensing under s. 395.002(12)(13), or a person exempt 5 б from licensing under s. 464.022. 7 Section 179. Subsection (3) is added to section 8 483.035, Florida Statutes, to read: 483.035 Clinical laboratories operated by 9 practitioners for exclusive use; licensure and regulation .--10 (3) 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 14 pursuant to this part. A license issued by the agency is 15 required in order to operate a clinical laboratory. 16 17 Section 180. Subsection (1) of section 483.051, Florida Statutes, is amended to read: 18 483.051 Powers and duties of the agency.--The agency 19 shall adopt rules to implement this part, which rules must 20 21 include, but are not limited to, the following: 22 (1) LICENSING; QUALIFICATIONS.--The agency shall 23 provide for biennial licensure of all clinical laboratories meeting the requirements of this part and shall prescribe the 2.4 qualifications necessary for such licensure. A license issued 25 26 for operating a clinical laboratory, unless sooner suspended 27 or revoked, expires on the date set forth by the agency on the 2.8 face of the license. Section 181. Section 483.061, Florida Statutes, is 29 30 amended to read: 483.061 Inspection of clinical laboratories.--31

1 (1)In addition to the requirements of s. 408.811, the 2 agency shall ensure that each clinical laboratory subject to 3 this part is inspected either onsite or offsite when deemed necessary by the agency, but at least every 2 years, for the 4 purpose of evaluating the operation, supervision, and 5 б procedures of the facility to ensure compliance with this 7 part. Collection stations and branch offices may be inspected 8 either onsite or offsite, when deemed necessary by the agency. 9 The agency may conduct or cause to be conducted the following 10 announced or unannounced inspections at any reasonable time: (a) An inspection conducted at the direction of the 11 12 federal Centers for Medicare and Medicaid Services Health Care 13 Financing Administration. (b) A licensure inspection. 14 (b)(c) A validation inspection. 15 (c) (d) A complaint investigation, including a full 16 17 licensure investigation with a review of all licensure standards as outlined in rule. Complaints received by the 18 agency from individuals, organizations, or other sources are 19 subject to review and investigation by the agency. If a 20 21 complaint has been filed against a laboratory or if a 22 laboratory has a substantial licensure deficiency, the agency 23 may inspect the laboratory annually or as the agency considers 2.4 necessary. (2) However, For laboratories operated under s. 25 483.035, biennial licensure inspections shall be scheduled so 26 27 as to cause the least disruption to the practitioner's 2.8 scheduled patients. 29 (2) The right of entry and inspection is extended to 30 premises that is maintained as a laboratory without a 31 license, but such entry or inspection may not be made without 331

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1 the permission of the owner or person in charge of the 2 laboratory, unless an inspection warrant as defined in 933.20 is first obtained. 3 4 (3) The agency may shall inspect an out-of-state clinical laboratory under this section at the expense of the 5 б out-of-state clinical laboratory to determine whether the 7 laboratory meets the requirements of this part and part II of 8 chapter 408. 9 (4) The agency shall accept, in lieu of its own 10 periodic inspections for licensure, the survey of or inspection by private accrediting organizations that perform 11 12 inspections of clinical laboratories accredited by such 13 organizations, including postinspection activities required by 14 the agency. 15 (a) The agency shall accept inspections performed by such organizations if the accreditation is not provisional, if 16 17 such organizations perform postinspection activities required by the agency and provide the agency with all necessary 18 inspection and postinspection reports and information 19 necessary for enforcement, if such organizations apply 20 21 standards equal to or exceeding standards established and 22 approved by the agency, and if such accrediting organizations 23 are approved by the federal Health Care Financing Administration to perform such inspections. 2.4 (b) The agency may conduct complaint investigations 25 made against laboratories inspected by accrediting 26 27 organizations. 28 (c) The agency may conduct sample validation inspections of laboratories inspected by accrediting 29 30 organizations to evaluate the accreditation process used by an accrediting organization. 31

