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1 A bill to be entitled 2 An act relating to continuing care contracts; amending s. 3 651.026, F.S.; requiring continuing care providers to provide additional information in annual reports to the 4 Office of Insurance Regulation; applying financial 5 6 viability assessment measures to an operator under certain 7 circumstances; amending s. 651.0261, F.S.; authorizing the 8 office to require providers to file quarterly financial 9 statements under certain circumstances; amending s. 651.051, F.S.; permitting the removal of certain assets 10 and records of a provider from the state if certain notice 11 is provided to the residents' council; amending ss. 12 651.081 and 651.083, F.S.; providing additional rights 13 relating to financial accountability by the provider for 14 residents of continuing care facilities; amending s. 15 16 651.085, F.S.; revising provisions relating to quarterly meetings between residents and the governing body of the 17 provider; amending s. 651.091, F.S.; requiring continuing 18 19 care facilities to provide certain information to the 20 public; revising the time period within which the facility is required to provide an annual report to the residents' 21 organization; amending s. 651.105, F.S.; authorizing the 22 office to require additional information from the provider 23 24 during examinations and inspections; amending s. 651.106, 25 F.S.; requiring the office to provide notice prior to 26 denying, suspending, or revoking certificates of authority under certain circumstances; amending s. 651.1151, F.S.; 27 authorizing the office to require providers to submit 28 Page 1 of 20

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29	certain contracts for review; providing that actions
30	omitted by the office in response to petition by a
31	residents' organization or resident are subject to review
32	under ch. 120, F.S., under certain circumstances;
33	providing an effective date.
34	
35	Be It Enacted by the Legislature of the State of Florida:
36	
37	Section 1. Subsections (2) and (3) of section 651.026,
38	Florida Statutes, are amended to read:
39	651.026 Annual reports
40	(2) The annual report shall be in such form as the
41	commission prescribes and shall contain at least the following:
42	(a) Any change in status with respect to the information
43	required to be filed under s. 651.022(2).
44	(b) Financial statements audited by an independent
45	certified public accountant, which shall contain, for two or
46	more periods if the facility has been in existence that long,
47	the following:
48	1. An accountant's opinion and, in accordance with
49	generally accepted accounting principles:
50	a. A balance sheet;
51	b. A statement of income and expenses;
52	c. A statement of equity or fund balances; and
53	d. A statement of changes in cash flows; and
54	e. If the provider's financial statements are consolidated
55	with those of another entity, a consolidating balance sheet and
56	consolidating statements of income and expenses, equity or fund
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57	balances, and cash flows, which report in separate columns the
58	separate data for each entity, the eliminations, and the
59	consolidated data.
60	2. Notes to the financial statements considered customary
61	or necessary to full disclosure or adequate understanding of the
62	financial statements, financial condition, and operation.
63	3. A supplemental statement of income and expenses
64	indicating by department cost center, pursuant to s. 651.085(4),
65	the income and expenses of each department in sufficient detail
66	to present to the residents a meaningful summary of operations
67	for each reporting period and with sufficient consistency to
68	permit period-to-period comparison by the residents.
69	(c) The following financial information:
70	1. A detailed listing of the assets maintained in the
71	liquid reserve as required in s. 651.035 and in accordance with
72	part II of chapter 625;
73	2. <u>An itemized</u> A schedule <u>of</u> giving additional information
74	relating to property, plant, and equipment having an original
75	cost of at least \$25,000, so as to show in reasonable detail
76	with respect to each separate facility original costs,
77	accumulated depreciation, net book value, appraised value or
78	insurable value and date thereof, insurance coverage,
79	encumbrances, and net equity of appraised or insured value over
80	encumbrances. Any property not used in continuing care shall be
81	shown separately from property used in continuing care;
82	3. The level of participation in Medicare or Medicaid
83	programs, or both;

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4. A statement of all fees required of residents,
including, but not limited to, a statement of the entrance fee
charged, the monthly service charges, the proposed application
of the proceeds of the entrance fee by the provider, and the
plan by which the amount of the entrance fee is determined if
the entrance fee is not the same in all cases; and

90 5. Any change or increase in fees <u>and any change or</u> 91 <u>decrease in when the provider changes either the scope of</u>, or 92 the rates for, care or services, regardless of whether the 93 change <u>in fees</u> involves the basic <u>rates and services</u> rate or 94 only those services available at additional costs to the 95 resident.

