

5/2/2008 10:06 AM

CHAMBER ACTION

Senate House Floor: 1/AD/RM Floor: RC

Senator Storms moved the following Senate amendment to House amendment (820601):

Senate Amendment (with title amendment)

Delete line(s) 5-521

5/1/2008 5:02 PM

and insert:

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Subsection (4) of section 322.142, Florida Section 1. Statutes, is amended to read:

322.142 Color photographic or digital imaged licenses. --

The department may maintain a film negative or print file. The department shall maintain a record of the digital image and signature of the licensees, together with other data required by the department for identification and retrieval. Reproductions from the file or digital record are exempt from the provisions of s. 119.07(1) and shall be made and issued only for departmental administrative purposes; for the issuance of duplicate licenses; in response to law enforcement agency requests; to the Department



of State pursuant to an interagency agreement to facilitate determinations of eligibility of voter registration applicants and registered voters in accordance with ss. 98.045 and 98.075; to the Department of Revenue pursuant to an interagency agreement for use in establishing paternity and establishing, modifying, or enforcing support obligations in Title IV-D cases; to the Department of Children and Family Services pursuant to an interagency agreement to conduct protective investigations under chapter 415; or to the Department of Financial Services pursuant to an interagency agreement to facilitate the location of owners of unclaimed property, the validation of unclaimed property claims, and the identification of fraudulent or false claims, and are exempt from the provisions of s. 119.07(1).

Section 2. Effective April 1, 2009, subsection (25) is added to section 400.141, Florida Statutes, to read:

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

(25) Conduct a search of the Department of Law Enforcement's sexual offender database for each prospective resident before admission or immediately after admission. A facility must maintain verification that all residents have been screened. The information obtained may be used by the facility to assess the needs of the resident and to provide adequate and appropriate health care and protective and support services in accordance with this part. The information obtained may be disclosed to other residents. The facility does not have to rescreen a resident who is away from a facility for no more than 45 days.

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Facilities that have been awarded a Gold Seal under the program established in s. 400.235 may develop a plan to provide certified nursing assistant training as prescribed by federal regulations and state rules and may apply to the agency for approval of their program.

Section 3. Subsection (3) of section 400.19, Florida Statutes, is amended to read:

400.19 Right of entry and inspection. --

The agency shall every 15 months conduct at least one unannounced inspection to determine compliance by the licensee with statutes, and related with rules promulgated under the provisions of those statutes, governing minimum standards of construction, quality and adequacy of care, and rights of residents. The survey shall be conducted every 6 months for 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 deficiencies arising from separate surveys or investigations within a 60-day period, or has had three or more substantiated complaints within a 6-month period, each resulting in at least 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 each facility that is subject to the 6-month survey cycle. The fine for the 2-year period shall be \$6,000, one-half to be paid at the completion of each survey. The agency may adjust this fine by the change in the Consumer Price Index, based on the 12 months immediately preceding the change increase, to cover the cost of the additional surveys. The agency shall verify through subsequent inspection that any deficiency identified during inspection is corrected. However, the agency may verify the correction of a class III or class IV deficiency unrelated to resident rights or

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resident care without reinspecting the facility if adequate written documentation has been received from the facility, which provides assurance that the deficiency has been corrected. The giving or causing to be given of advance notice of such unannounced inspections by an employee of the agency to any unauthorized person shall constitute cause for suspension of not fewer than 5 working days according to the provisions of chapter 110.