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1 (d) The agency may conduct a full inspection if an 2 accrediting survey has not been conducted within the previous 24 months, and the laboratory must pay the appropriate license 3 inspection fee under s. 483.172(2) s. 483.172. 4 5 (e) The agency shall develop, and adopt, by rule, б criteria for accepting inspection and postinspection reports 7 of accrediting organizations in lieu of conducting a state 8 licensure inspection. Section 182. Section 483.091, Florida Statutes, is 9 10 amended to read: 483.091 Clinical laboratory license.--A person may not 11 12 conduct, maintain, or operate a clinical laboratory in this 13 state, except a laboratory that is exempt under s. 483.031, unless the clinical laboratory has obtained a license from the 14 agency. A clinical laboratory may not send a specimen drawn 15 within this state to any clinical laboratory outside the state 16 17 for examination unless the out-of-state laboratory has 18 obtained a license from the agency. A license is valid only for the person or persons to whom it is issued and may not be 19 sold, assigned, or transferred, voluntarily or involuntarily, 20 21 and is not valid for any premises other than those for which 22 the license is issued. However, A new license may be secured 23 for the new location before the actual change, if the contemplated change complies with this part, part II of 2.4 chapter 408, and the applicable rules adopted under this part. 25 26 Application for a new clinical laboratory license must be made 27 60 days before a change in the ownership of the clinical 2.8 laboratory. Section 183. Section 483.101, Florida Statutes, is 29 30 amended to read: 483.101 Application for Clinical laboratory license.--31

(1) An application for a clinical laboratory license 1 2 must be made under oath by the owner or director of the clinical laboratory or by the public official responsible for 3 4 operating a state, municipal, or county clinical laboratory or 5 institution that contains a clinical laboratory, upon forms 6 provided by the agency. 7 (2) Each applicant for licensure must comply with the 8 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 2 standards for screening set forth 11 12 in chapter 435, of the managing director or other similarly 13 titled individual who is responsible for the daily operation of the laboratory and of the financial officer, or other 14 similarly titled individual who is responsible for the 15 financial operation of the laboratory, including billings for 16 17 patient services. The applicant must comply with the 18 procedures for level 2 background screening as set forth in chapter 435, as well as the requirements of s. 435.03(3). 19 20 (b) The agency may require background screening of any 21 other individual who is an applicant if the agency has 2.2 probable cause to believe that he or she has been convicted of 23 a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435. 2.4 - Proof of compliance with the level 2 background 25 (c)screening requirements of chapter 435 which has been submitted 26 27 within the previous 5 years in compliance with any other 2.8 health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a). 29 (d) A provisional license may be granted to an 30 applicant when each individual required by this section to 31

1 undergo background screening has met the standards for the 2 Department of Law Enforcement background check but the agency has not yet received background screening results from the 3 4 Federal Bureau of Investigation, or a request for a disgualification exemption has been submitted to the agency as 5 6 set forth in chapter 435 but a response has not yet been 7 issued. A license may be granted to the applicant upon the 8 agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each 9 10 individual required by this section to undergo background screening which confirms that all standards have been met, or 11 12 upon the granting of a disgualification exemption by the agency as set forth in chapter 435. Any other person who is 13 required to undergo level 2 background screening may serve in 14 his or her capacity pending the agency's receipt of the report 15 from the Federal Bureau of Investigation. However, the person 16 17 may not continue to serve if the report indicates any 18 violation of background screening standards and a disqualification exemption has not been requested of and 19 20 granted by the agency as set forth in chapter 435. 21 (e) Each applicant must submit to the agency, with its 2.2 application, a description and explanation of any exclusions, 23 permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with 2.4 the requirements for disclosure of ownership and control 25 interests under the Medicaid or Medicare programs may be 26 27 accepted in lieu of this submission. 28 (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense 29 30 prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its 31

1 officers, or any individual owning 5 percent or more of the 2 applicant. This requirement does not apply to a director of a not for profit corporation or organization if the director 3 4 serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day to day 5 6 operational decisions of the corporation or organization, 7 receives no remuneration for his or her services on the 8 corporation or organization's board of directors, and has no financial interest and has no family members with a financial 9 10 interest in the corporation or organization, provided that the director and the not for profit corporation or organization 11 12 include in the application a statement affirming that the 13 director's relationship to the corporation satisfies the requirements of this paragraph. 14 15 (g) A license may not be granted to an applicant if the applicant or managing employee has been found quilty of, 16 17 regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 18 level 2 standards for screening set forth in chapter 435, 19 unless an exemption from disqualification has been granted by 2.0 21 the agency as set forth in chapter 435. 22 (h) The agency may deny or revoke licensure if the 23 applicant: 1. Has falsely represented a material fact in the 2.4 application required by paragraph (e) or paragraph (f), or has 25 omitted any material fact from the application required by 26 27 paragraph (e) or paragraph (f); or 28 2. Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in 29 30 paragraph (e). 31