96 6.a. If the provider has more than one certificated
97 facility, it shall submit a statement of operations for each
98 facility as supplemental information to the audited financial
99 statements required as part of the annual report.

b. If the provider has operations that are not Florida
certificated facilities, the provider shall also submit as
supplemental information to the audited financial statements,
balance sheets, statements of changes in equity, and statements
of cash flows for each Florida certificated facility.

(d) Such other reasonable data, financial statements, and
pertinent information as the commission or office may require
with respect to the provider or the facility, or its directors,
trustees, members, branches, subsidiaries, or affiliates, to
determine the financial status of the facility, and the
management capabilities of its managers and owners, and the

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111	provider's substantial compliance with the continuing care
112	contract filed with the office pursuant to s. 651.091(3).
113	(e) Each facility shall file with the office annually,
114	together with the annual report required by this section, a
115	computation of its minimum liquid reserve calculated in
116	accordance with s. 651.035 on a form prescribed by the
117	commission.
118	(3) The commission shall adopt by rule meaningful measures
119	of assessing the financial viability of a provider <u>and, if a</u>
120	separate entity, an operator. The rule may include the following
121	factors:
122	(a) Debt service coverage ratios.
123	(b) Current ratios.
124	(c) Adjusted current ratios.
125	(d) Cash flows.
126	(e) Occupancy rates.
127	(f) Other measures, ratios, or trends.
128	(g) Other factors as may be appropriate.
129	Section 2. Section 651.0261, Florida Statutes, is amended
130	to read:
131	651.0261 Quarterly statementsIf the office finds,
132	pursuant to rules of the commission, that such information is
133	needed to properly monitor the financial condition of a provider
134	or facility or is otherwise needed to protect the interests of
135	the facility's residents or the public interest, the office
136	<u>shall</u> may require the provider to file, within 45 days after the
137	end of each fiscal quarter, a quarterly unaudited financial
138	statement of the provider or of the facility in the form
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139 prescribed by the commission by rule. The commission may by rule 140 require all or part of the statements or filings required under this section to be submitted by electronic means in a computer-141 142 readable form compatible with the electronic data format 143 specified by the commission. The provider shall deliver to the 144 president or chair of the residents' organization a complete 145 copy of each such quarterly statement within 10 days after the statement is filed with the office. 146

147 Section 3. Section 651.051, Florida Statutes, is amended 148 to read:

651.051 Maintenance of assets and records in state.--No 149 records or assets may be removed from this state by a provider 150 unless the office consents to such removal in writing before 151 152 such removal. Such consent shall be based upon the provider's 153 submitting satisfactory evidence that the removal will 154 facilitate and make more economical the operations of the 155 provider and will not diminish the service or protection 156 thereafter to be given the provider's residents in this state. 157 Prior to such removal, the provider shall give notice to the president or chair of the facility's residents' council. If such 158 159 removal is part of a cash management system which has been 160 approved by the office, disclosure of the system to the 161 residents' council shall meet the notification requirements.

Section 4. Subsection (2) of section 651.081, Florida
Statutes, is renumbered as subsection (3), and a new subsection
(2) is added to that section to read:

165 651.081 Continuing care facilities residents' 166 organizations.--

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167	(2) Residents have the right, exercisable through a
168	residents' organization, to full accountability by the provider
169	and operator for the finances of the facility, including all
170	uses of residents' monthly maintenance fees. If the facility has
171	a residents' organization, the provider and operator shall
172	provide the residents' organization with the following:
173	(a) At least quarterly, an accounting of receipts,
174	expenses, and other uses of funds, by department cost center, as
175	required under s. 651.085(4).
176	(b) Any accounting or financial information and an
177	explanation thereof requested by the residents' organization for
178	a specified account or item.
179	(c) The accounts and records of the facility, for
180	examination by the residents' organization or by such
181	individuals or firms as the residents' organization may choose
182	to make such examinations on its behalf.
183	Section 5. Paragraph (c) of subsection (1) of section
184	651.083, Florida Statutes, is amended, and paragraphs (h) and
185	(i) are added to subsection (1) of that section, to read:
186	651.083 Residents' rights
187	(1) No resident of any facility shall be deprived of any
188	civil or legal rights, benefits, or privileges guaranteed by
189	law, by the State Constitution, or by the United States
190	Constitution solely by reason of status as a resident of a
191	facility. Each resident of a facility has the right to:
192	(c) Unrestricted private communication, including
193	receiving and sending unopened correspondence by electronic and
194	all other means.
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195 Full accountability for the finances of the facility, (h) 196 recognizing that monthly maintenance fees are resident funds to 197 be used only for the benefit of residents and accounted for as 198 such in a consistent format that allows residents to make 199 period-to-period comparisons. 200 Receive advance notice of all proposed changes in (i) 201 fees, services, procedures, and policies that may affect the finances or welfare of residents. 202 Section 6. Section 651.085, Florida Statutes, is amended 203 to read: 204 205 651.085 Quarterly meetings between residents and the governing body of the provider; resident representation before 206 the governing body of the provider .--207 208 The governing body of a provider, or the designated (1)representative of the provider, shall hold quarterly meetings 209 210 with the residents of the continuing care facility for the purpose of free discussion of subjects including, but not 211 212 limited to, income, expenditures, and financial trends and 213 problems as they apply to the facility, as well as disclosure and a discussion of all on proposed changes in policies, 214 215 programs, and services. Upon request of the residents' 216 organization, a member of the governing body of the provider, 217 such as a board member, a general partner, or a principal owner shall attend such meetings. Residents shall be entitled to at 218 least 7 days' advance notice of each quarterly meeting. During 219 the advance notice period, the An agenda and any materials that 220 will be distributed by the governing body or representative of 221 the provider shall be posted in a conspicuous place at the 222 Page 8 of 20

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facility and shall be available upon request to residents of the 223 224 facility. The office shall request verification from a facility that quarterly meetings are held and open to all residents when 225 it receives a complaint from the residents' council that a 226 227 facility is not in compliance with the provisions of this subsection. In addition, a facility shall report to the office 228 229 in the annual report required under s. 651.026 the dates on 230 which quarterly meetings were held during the reporting period.

231 (2) A residents' organization formed pursuant to s. 232 651.081, members of which are elected by the residents, may 233 designate a resident to represent them before the governing body of the provider or organize a meeting or ballot election of the 234 residents of the facility to determine whether to elect a 235 236 resident to represent them before the governing body of the 237 provider. If a residents' organization as described in s. 238 651.081 does not exist, any resident may organize a meeting or ballot election of the residents of the facility to determine 239 240 whether to elect a resident to represent them before the 241 governing body and, if applicable, elect the representative. The residents' organization, or the resident that organizes a 242 243 meeting or ballot election to elect a representative, shall give 244 all residents of the facility notice at least 10 business days before the meeting or election. Notice may be given through 245 internal mailboxes, communitywide newsletters, bulletin boards, 246 in-house television stations, and other similar means of 247 communication. An election of the representative is valid if at 248 least 40 percent of the total resident population participates 249 in the election and a majority of the participants vote 250 Page 9 of 20

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affirmatively for the representative. The initial designated representative elected under this section shall be elected to serve for a period of at least 12 months.

254 If the provider holding the certificate of authority (3) 255 for a facility and the operator of the facility are different 256 individuals or entities, the residents' organization is 257 entitled, upon request, to designate a majority of the voting 258 members of the governing body of the operator. The designated voting members representative shall be notified at least 14 days 259 260 in advance of all meetings any meeting of the full governing 261 body and at which proposed changes in resident fees or services will be discussed. The representative shall be entitled invited 262 to attend the entire meeting and participate in discussions of 263 264 all matters considered during the meeting that portion of the 265 meeting designated for the discussion of such changes. Minutes 266 of all meetings of the operator of the facility shall be 267 available to the residents for inspection in the facility's 268 office and copies shall be furnished to residents upon request 269 and payment of a reasonable charge to cover copying costs.