Section 4. Effective April 1, 2009, section 400.215, Florida Statutes, is amended to read:

400.215 Background Personnel screening requirement. --

- The agency shall require Background screening as provided in chapter 435 is required for all nursing home facility employees or prospective employees of facilities licensed under this part who are expected to, or whose responsibilities may require them to:
 - (a) Provide personal care or services to residents;
 - (b) Have access to resident living areas; or
- (c) Have access to resident funds or other personal property.
- (2) Background screening as provided in chapter 435 is required for all nursing home facility contracted workers who are expected to, or whose responsibilities may require them to, provide personal care or services to residents. The facility shall maintain verification that such contracted workers have been screened pursuant to this section. The facility may either obtain a copy of the qualifying screening results from the entity or receive an affidavit from the entity which specifies that a background screen has been performed on all contracted workers sent to the facility. Contracted workers who do not provide

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personal care or services to residents are not required to be screened pursuant to this section but must sign in at the reception desk or nurses' station upon entering the facility, wear an identification badge while on the premises, and sign out before leaving the facility. The nursing facility shall maintain a log containing the information collected.

- (3) (2) Employers, and employees, contractors, and contracted workers shall comply with the requirements of s. 435.05.
- (a) Notwithstanding the provisions of s. 435.05(1), facilities must have in their possession evidence that level 1 screening under s. 435.03 has been completed before allowing an employee or contracted worker to begin employment in the facility working with patients as provided in subsection (1). All information necessary for conducting level 1 background screening using level 1 standards as specified in s. 435.03 shall be submitted by the nursing facility to the agency. Results of the background screening shall be provided by the agency to the requesting nursing facility.
- (b) Employees and contracted workers qualified under the provisions of paragraph (a) who have not maintained continuous residency within the state for the 5 years immediately preceding the date of request for background screening must complete level 2 screening, as provided in s. 435.04 chapter 435. Such Employees may work in a conditional status for up to 180 days pending the receipt of written findings evidencing the completion of level 2 screening. Contracted workers who are awaiting the completion of level 2 screening may work only under the direct and visual supervision of persons who have met the screening requirements of this section. Level 2 screening is shall not be required for of

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employees, or contracted workers who attest in writing under penalty of perjury that they meet the residency requirement. To complete Completion of level 2 screening: shall require

- 1. The employee or contracted worker shall prospective employee to furnish to the nursing facility a full set of fingerprints for conducting a federal criminal records check to enable a criminal background investigation to be conducted.
- 2. The nursing facility shall submit the completed fingerprint card to the agency.
- 3. The agency shall establish a record of the request in the database provided for in paragraph (c) and forward the request to the Department of Law Enforcement, which is authorized to submit the fingerprints to the Federal Bureau of Investigation for a national criminal history records check.
- 4. The results of the national criminal history records check shall be returned to the agency, which shall maintain the results in the database provided for in paragraph (c).
- 5. The agency shall notify the administrator of the requesting nursing facility or the administrator of any other requesting facility licensed under chapter 393, chapter 394, chapter 395, chapter 397, chapter 429, or this chapter, as requested by such facility, as to whether or not the employee has qualified under level 1 or level 2 screening.

An employee or contracted worker prospective employee who has 163 qualified under level 2 screening and has maintained such 164 165 continuous residency within the state is shall not be required to 166 complete a subsequent level 2 screening as a condition of

167 employment at another facility.



- (c) The agency shall establish and maintain a database that includes of background screening information which shall include the results of all both level 1 and level 2 screening. The Department of Law Enforcement shall timely provide to the agency, electronically, the results of each statewide screening for incorporation into the database. The agency shall, upon request from any facility, agency, or program required by or authorized by law to screen its employees or contracted workers applicants, notify the administrator of the facility, agency, or program of the qualifying or disqualifying status of the person employee or applicant named in the request.
- (d) Applicants and Employees, prospective employees, and contracted workers shall be excluded from employment pursuant to s. 435.06, and may not be employed or resume employment until exempted or all appeals have been resolved in favor of the person screened. However, an employee of a nursing facility, employed prior to October 1, 1998, who is determined to have a disqualifying offense occurring after October 1, 1998, may continue employment pending the outcome of an exemption request if such request is made within 30 days of receipt of the results of the background screening. An employee of a nursing facility, employed before October 1, 1998, who is determined to have a disqualifying offense before October 1, 1998, but does not have a disqualifying offense after that date, is not required to submit an exemption request pursuant to s. 435.07 and may continue his or her employment.