1 (i) An application for license renewal must contain 2 the information required under paragraphs (e) and (f). 3 (3) A license must be issued authorizing the performance of one or more clinical laboratory procedures or 4 one or more tests on each specialty or subspecialty. A 5 6 separate license is required of all laboratories maintained on 7 separate premises even if the laboratories are operated under 8 the same management. Upon receipt of a request for an application for a clinical laboratory license, the agency 9 shall provide to the applicant a copy of the rules relating to 10 licensure and operations applicable to the laboratory for 11 12 which licensure is sought. 13 Section 184. Section 483.106, Florida Statutes, is amended to read: 14 483.106 Application for a certificate of 15 exemption. -- An application for a certificate of exemption must 16 17 be made under oath by the owner or director of a clinical 18 laboratory that performs only waived tests as defined in s. 483.041. A certificate of exemption authorizes a clinical 19 laboratory to perform waived tests. Laboratories maintained on 20 21 separate premises and operated under the same management may 22 apply for a single certificate of exemption or multiple 23 certificates of exemption. The agency shall, by rule, specify the process for biennially issuing certificates of exemption. 2.4 Sections 483.011, 483.021, 483.031, 483.041, 483.172, and 25 26 483.23, and 483.25 apply to a clinical laboratory that obtains 27 a certificate of exemption under this section. 2.8 Section 185. Section 483.111, Florida Statutes, is amended to read: 29 30 483.111 Limitations on licensure.--A license may be issued to a clinical laboratory to perform only those clinical 31 337

1 laboratory procedures and tests that are within the 2 specialties or subspecialties in which the clinical laboratory personnel are qualified. A license may not be issued unless 3 the agency determines that the clinical laboratory is 4 adequately staffed and equipped to operate in conformity with 5 б the requirements of this part, part II of chapter 408, and 7 applicable the rules adopted under this part. 8 Section 186. Section 483.131, Florida Statutes, is 9 repealed. 10 Section 187. Subsections (1) and (2) of section 483.172, Florida Statutes, are amended to read: 11 483.172 License fees.--12 13 (1) In accordance with s. 408.805, an applicant or a licensee shall pay a fee for each license application 14 submitted under this part, part II of chapter 408, and 15 applicable rules. The agency shall collect fees for all 16 17 licenses issued under this part. Each fee is due at the time 18 of application and must be payable to the agency to be deposited in the Health Care Trust Fund administered by the 19 20 agency. 21 (2) The biennial license fee schedule is as follows: 22 (a) If a laboratory performs not more than 2,000 tests 23 annually, the fee is \$400. (b) If a laboratory performs not more than 3 2.4 25 categories of procedures with a total annual volume of more than 2,000 but no more than 10,000 tests, the license fee is 26 27 \$965. 28 (c) If a laboratory performs at least 4 categories of 29 procedures with a total annual volume of not more than 10,000 30 tests, the license fee is \$1,294. 31

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1 (d) If a laboratory performs not more than 3 2 categories of procedures with a total annual volume of more than 10,000 but not more than 25,000 tests, the license fee is 3 4 \$1,592. 5 (e) If a laboratory performs at least 4 categories of 6 procedures with a total annual volume of more than 10,000 but 7 not more than 25,000 tests, the license fee is \$2,103. 8 (f) If a laboratory performs a total of more than 25,000 but not more than 50,000 tests annually, the license 9 fee is \$2,364. 10 (g) If a laboratory performs a total of more than 11 12 50,000 but not more than 75,000 tests annually, the license 13 fee is \$2,625. (h) If a laboratory performs a total of more than 14 75,000 but not more than 100,000 tests annually, the license 15 fee is \$2,886. 16 17 (i) If a laboratory performs a total of more than 100,000 but not more than 500,000 tests annually, the license 18 fee is \$3,397. 19 (j) If a laboratory performs a total of more than 20 21 500,000 but not more than 1 million tests annually, the 22 license fee is \$3,658. (k) If a laboratory performs a total of more than 1 23 million tests annually, the license fee is \$3,919. 24 25 Section 188. Section 483.201, Florida Statutes, is amended to read: 26 27 483.201 Grounds for disciplinary action against 2.8 clinical laboratories. -- In addition to the requirements of part II of chapter 408, the following acts constitute grounds 29 for which a disciplinary action specified in s. 483.221 may be 30 taken against a clinical laboratory: 31