270 At a quarterly meeting prior to the implementation of (4)271 any increase in the monthly maintenance fee, the designated 272 representative of the provider must provide the reasons, by 273 department cost centers, for any increase in the fee that 274 exceeds the most recently published Consumer Price Index for all Urban Consumers, all items, Class A Areas of the Southern 275 276 Region. Nothing in this subsection shall be construed as placing a cap or limitation on the amount of any increase in the monthly 277 maintenance fee, establishing a presumption of the 278 Page 10 of 20

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appropriateness of the Consumer Price Index as the basis for any increase in the monthly maintenance fee, or limiting or restricting the right of a provider to establish or set monthly maintenance fee increases, provided the proposed increases and the reasons for the increases are fully and accurately disclosed to the residents in advance.

285 Section 7. Section 651.091, Florida Statutes, is amended 286 to read:

287 651.091 Availability, distribution, and posting of reports288 and records; requirement of full disclosure.--

289 (1)Each continuing care facility shall maintain as public information, available upon request, records of all cost and 290 inspection reports pertaining to that facility that have been 291 292 filed with or issued by any governmental agency. A copy of each such report shall be retained in such records for not less than 293 294 5 years from the date the provider notifies the residents' organization in writing that the report has been is filed or 295 296 issued. Each facility shall also maintain as public information, 297 available upon request, all annual reports statements that have been filed with the office. 298

299

(2) Every continuing care facility shall:

300 (a) Display the certificate of authority in a conspicuous301 place inside the facility.

(b) Post in a prominent position in the facility so as to
be accessible to all residents and to the general public a
concise summary of the last examination report issued by the
office, with references to the page numbers of the full report
noting any deficiencies found by the office, and the actions
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307 taken by the provider to rectify such deficiencies, indicating 308 in such summary where the full report may be inspected in the 309 facility.

(c) Post in a prominent position in the facility so as to be accessible to all residents and to the general public a summary of the latest annual <u>report</u> statement, indicating in the summary where the full annual <u>report</u> statement may be inspected in the facility. <u>Listings, with summaries, A listing</u> of any proposed changes in policies, programs, and services shall also be posted <u>at least 30 days before the changes are effective</u>.

317 (d) Distribute a copy of the full annual <u>report</u> statement
318 to the president or chair of the residents' council within <u>10</u> 30
319 days after the filing of the annual report with the office, and
320 designate a staff person to provide explanation thereof.

Notify the residents' council of any plans filed with 321 (e) 322 the office to obtain new financing, additional financing, or refinancing for the facility and of any applications to the 323 office for any expansion of the facility. If the new financing, 324 325 additional financing, or refinancing will or may increase residents' financial obligations or otherwise be detrimental to 326 327 their interests, the provider shall also deliver to the residents' council, within 10 days after submitting any 328 information to the office pursuant to s. 651.019, a full and 329 accurate summary of the information submitted. 330

331 (3) Before entering into a contract to furnish continuing
 332 care, the provider undertaking to furnish the care, or the agent
 333 of the provider, shall make full disclosure, and provide copies
 334 of <u>all the</u> disclosure documents to the prospective resident or
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335 his or her legal representative, <u>including</u>, but not limited to, 336 the then-current versions of the following information:

337 338 (a) The contract to furnish continuing care.

(b) The summary listed in paragraph (2)(b).

(c) All ownership interests, and lease agreements, and every other agreement between the provider and a person or entity related to the provider pursuant to s. 651.1151(1), including information specified in s. 651.022(2)(b)8.

343 (d) In keeping with the intent of this subsection relating to disclosure, the provider shall make available for review, 344 345 master plans approved by the provider's governing board and any plans for expansion or phased development, to the extent that 346 the availability of such plans will not put at risk real estate, 347 348 financing, acquisition, negotiations, or other implementation of 349 operational plans and thus jeopardize the success of 350 negotiations, operations, and development.

351 (e) Copies of the rules and regulations of the facility352 and an explanation of the responsibilities of the resident.

(f) The policy of the facility with respect to admission
to and discharge from the various levels of health care offered
by the facility.