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> Notwithstanding chapter 435, the agency may not provide to the employer the results of background screening for offenses occurring prior to October 1, 1998, for persons employed before

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October 1, 1998, except for an absolute disqualifying offense. For the purposes of this section, the term "absolute disqualifying offense" means a felony offense pursuant to s. 787.01(3)(a); s. 787.02(3)(a); s. 787.025, s. 796.03; s. 796.035; s. 800.04, except for crimes identified in ss. 800.04(7)(c) and (d); s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135(2) and (3); s. 847.0137(2) and (3); and s. 847.0138(2) and (3); s. 847.0145; s. 796.045; or chapter 794. Notwithstanding s. 435.07, a person who has been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to an absolute disqualifying offense may not be granted an exemption from disqualification from employment. Neither the agency nor an employer is required to rescreen or reevaluate qualifications for employment of a person who was screened by that employer and continuously employed before April 1, 2009.

(4) (3) The person being screened applicant is responsible for paying the fees associated with obtaining the required screening. Payment for the screening shall be submitted to the agency. The agency shall establish a schedule of fees to cover the costs of level 1 and level 2 screening. Facilities may pay reimburse employees for these costs. The Department of Law Enforcement shall charge the agency for a level 1 or level 2 screening a rate sufficient to cover the costs of such screening pursuant to s. 943.053(3). The agency shall, as allowable, reimburse nursing facilities for the cost of conducting background screening as required by this section. This reimbursement is will not be subject to any rate ceilings or payment targets in the Medicaid Reimbursement plan.

 $(5)\frac{(4)(a)}{(a)}$ As provided in s. 435.07:7

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- The agency may grant an exemption from disqualification to an employee, or prospective employee, or contracted worker who is subject to this section and who has not received a professional license or certification from the Department of Health.
- As provided in s. 435.07, The appropriate regulatory board within the Department of Health, or that department itself when there is no board, may grant an exemption from disqualification to an employee, or prospective employee, or contracted worker who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department.
- (6) (5) Any provision of law to the contrary notwithstanding, Persons who have been screened and qualified as required by this section, and who have not been unemployed for more than 180 days thereafter, and who, under penalty of perjury, attest to not having been convicted of a disqualifying offense since the completion of such screening are, shall not be required to be rescreened. An employer may obtain, pursuant to s. 435.10, written verification of qualifying screening results from the previous employer, contractor, or other entity that which caused the such screening to be performed.
- (7) The agency and the Department of Health may shall have authority to adopt rules to administer pursuant to the Administrative Procedure Act to implement this section.
- (7) All employees shall comply with the requirements of this section by October 1, 1998. No current employee of a nursing facility as of the effective date of this act shall be required to submit to rescreening if the nursing facility has in its

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possession written evidence that the person has been screened and qualified according to level 1 standards as specified in s. 435.03(1). Any current employee who meets the level 1 requirement but does not meet the 5-year residency requirement as specified in this section must provide to the employing nursing facility written attestation under penalty of perjury that the employee has not been convicted of a disqualifying offense in another state or jurisdiction. All applicants hired on or after October 1, 1998, shall comply with the requirements of this section.

(8) There is no monetary or unemployment liability on the part of, and a no cause of action for damages does not arise arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or an act of domestic violence, terminates the employee against whom the report was issued, whether or not the employee has filed for an exemption with the Department of Health or the agency for Health Care Administration.

Section 5. Subsection (6) is added to section 408.809, Florida Statutes, to read:

408.809 Background screening; prohibited offenses. --

(6) The agency shall establish a schedule of fees to cover the costs of any level 1 or level 2 screening required pursuant to this part or other authorizing statutes and may adopt rules to carry out these screenings and for the schedule of fees.

Section 6. Subsection (5) of section 408.810, Florida Statutes, is amended to read:

408.810 Minimum licensure requirements. -- In addition to the licensure requirements specified in this part, authorizing statutes, and applicable rules, each applicant and licensee must

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comply with the requirements of this section in order to obtain and maintain a license.