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1 (1) Making a fraudulent statement on an application 2 a clinical laboratory license or any other document 3 required by the agency. (1)(2) Permitting unauthorized persons to perform 4 5 technical procedures or to issue reports. б (2) (3) Demonstrating incompetence or making consistent 7 errors in the performance of clinical laboratory examinations 8 and procedures or erroneous reporting. 9 (3) (4) Performing a test and rendering a report 10 thereon to a person not authorized by law to receive such 11 services. 12 (4)(5) Knowingly having professional connection with 13 or knowingly lending the use of the name of the licensed clinical laboratory or its director to an unlicensed clinical 14 15 laboratory. (5) (5) (6) Violating or aiding and abetting in the 16 17 violation of any provision of this part or the rules adopted 18 under this part. (6) (7) Failing to file any report required by the 19 provisions of this part or the rules adopted under this part. 20 21 (7) (8) Reporting a test result for a clinical specimen 22 if the test was not performed on the clinical specimen. 23 (8) (9) Performing and reporting tests in a specialty or subspecialty in which the laboratory is not licensed. 2.4 (9)(10) Knowingly advertising false services or 25 credentials. 26 27 (10)(11) Failing to correct deficiencies within the 2.8 time required by the agency. Section 189. Section 483.221, Florida Statutes, is 29 30 amended to read: 483.221 Administrative fines penalties .--31

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1 (1) (1) (a) In accordance with part II of chapter 408, the 2 agency may deny, suspend, revoke, annul, limit, or deny 3 renewal of a license or impose an administrative fine, not to 4 exceed \$1,000 per violation, for the violation of any provision of this part or rules adopted under this part. Each 5 6 day of violation constitutes a separate violation and is 7 subject to a separate fine. 8 (2) (b) In determining the penalty to be imposed for a violation, as provided in <u>subsection (1)</u> paragraph (a), the 9 10 following factors must be considered: (a)1. The severity of the violation, including the 11 12 probability that death or serious harm to the health or safety 13 of any person will result or has resulted; the severity of the actual or potential harm; and the extent to which the 14 provisions of this part were violated. 15 (b)2. Actions taken by the licensee to correct the 16 17 violation or to remedy complaints. (c)3. Any previous violation by the licensee. 18 (d) 4. The financial benefit to the licensee of 19 20 committing or continuing the violation. 21 (c) All amounts collected under this section must be 2.2 deposited into the Health Care Trust Fund administered by the 23 agency. 2.4 (2) The agency may issue an emergency order 25 immediately suspending, revoking, annulling, or limiting a license if it determines that any condition in the licensed 26 27 facility presents a clear and present danger to public health 2.8 or safety. Section 190. Section 483.25, Florida Statutes, is 29 30 repealed. 31

1 Section 191. Section 483.291, Florida Statutes, is 2 amended to read: 3 483.291 Powers and duties of the agency; rules.--The 4 agency shall adopt rules to implement this part and part II of 5 chapter 408, which rules must include the following: б (1) LICENSING STANDARDS. -- The agency shall license all 7 multiphasic health testing centers meeting the requirements of 8 this part and shall prescribe standards necessary for 9 licensure. 10 (2) FEES.--In accordance with s. 408.805, an applicant or a 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 agency shall establish annual fees, which shall be reasonable in amount, for licensing of centers. 14 The fees must be sufficient in amount to cover the cost of 15 licensing and inspecting centers. 16 17 (a) The annual licensure fee is due at the time of 18 application and is payable to the agency to be deposited in the Health Care Trust Fund administered by the agency. The 19 license fee must be not less than \$600 \$300 or more than 2.0 21 <u>\$2,000</u>\$1,000. 22 (b) The fee for late filing of an application for license renewal is \$200 and is in addition to the licensure 23 fee due for renewing the license. 2.4 (3) ANNUAL LICENSING. The agency shall provide for 25 26 annual licensing of centers. Any center that fails to pay the 27 proper fee or otherwise fails to qualify by the date of 2.8 expiration of its license is delinquent, and its license is automatically canceled without notice or further proceeding. 29 30 Upon cancellation of its license under this subsection, a center may have its license reinstated only upon application 31