(g) The amount and location of any reserve funds required
by this chapter, and the name of the person or entity having a
claim to such funds in the event of a bankruptcy, foreclosure,
or rehabilitation proceeding.

360 (h) A copy of the resident's rights as described in s.361 651.083.

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363 A true and complete copy of the full initial, revised, or 364 amended disclosure document to be used shall be filed with and reviewed by the office prior to its use. Within 45 days after 365 366 receipt of the disclosure document, the office shall notify the 367 provider in writing of its acceptance of the disclosure document 368 or notify the provider in writing of its objections to the 369 document. A resident or prospective resident or his or her legal 370 representative shall be permitted to inspect the full reports 371 referred to in paragraph (2)(b); the charter or other agreement 372 or instrument required to be filed with the office pursuant to 373 s. 651.022(2), together with all amendments thereto; and the 374 bylaws of the corporation or association, if any. Upon request, copies of the reports and information shall be provided to the 375 376 individual requesting them if the individual agrees to pay a 377 reasonable charge to cover copying costs.

378 Section 8. Subsection (1) of section 651.105, Florida
379 Statutes, is amended, subsections (2) through (4) are renumbered
380 as subsections (3) through (5), respectively, and a new
381 subsection (2) is added to that section, to read:

382

651.105 Examination and inspections.--

383 The office may at any time, and shall at least once (1)384 every 3 years, examine the business of any applicant for a 385 certificate of authority and any provider engaged in the execution of care contracts or engaged in the performance of 386 obligations under such contracts, in the same manner as is 387 provided for examination of insurance companies pursuant to s. 388 624.316. Such examinations shall be made by a representative or 389 examiner designated by the office, whose compensation will be 390

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391 fixed by the office pursuant to s. 624.320. Routine examinations 392 may be made by having the necessary documents submitted to the 393 office; and, for this purpose, financial documents and records 394 conforming to generally commonly accepted accounting principles 395 and practices, as required under s. 651.026, will be deemed 396 adequate. The final written report of each such examination 397 shall be filed with the office and, when so filed, will constitute a public record. Any provider being examined shall, 398 399 upon request, give reasonable and timely access to all of its 400 records. The representative or examiner designated by the office may at any time examine the records and affairs and inspect the 401 physical property of any provider, whether in connection with a 402 formal examination or not. 403

404 (2) The office shall issue and require examiners to follow 405 a comprehensive checklist to use when evaluating continuing care 406 retirement communities. The checklist shall include, but not be 407 limited to, a statement verifying that the provider has made all 408 required disclosures and that all required documents have been 409 submitted to the office.

410 Section 9. Section 651.106, Florida Statutes, is amended 411 to read:

412 651.106 Grounds for discretionary refusal, suspension, or 413 revocation of certificate of authority.--The office, in its 414 discretion, <u>after giving notice</u>, may deny, suspend, or revoke 415 the provisional certificate of authority or the certificate of 416 authority of any applicant or provider if it finds that any one 417 or more of the following grounds applicable to the applicant or 418 provider exist:

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419 (1)Failure by the provider to continue to meet the 420 requirements for the authority originally granted. Failure by the provider to meet one or more of the 421 (2)qualifications for the authority specified by this chapter. 422 423 (3) Material misstatement, misrepresentation, or fraud in 424 obtaining the authority, or in attempting to obtain the same. 425 (4)Demonstrated lack of fitness or trustworthiness. (5) Fraudulent or dishonest practices of management in the 426 427 conduct of business, including misrepresentation of any reason for an increase in monthly maintenance fees. 428 Misappropriation, conversion, or withholding of 429 (6) moneys. 430 Failure to comply with, or violation of, any proper 431 (7)432 order or rule of the office or commission or violation of any provision of this chapter. 433 434 (8) The insolvent condition of the provider or the provider's being in such condition or using such methods and 435 436 practices in the conduct of its business as to render its 437 further transactions in this state hazardous or injurious to the public. 438 439 Refusal by the provider to be examined or to produce (9) its accounts, records, and files for examination, or refusal by 440 any of its officers to give information with respect to its 441 affairs or to perform any other legal obligation under this 442 chapter when required by the office. 443 Failure by the provider to comply with the 444 (10)445 requirements of s. 651.026 or s. 651.033.