- (5) Each licensee must:
- (a) On or before the first day services are provided to a client, a licensee must inform the client and his or her immediate family or representative, if appropriate, of the right to report:
- 1. Complaints. The statewide toll-free telephone number for reporting complaints to the agency must be provided to clients in a manner that is clearly legible and must include the words: "To report a complaint regarding the services you receive, please call toll-free (phone number)."
- 2. Abusive, neglectful, or exploitative practices. The statewide toll-free telephone number for the central abuse hotline must be provided to clients in a manner that is clearly legible and must include the words: "To report abuse, neglect, or exploitation, please call toll-free (phone number)." The agency shall publish a minimum of a 90-day advance notice of a change in the toll-free telephone numbers.
- (b) Each licensee shall Establish appropriate policies and procedures for providing such notice to clients.
- (c) Publicly display a poster approved by the agency containing the names, addresses, and telephone numbers for the state's central abuse hotline, the State Long-Term Care Ombudsman, the agency's consumer hotline, the Advocacy Center for Persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit, along with a clear description of the assistance to be expected from each. The Statewide Public Guardianship Office and its website shall also be listed. The agency shall make the poster available on the

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Internet. Providers may download the poster, at no charge, from the agency's website.

Section 7. Section 408.811, Florida Statutes, is amended to read:

408.811 Right of inspection; copies; inspection reports.--

- (1) An authorized officer or employee of the agency may make or cause to be made any inspection or investigation deemed necessary by the agency to determine the state of compliance with this part, authorizing statutes, and applicable rules. The right of inspection extends to any business that the agency has reason to believe is being operated as a provider without a license, but inspection of any business suspected of being operated without the appropriate license may not be made without the permission of the owner or person in charge unless a warrant is first obtained from a circuit court. Any application for a license issued under this part, authorizing statutes, or applicable rules constitutes permission for an appropriate inspection to verify the information submitted on or in connection with the application.
- (a) All inspections shall be unannounced, except as specified in s. 408.806. The giving or causing to be given of advance notice of the unannounced inspection by an agency employee to any unauthorized person shall, in accordance with chapter 110, constitute cause for suspension of the employee for at least 5 working days.
- Inspections for relicensure shall be conducted biennially unless otherwise specified by authorizing statutes or applicable rules.
- (c) Deficiencies found during an inspection or investigation must be corrected within 30 days unless an alternative timeframe is required or approved by the agency.

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- (d) The agency may require an applicant or licensee to submit a plan of correction for deficiencies. If required, the plan of correction must be filed with the agency within 10 days unless an alternative timeframe is required.
- Inspections conducted in conjunction with certification may be accepted in lieu of a complete licensure inspection. However, a licensure inspection may also be conducted to review any licensure requirements that are not also requirements for certification.
- (3) The agency shall have access to and the licensee shall provide copies of all provider records required during an inspection at no cost to the agency.
- (4)(a) Each licensee shall maintain as public information, available upon request, records of all inspection reports pertaining to that provider that have been filed by the agency unless those reports are exempt from or contain information that is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution or is otherwise made confidential by law. Effective October 1, 2006, copies of such reports shall be retained in the records of the provider for at least 3 years following the date the reports are filed and issued, regardless of a change of ownership.
- (b) A licensee shall, upon the request of any person who has completed a written application with intent to be admitted by such provider, any person who is a client of such provider, or any relative, spouse, or guardian of any such person, furnish to the requester a copy of the last inspection report pertaining to the licensed provider that was issued by the agency or by an accrediting organization if such report is used in lieu of a licensure inspection.

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(c) As an alternative to sending reports required by this part or authorizing statutes, the agency may provide electronic access to information or documents.