1 and qualification as provided for initial applicants and upon 2 payment of all delinguent fees. 3 (3)(4) STANDARDS OF PERFORMANCE. -- The agency shall prescribe standards for the performance of health testing 4 5 procedures. б (4)(5) CONSTRUCTION OF CENTERS. -- The agency may adopt 7 rules to ensure that centers comply with all local, county, 8 state, and federal standards for the construction, renovation, maintenance, or repair of centers, which standards must ensure 9 the conduct and operation of the centers in a manner that will 10 protect the public health. 11 12 (5)(6) SAFETY AND SANITARY CONDITIONS WITHIN THE 13 CENTER AND ITS SURROUNDINGS .-- The agency shall establish standards relating to safety and sanitary conditions within 14 the center and its surroundings, including water supply; 15 sewage; the handling of specimens; identification, 16 17 segregation, and separation of biohazardous waste as required 18 by s. 381.0098; storage of chemicals; workspace; firesafety; and general measures, which standards must ensure the 19 protection of the public health. The agency shall determine 20 21 compliance by a multiphasic health testing center with the 22 requirements of s. 381.0098 by verifying that the center has 23 obtained all required permits. (6)(7) EQUIPMENT. -- The agency shall establish minimum 2.4 standards for center equipment essential to the proper conduct 25 and operation of the center. 26 27 (7)(8) PERSONNEL.--The agency shall prescribe minimum 2.8 qualifications for center personnel. A center may employ as a medical assistant a person who has at least one of the 29 30 following qualifications: 31 343

1 (a) Prior experience of not less than 6 months as a 2 medical assistant in the office of a licensed medical doctor or osteopathic physician or in a hospital, an ambulatory 3 surgical center, a home health agency, or a health maintenance 4 5 organization. б (b) Certification and registration by the American 7 Medical Technologists Association or other similar 8 professional association approved by the agency. (c) Prior employment as a medical assistant in a 9 10 licensed center for at least 6 consecutive months at some time during the preceding 2 years. 11 12 Section 192. Section 483.294, Florida Statutes, is 13 amended to read: 483.294 Inspection of centers. -- In accordance with s. 14 408.811, the agency shall, at least once annually, inspect the 15 premises and operations of all centers subject to licensure 16 17 under this part, without prior notice to the centers, for the 18 purpose of studying and evaluating the operation, supervision, and procedures of such facilities, to determine their 19 compliance with agency standards and to determine their effect 20 21 upon the health and safety of the people of this state. 22 Section 193. Section 483.30, Florida Statutes, is 23 amended to read: 483.30 Licensing of centers. -- The requirements of part 2.4 II of chapter 408 apply to the provision of services that 25 require licensure pursuant to this part and part II of chapter 26 408 and to entities licensed by or applying for such licensure 27 2.8 from the agency pursuant to this part. A license issued by the agency is required in order to operate a center. 29 30 (1) A person may not conduct, maintain, or operate a 31 multiphasic health testing center in this state without

1 obtaining a multiphasic health testing center license from the 2 agency. The license is valid only for the person or persons to whom it is issued and may not be sold, assigned, or 3 transferred, voluntarily or involuntarily. A license is not 4 valid for any premises other than the center for which it is 5 6 issued. However, a new license may be secured for the new 7 location for a fixed center before the actual change, if the 8 contemplated change is in compliance with this part and the rules adopted under this part. A center must be relicensed if 9 10 a change of ownership occurs. Application for relicensure must be made 60 days before the change of ownership. 11 12 (2) Each applicant for licensure must comply with the 13 following requirements: - Upon receipt of a completed, signed, and dated 14 (a)15 application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth 16 17 in chapter 435, of the managing employee, or other similarly 18 titled individual who is responsible for the daily operation of the center, and of the financial officer, or other 19 similarly titled individual who is responsible for the 2.0 21 financial operation of the center, including billings for 2.2 patient services. The applicant must comply with the 23 procedures for level 2 background screening as set forth in chapter 435, as well as the requirements of s. 435.03(3). 2.4 25 The agency may require background screening of any (b)26 other individual who is an applicant if the agency has 27 probable cause to believe that he or she has been convicted of 2.8 a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435. 29 30 Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted 31