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446 (11) Failure by the provider to maintain escrow accounts447 or funds as required by this chapter.

(12) Failure by the provider to meet the requirements of
this chapter for disclosure of information to residents
concerning the facility, its ownership, <u>any agreement</u>, including
<u>a lease</u>, between the provider or operator and a person or entity
<u>related to the provider pursuant to s. 651.1151(1)</u>, its
management, its development, or its financial condition or
failure to honor its continuing care contracts.

(13) Any cause for which issuance of the license could
have been refused had it then existed and been known to the
office.

(14) Having been found guilty of, or having pleaded guilty
or nolo contendere to, a felony in this state or any other
state, without regard to whether a judgment or conviction has
been entered by the court having jurisdiction of such cases.

462 (15) In the conduct of business under the license,
463 engaging in unfair methods of competition or in unfair or
464 deceptive acts or practices prohibited under part IX of chapter
465 626.

466 467 (16) A pattern of bankrupt enterprises.

468 Revocation of a certificate of authority under this section does 469 not relieve a provider from the provider's obligation to 470 residents under the terms and conditions of any continuing care 471 contract between the provider and residents or the provisions of 472 this chapter. The provider shall continue to file its annual 473 statement and pay license fees to the office as required under Page 17 of 20

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474 this chapter as if the certificate of authority had continued in 475 full force, but the provider shall not issue any new continuing care contracts. The office may seek an action in the circuit 476 477 court of Leon County to enforce the office's order and the 478 provisions of this section.

Section 10. Section 651.1151, Florida Statutes, is amended 479 to read: 480

481 651.1151 Administrative, vendor, and management 482 contracts.--

The office shall may require a provider to submit for 483 (1)484 review any contract for administrative, vendor, or management services if the office has information or believes that any 485 486 party to a contract is and belief that a provider has entered 487 into a contract with an affiliate of the provider, an entity controlled by the provider, or an entity controlled by an 488 489 affiliate of the provider, or is otherwise related to the 490 provider, if that relationship or the contract itself, including 491 any renewals or extensions thereof, has not been disclosed to the office and to the residents of the facility. The office 492 shall determine whether or not the contract creates or fosters a 493 494 conflict of interest or imposes direct or indirect payment and 495 other obligations detrimental to the facility or its residents which has not been disclosed to the office or which contract 496 497 requires the provider to pay a fee that is unreasonably high in relation to the service provided. 498 If the contract has not been disclosed to the office, 499 (2)or the residents' organization confirms to the office that the 500 501

contract has not been disclosed to the residents After review of

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502 the contract, the office <u>shall</u> may order the provider to cancel 503 the contract in accordance with the terms of the contract and 504 applicable law if it determines that the fees to be paid are so 505 unreasonably high as compared with similar contracts entered 506 into by other providers in similar circumstances that the 507 contract is detrimental to the facility or its residents.

508 If, after reviewing a contract, the office determines (3) 509 that the contract does not create or foster a conflict of 510 interest or impose obligations detrimental to the facility or 511 its residents, the office shall issue an order approving the 512 contract, stating the reasons for its action, and shall promptly 513 notify the facility's residents' organization of its order. 514 However, if the office determines that the contract creates or 515 fosters a conflict of interest or imposes obligations detrimental to the facility or its residents, the office shall 516 517 order the provider to cancel the contract and promptly notify 518 the facility's residents' organization of its order.

519 (4) (4) (3) Any contract with an affiliate, an entity 520 controlled by the provider, or an entity controlled by an 521 affiliate of the provider for administrative, vendor, or 522 management services entered into or renewed after October 1, 523 1991, shall contain a provision that the contract shall be 524 canceled upon issuance of an order by the office pursuant to 525 this section. A copy of the current management services contract, pursuant to this section, if any, must be on file in 526 the marketing office or other accessible area to residents and 527 the appropriate resident organizations. 528

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529	(5)(4) Any action of the office under this section,
530	including failure to act when petitioned by the residents'
531	organization or a resident of the facility, is subject to review
532	pursuant to the procedures provided in chapter 120.
533	Section 11. This act shall take effect July 1, 2008.

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