Section 8. Subsection (2) of section 415.103, Florida Statutes, is amended to read:

415.103 Central abuse hotline.--

- (2) Upon receiving an oral or written report of known or suspected abuse, neglect, or exploitation of a vulnerable adult, the central abuse hotline shall must determine if the report requires an immediate onsite protective investigation.
- (a) For reports requiring an immediate onsite protective investigation, the central abuse hotline must immediately notify the department's designated protective investigative district staff responsible for protective investigations to ensure prompt initiation of an onsite investigation.
- (b) For reports not requiring an immediate onsite protective investigation, the central abuse hotline must notify the department's designated protective investigative district staff responsible for protective investigations in sufficient time to allow for an investigation to be commenced within 24 hours. At the time of notification of district staff with respect to the report, the central abuse hotline must also provide any known information on any previous reports report concerning the a subject of the present report or any pertinent information relative to the present report or any noted earlier reports.
- (c) If the report is of known or suspected abuse of a vulnerable adult by someone other than a relative, caregiver, or household member, the call shall be immediately transferred to the appropriate county sheriff's office.

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Section 9. Paragraph (e) of subsection (1) and paragraph (g) of subsection (2) of section 415.1051, Florida Statutes, are amended to read:

415.1051 Protective services interventions when capacity to consent is lacking; nonemergencies; emergencies; orders; limitations.--

- (1) NONEMERGENCY PROTECTIVE SERVICES INTERVENTIONS. -- If the department has reasonable cause to believe that a vulnerable adult or a vulnerable adult in need of services is being abused, neglected, or exploited and is in need of protective services but lacks the capacity to consent to protective services, the department shall petition the court for an order authorizing the provision of protective services.
 - (e) Continued protective services. --
- Within No more than 60 days after the date of the order authorizing the provision of protective services, the department shall petition the court to determine whether:
- a. Protective services are to $\frac{\text{will}}{\text{be}}$ be continued with the consent of the vulnerable adult pursuant to this subsection;
- b. Protective services are to will be continued for the vulnerable adult who lacks capacity;
 - c. Protective services are to will be discontinued; or
- d. A petition for quardianship shall should be filed pursuant to chapter 744.
- If the court determines that a petition for guardianship shall should be filed pursuant to chapter 744, the court, for good cause shown, may order continued protective services until it makes a determination regarding capacity.
- 3. If the department has a good faith belief that the vulnerable adult lacks capacity, the petition to determine

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incapacity under s. 744.3201 may be filed by the department. Once the petition is filed, the department may not be appointed guardian and may not provide legal counsel for the guardian.

- EMERGENCY PROTECTIVE SERVICES INTERVENTION. -- If the (2) department has reasonable cause to believe that a vulnerable adult is suffering from abuse or neglect that presents a risk of death or serious physical injury to the vulnerable adult and that the vulnerable adult lacks the capacity to consent to emergency protective services, the department may take action under this subsection. If the vulnerable adult has the capacity to consent and refuses consent to emergency protective services, emergency protective services may not be provided.
 - (g) Continued emergency protective services. --
- 1. Within Not more than 60 days after the date of the order authorizing the provision of emergency protective services, the department shall petition the court to determine whether:
- Emergency protective services are to will be continued with the consent of the vulnerable adult;
- b. Emergency protective services are to will be continued for the vulnerable adult who lacks capacity;
- Emergency protective services are to will be discontinued; or
 - d. A petition shall should be filed under chapter 744.
- If it is decided to file a petition under chapter 744, for good cause shown, the court may order continued emergency protective services until a determination is made by the court.
- 3. If the department has a good faith belief that the vulnerable adult lacks capacity, the petition to determine incapacity under s. 744.3201 may be filed by the department. Once



the petition is filed, the department may not be appointed quardian and may not provide legal counsel for the quardian. Section 10. Section 415.112, Florida Statutes, is amended