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1 within the previous 5 years in compliance with any other 2 health care licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a). 3 4 (d) A provisional license may be granted to an applicant when each individual required by this section to 5 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 the Medicare or Medicaid programs. Proof of compliance with 29 30 the requirements for disclosure of ownership and control 31

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1 interests under the Medicaid or Medicare programs may be 2 accepted in lieu of this submission. 3 (f) Each applicant must submit to the agency a 4 description and explanation of any conviction of an offense 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 does 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. 20 21 (g) A license may not be granted to an applicant if 2.2 the applicant or managing employee has been found quilty of, 23 regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the 2.4 level 2 standards for screening set forth in chapter 435, 25 unless an exemption from disqualification has been granted by 26 the agency as set forth in chapter 435. 27 28 (h) The agency may deny or revoke licensure if the 29 applicant: 30 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has 31

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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 (i) An application for license renewal must contain 7 the information required under paragraphs (e) and (f). 8 Section 194. Section 483.302, Florida Statutes, is amended to read: 9 10 483.302 Application for license.--(1) Application for a license as required by s. 483.30 11 12 must be made to the agency on forms furnished by it and must 13 be accompanied by the appropriate license fee. (2) The application for a license must shall contain: 14 (1) (a) A determination as to whether the facility will 15 be fixed or mobile and the location for a fixed facility. 16 17 (b) The name and address of the owner if an 18 individual; if the owner is a firm, partnership, or association, the name and address of every member thereof; if 19 the owner is a corporation, its name and address and the name 2.0 21 and address of its medical director and officers and of each 2.2 person having at least a 10 percent interest in the 23 corporation. (2)(c) The name of any person whose name is required 2.4 on the application under the provisions of paragraph (b) and 25 who owns at least a 10 percent interest in any professional 26 service, firm, association, partnership, or corporation 27 2.8 providing goods, leases, or services to the center for which the application is made, and the name and address of the 29 30 professional service, firm, association, partnership, or corporation in which such interest is held. 31

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1 (d) The name by which the facility is to be known. 2 (3)(e) The name, address, and Florida physician's license number of the medical director. 3 4 Section 195. Section 483.311, Florida Statutes, is 5 repealed. б Section 196. Subsections (2) through (8) of section 7 483.317, Florida Statutes, are renumbered as subsections (1) 8 through (7), respectively, and present subsection (1) of that section is amended to read: 9 10 483.317 Grounds for disciplinary action against centers.--The following acts constitute grounds for which a 11 12 disciplinary action specified in s. 483.32 may be taken 13 against a center: (1) Making a fraudulent statement on an application 14 15 for a license or on any other document required by the agency 16 pursuant to this part. 17 Section 197. Section 483.32, Florida Statutes, is 18 amended to read: 483.32 Administrative fines penalties .--19 20 (1)(a) The agency may deny, suspend, revoke, annul, 21 limit, or deny renewal of a license or impose an 22 administrative fine, not to exceed \$500 per violation, for the 23 violation of any provision of this part, part II of chapter 408, or applicable rules adopted under this part. Each day of 2.4 25 violation constitutes a separate violation and is subject to a 26 separate fine. 27 (2) (b) In determining the amount of the fine to be 2.8 levied for a violation, as provided in subsection (1) paragraph (a), the following factors shall be considered: 29 30 (a) 1. The severity of the violation, including the probability that death or serious harm to the health or safety 31 349

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of any person will result or has resulted; the severity of the actual or potential harm; and the extent to which the provisions of this part were violated. (b)2. Actions taken by the licensee to correct the violation or to remedy complaints. (c)3. Any previous violation by the licensee. (d)4. The financial benefit to the licensee of committing or continuing the violation. (c) All amounts collected under this section must be

8 committing or continuing the violation. 9 (c) All amounts collected under this section must be 10 deposited into the Health Care Trust Fund administered by the 11 agency. 12 (2) The agency may issue an emergency order 13 immediately suspending, revoking, annulling, or limiting a license when it determines that any condition in the licensed 14 15 facility presents a clear and present danger to public health 16 and safety. 17 Section 198. Subsections (2) and (3) of section 18 483.322, Florida Statutes, are renumbered as subsections (1) and (2), respectively, and present subsection (1) of that 19 section is amended to read: 20 21 483.322 Offenses.--It is unlawful for any person to: 22 (1) Operate, maintain, direct, or engage in the 23 business of operating a multiphasic health testing center unless the person has obtained a license for the center. 2.4 Section 199. Section 483.328, Florida Statutes, is 25 repealed. 26 27 Section 200. Subsection (2) of section 765.541, 2.8 Florida Statutes, is amended to read: 765.541 Certification of organizations engaged in the 29 30 practice of cadaveric organ and tissue procurement. -- The Agency for Health Care Administration shall: 31

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1	(2) Adopt rules that set forth appropriate standards
2	and guidelines for the program in accordance with ss.
3	765.541-765.546 and part II of chapter 408. These standards
4	and guidelines must be substantially based on the existing
5	laws of the Federal Government and this state and the existing
6	standards and guidelines of the United Network for Organ
7	Sharing (UNOS), the American Association of Tissue Banks
8	(AATB), the South-Eastern Organ Procurement Foundation
9	(SEOPF), the North American Transplant Coordinators
10	Organization (NATCO), and the Eye Bank Association of America
11	(EBAA). In addition, the Agency for Health Care Administration
12	shall, before adopting these standards and guidelines, seek
13	input from all organ procurement organizations, tissue banks,
14	and eye banks based in this state;
15	Section 201. Subsection (1) of section 765.542,
16	Florida Statutes, is amended to read:
17	765.542 Certification of organ procurement
18	organizations, tissue banks, and eye banks
19	(1) The requirements of part II of chapter 408 apply
20	to the provision of services that require licensure pursuant
21	to ss. 765.541-765.546 and part II of chapter 408 and to
22	entities licensed or certified by or applying for such
23	licensure or certification from the Agency for Health Care
24	Administration pursuant to ss. 765.541-765.546. An
25	organization, agency, or other entity may not engage in the
26	practice of organ procurement in this state without being
27	designated as an organ procurement organization by the
28	secretary of the United States Department of Health and Human
29	Services and being appropriately certified by the Agency for
30	Health Care Administration. As used in this subsection, the
31	term "procurement" includes the retrieval, processing, or
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1 distribution of human organs. A physician or organ procurement 2 organization based outside this state is exempt from these certification requirements if: 3 (a) The organs are procured for an out-of-state 4 patient who is listed on, or referred through, the United 5 6 Network for Organ Sharing System; and 7 (b) The organs are procured through an agreement of an 8 organ procurement organization certified by the state. Section 202. Section 765.544, Florida Statutes, is 9 10 amended to read: 765.544 Fees; Florida Organ and Tissue Donor Education 11 12 and Procurement Trust Fund .--13 (1) In accordance with s. 408.805, an applicant or a certificateholder shall pay a fee for each application 14 submitted under this part, part II of chapter 408, and 15 applicable rules. The amount of the fee shall be as follows: 16 17 The Agency for Health Care Administration shall collect 18 (a) An initial application fee of \$1,000 from organ procurement organizations and tissue banks and \$500 from eye 19 20 banks. The fee must be submitted with each application for 21 initial certification and is nonrefundable. 22 (b)(2) The Agency for Health Care Administration shall 23 assess Annual fees to be used, in the following order of priority, for the certification program, the advisory board, 2.4 maintenance of the organ and tissue donor registry, and the 25 organ and tissue donor education program in the following 26 27 amounts, which may not exceed \$35,000 per organization: 28 <u>1.(a)</u> Each general organ procurement organization shall pay the greater of \$1,000 or 0.25 percent of its total 29 30 revenues produced from procurement activity in this state by 31

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1 the certificateholder during its most recently completed 2 fiscal year or operational year. 2.(b) Each bone and tissue procurement agency or bone 3 and tissue bank shall pay the greater of \$1,000 or 0.25 4 percent of its total revenues from procurement and processing 5 6 activity in this state by the certificateholder during its 7 most recently completed fiscal year or operational year. 8 3.(c) Each eye bank shall pay the greater of \$500 or 0.25 percent of its total revenues produced from procurement 9 activity in this state by the certificateholder during its 10 most recently completed fiscal year or operational year. 11 12 (2) (2) (3) The Agency for Health Care Administration shall 13 specify provide by rule the for administrative penalties for the purpose of ensuring adherence to the standards of quality 14 and practice required by this chapter, part II of chapter 408, 15 and applicable rules of the agency for continued 16 17 certification. (3)(4)(a) Proceeds from fees, administrative 18 penalties, and surcharges collected pursuant to this section 19 subsections (2) and (3) must be deposited into the Florida 20 21 Organ and Tissue Donor Education and Procurement Trust Fund 22 created by s. 765.52155. 23 (b) Moneys deposited in the trust fund pursuant to this section must be used exclusively for the implementation, 2.4 administration, and operation of the certification program and 25 26 the advisory board, for maintaining the organ and tissue donor 27 registry, and for organ and tissue donor education. 2.8 (4) (5) As used in this section, the term "procurement activity in this state" includes the bringing into this state 29 30 for processing, storage, distribution, or transplantation of 31