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- 415.112 Rules for implementation of ss. 415.101-415.113.--The department shall adopt promulgate rules to administer this chapter including, but not limited to: for the implementation of ss. 415.101-415.113.
- (1) Background screening of department employees and employee applicants which includes a criminal records check and drug testing of adult protective investigators and adult protective investigator supervisors.
- (2) The reporting of adult abuse, neglect, exploitation, a vulnerable adult in need of services, false reporting, and adult protective investigations.
- (3) Confidentiality and retention of department records, access to records, and record requests.
 - (4) Injunctions and other protective orders.
- (5) The provision of emergency and nonemergency protective services intervention.
- (6) Agreements with law enforcement and other state agencies.
- (7) Legal and casework procedures, including, but not limited to, diligent search, petitions, emergency removals, capacity to consent, and adult protection teams.
- (8) The legal and casework management of cases involving protective supervision, protective orders, judicial reviews, administrative reviews, case plans, and documentation requirements.

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Section 11. Paragraphs (b) and (c) of subsection (3) of section 429.07, Florida Statutes, are amended to read:

429.07 License required; fee.--

- (3) In addition to the requirements of s. 408.806, each license granted by the agency must state the type of care for which the license is granted. Licenses shall be issued for one or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited mental health.
- (b) An extended congregate care license shall be issued to facilities providing, directly or through contract, services beyond those authorized in paragraph (a), including services performed by persons licensed under acts performed pursuant to part I of chapter 464 by persons licensed thereunder, and supportive services, as defined by rule, to persons who would otherwise would be disqualified from continued residence in a facility licensed under this part.
- To obtain an In order for extended congregate care license services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of the a facility. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of the such request shall be made in accordance with part II of chapter 408. Existing
- 2. Facilities applying for, and facilities currently licensed qualifying to provide, extended congregate care services

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must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:

- a. A class I or class II violation;
- 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;
- Three or more class III violations that were not C. corrected in accordance with the corrective action plan approved by the agency;
- d. Violation of resident care standards which result in requiring the facility 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 licensed under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or
- f. Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings.
- 3.2. A facility that is Facilities that are licensed to provide extended congregate care services must shall maintain a written progress report on each person who receives such services, which report describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility such facilities at least quarterly to monitor residents who are receiving extended congregate care services and to

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determine if the facility is in compliance with this part, part II of chapter 408, and rules that relate to extended congregate care. One of these visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the such facility. The agency may waive one of the required yearly monitoring visits for a facility that has been licensed for at least 24 months to provide extended congregate care services, if, during the inspection, the registered nurse determines that extended congregate care services are being provided appropriately, and if the facility has no class I or class II violations and no uncorrected class III violations. Before such decision is made, The agency must first shall consult with the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been made and substantiated about the quality of services or care. The agency may not waive one of the required yearly monitoring visits if complaints have been made and substantiated.

- 4.3. Facilities that are licensed to provide extended congregate care services must shall:
- a. Demonstrate the capability to meet unanticipated resident service needs.
- b. Offer a physical environment that promotes a homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space as defined by rule.
- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency, as necessary.

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- d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place to the extent possible, so that moves due to changes in functional status are minimized or avoided.
- e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in developing service plans, and share responsibility in decisionmaking.
 - Implement the concept of managed risk. f.
- Provide, either directly or through contract, the services of a person licensed pursuant to part I of chapter 464.
- In addition to the training mandated in s. 429.52, provide specialized training as defined by rule for facility staff.
- 5.4. Facilities licensed to provide extended congregate care services are exempt from the criteria for continued residency as set forth in rules adopted under s. 429.41. Facilities so licensed must shall adopt their own requirements within guidelines for continued residency set forth by rule. However, such facilities may not serve residents who require 24hour nursing supervision. Facilities licensed to provide extended congregate care services must shall provide each resident with a written copy of facility policies governing admission and retention.
- 6.5. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility

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licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the individual is determined appropriate for admission to the extended congregate care facility.