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1 organs or tissues that are initially procured in another state 2 or country. Section 203. Subsection (4) of section 766.118, 3 Florida Statutes, is amended to read: 4 5 766.118 Determination of noneconomic damages.--6 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE 7 OF PRACTITIONERS PROVIDING EMERGENCY SERVICES AND 8 CARE.--Notwithstanding subsections (2) and (3), with respect to a cause of action for personal injury or wrongful death 9 arising from medical negligence of practitioners providing 10 emergency services and care, as defined in s. 395.002(9)(10), 11 12 or providing services as provided in s. 401.265, or providing 13 services pursuant to obligations imposed by 42 U.S.C. s. 1395dd to persons with whom the practitioner does not have a 14 then-existing health care patient-practitioner relationship 15 for that medical condition: 16 17 (a) Regardless of the number of such practitioner 18 defendants, noneconomic damages shall not exceed \$150,000 per claimant. 19 (b) Notwithstanding paragraph (a), the total 20 21 noneconomic damages recoverable by all claimants from all such 22 practitioners shall not exceed \$300,000. 23 The limitation provided by this subsection applies only to 24 noneconomic damages awarded as a result of any act or omission 25 26 of providing medical care or treatment, including diagnosis 27 that occurs prior to the time the patient is stabilized and is 2.8 capable of receiving medical treatment as a nonemergency 29 patient, unless surgery is required as a result of the emergency within a reasonable time after the patient is 30 stabilized, in which case the limitation provided by this 31

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1 subsection applies to any act or omission of providing medical 2 care or treatment which occurs prior to the stabilization of 3 the patient following the surgery. Section 204. Section 766.316, Florida Statutes, is 4 amended to read: 5 б 766.316 Notice to obstetrical patients of 7 participation in the plan. -- Each hospital with a participating 8 physician on its staff and each participating physician, other than residents, assistant residents, and interns deemed to be 9 participating physicians under s. 766.314(4)(c), under the 10 Florida Birth-Related Neurological Injury Compensation Plan 11 12 shall provide notice to the obstetrical patients as to the 13 limited no-fault alternative for birth-related neurological injuries. Such notice shall be provided on forms furnished by 14 the association and shall include a clear and concise 15 explanation of a patient's rights and limitations under the 16 17 plan. The hospital or the participating physician may elect to have the patient sign a form acknowledging receipt of the 18 notice form. Signature of the patient acknowledging receipt of 19 the notice form raises a rebuttable presumption that the 20 notice requirements of this section have been met. Notice need 21 22 not be given to a patient when the patient has an emergency 23 medical condition as defined in s. $395.002(8)\frac{(9)}{(9)}$ (b) or when 2.4 notice is not practicable. Section 205. Paragraph (b) of subsection (2) of 25 section 812.014, Florida Statutes, is amended to read: 26 27 812.014 Theft.--2.8 (2) (b)1. If the property stolen is valued at \$20,000 or 29 more, but less than \$100,000; 30 31

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2. The property stolen is cargo valued at less than \$50,000 that has entered the stream of interstate or intrastate commerce from the shipper's loading platform to the consignee's receiving dock; or 3. The property stolen is emergency medical equipment, valued at \$300 or more, that is taken from a facility licensed under chapter 395 or from an aircraft or vehicle permitted under chapter 401, the offender commits grand theft in the second degree, punishable as a felony of the second degree, as provided in s. 775.082, s. 775.083, or s. 775.084. Emergency medical equipment means mechanical or electronic apparatus used to provide emergency services and care as defined in s. 395.002(9)(10) or to treat medical emergencies. Section 206. This act shall take effect July 1, 2007. SENATE SUMMARY Provides applicability of licensure requirements of health care providers under part II of chapter 408, Florida Statutes.

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