- 7.6. Before admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(4) and the facility must develop a preliminary service plan for the individual as provided in s. 429.26.
- 8.7. When a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility shall make arrangements for relocating the person in accordance with s. 429.28(1)(k).
- 9.8. Failure to provide extended congregate care services may result in denial of extended congregate care license renewal.
- 9. No later than January 1 of each year, the department, in consultation with the agency, shall prepare and submit to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairs of appropriate legislative committees, a report on the status of, and recommendations related to, extended congregate care services. The status report must include, but need not be limited to, the following information:
- a. A description of the facilities licensed to provide such services, including total number of beds licensed under this part.
- b. The number and characteristics of residents receiving such services.

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- 642 c. The types of services rendered that could not be 643 provided through a standard license.
 - d. An analysis of deficiencies cited during licensure inspections.
 - e. The number of residents who required extended congregate care services at admission and the source of admission.
 - f. Recommendations for statutory or regulatory changes.
 - g. The availability of extended congregate care to state clients residing in facilities licensed under this part and in need of additional services, and recommendations for appropriations to subsidize extended congregate care services such persons.
 - h. Such other information as the department considers appropriate.
 - (c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.
 - To obtain a In order for limited nursing services license to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with part II of chapter 408. Existing
 - 2. Facilities applying for, and facilities currently licensed qualifying to provide, limited nursing services must shall have maintained a standard license and may not have been

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subject to administrative sanctions that affect the health, safety, and welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.

- 3.2. Facilities that are licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services, which report describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse representing the agency shall visit such facilities at least twice a year to monitor residents who are receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this part, part II of chapter 408, and related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that inspects the such facility.
- 4.3. A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. If When a resident no longer meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is also licensed to provide extended congregate care services.

Section 12. Effective April 1, 2009, section 429.174, Florida Statutes, is amended to read:

429.174 Background screening; exemptions. --

The owner or administrator of an assisted living facility must conduct level 1 background screening, as set forth in chapter 435, on all employees hired on or after October 1,

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1998, who perform personal services or who have access to resident living areas as defined in s. 429.02(16). The agency may exempt an individual from employment disqualification as set forth in s. 435.07 chapter 435. However, such person may not be employed or resume employment pending the granting of an exemption or until all appeals have been resolved in favor of the person screened. A person employed before October 1, 1998, who is determined to have a disqualifying offense occurring after October 1, 1998, may continue employment pending the outcome of an exemption request if such request is made within 30 days of receipt of the results of the background screening. A person employed before October 1, 1998, who is determined to have a disqualifying offense before October 1, 1998, but does not have a disqualifying offense after that date, is not required to submit an exemption request pursuant to s. 435.07 and may continue his or her employment. Employees Such persons shall be considered as having met the screening requirements this requirement if:

(a) (1) Proof of compliance with level 1 screening requirements obtained to meet any professional license requirements in this state is provided and accompanied, under penalty of perjury, by a copy of the person's current professional license and an affidavit of current compliance with the background screening requirements.

(b) $\frac{(2)}{(2)}$ The person required to be screened has been continuously employed in the same type of occupation for which the person is seeking employment without a breach in service which exceeds 180 days, and proof of compliance with the level 1 screening requirement which is no more than 2 years old is provided. Proof of compliance shall be provided directly from one employer or contractor to another, and not from the person



screened. Upon request, a copy of screening results shall be provided by the employer retaining documentation of the screening to the person screened.

(c) $\frac{(3)}{(3)}$ The person required to be screened is employed by a corporation or business entity or related corporation or business entity that owns, operates, or manages more than one facility or agency licensed under this chapter, and for whom a level 1 screening was conducted by the corporation or business entity as a condition of initial or continued employment.

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> Notwithstanding chapter 435, the agency may not provide to the employer the results of background screening for offenses occurring prior to October 1, 1998, for persons employed before October 1, 1998, except for an absolute disqualifying offense. For the purposes of this section, the term "absolute disqualifying offense" means a felony offense pursuant to s. 787.01(3)(a); s. 787.02(3)(a); s. 787.025, s. 796.03; s. 796.035; s. 800.04, except for crimes identified in ss. 800.04(7)(c) and (d); s. 825.1025; s. 827.071; s. 847.0133; s. 847.0135(2) and (3); s. 847.0137(2) and (3); and s. 847.0138(2) and (3); s. 847.0145; s. 796.045; or chapter 794. Notwithstanding s. 435.07, a person who has been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to an absolute disqualifying offense may not be granted an exemption from disqualification from employment. The agency or an employer is not required to rescreen or reevaluate qualifications for employment of a person who was screened by that employer and continuously employed before April 1, 2009.

(2) Level 1 screening as provided in chapter 435 is

required for all contracted workers who are expected to, or whose

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responsibilities may require them to, provide personal services to residents. The facility shall maintain verification that such contracted workers have been screened pursuant to this section. The facility may either obtain a copy of the qualifying screening results from the entity or receive an affidavit from the entity which specifies that a background screen has been performed on all contracted workers sent to the facility. A contracted worker who does not provide personal services to residents is not required to be screened pursuant to this section but must sign in at the reception desk upon entering the facility, wear an identification badge while on the premises, and sign out before leaving the facility. The facility shall maintain a log containing the information collected.

(3) The person being screened is responsible for paying the fees associated with obtaining the required screening. Payment for the screening shall be submitted to the agency. The agency shall establish a schedule of fees to cover the costs of level 1 and level 2 screening. Facilities may reimburse employees or contracted workers for these costs. The Department of Law Enforcement shall charge the agency for a level 1 or level 2 screening a rate sufficient to cover the costs of screening pursuant to s. 943.053(3).

Section 13. Subsection (1) of section 429.255, Florida Statutes, is amended to read:

429.255 Use of personnel; emergency care.--

(1) (a) Facility staff, including persons under contract to the facility, facility employees staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), and others as defined by rule, may administer medications to residents, take residents' vital signs,

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manage individual weekly pill organizers for residents who selfadminister medication, give prepackaged enemas ordered by a physician, observe residents, document observations on the appropriate resident's record, report observations to the resident's physician, and contract or allow residents or a resident's representative, designee, surrogate, quardian, or attorney in fact to contract with a third party, provided residents meet the criteria for appropriate placement as defined in s. 429.26. Nursing assistants certified pursuant to part II of chapter 464 may take residents' vital signs as directed by a licensed nurse or physician.

- Facility All staff, including persons under contract to the facility and facility employees in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's physician, and to provide needed services competently. However, the owner or administrator of the facility is shall be responsible for determining that the resident receiving services is appropriate for residence in the facility and for the provision of and quality of care and services provided to the resident.
- In an emergency situation, licensed personnel may carry (C) out their professional duties pursuant to part I of chapter 464 until emergency medical personnel assume responsibility for care.

Section 14. Present subsections (8) through (12) of section 429.26, Florida Statutes, are renumbered as sections (6) through (10), respectively, and present subsections (1) through (7) of that section, are amended to read:

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429.26 Appropriateness of placements; examinations of residents.--

- The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. Except as provided in s. 429.28(1)(k), a resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, quardian, surrogate, or attorney in fact. If In the case of a resident who has been placed by the department or the Department of Children and Family Services, the administrator must notify the appropriate contact person in the applicable department.
- (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.
- (3) Persons licensed under part I of chapter 464 who are employed by or under contract with a facility shall, on a routine basis or at least monthly, perform a nursing assessment of the residents for whom they are providing nursing services ordered by a physician, except administration of medication, and shall document such assessment, including any substantial changes in a

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resident's status which may necessitate relocation to a nursing home, hospital, or specialized health care facility. Such records shall be maintained in the facility for inspection by the agency and shall be forwarded to the resident's case manager, if applicable.

(2) (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The person conducting an examination under this subsection may not have financial interest in the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained in the report therein to assist in determining the determination of the appropriateness of the resident's admission and continued stay in the facility and to develop a plan for the provision of services for the resident. The plan must be reviewed and updated annually; however, for a resident receiving nursing services ordered by a physician, except administration of medication, the plan must be reviewed and updated quarterly and whenever a resident experiences a significant change in condition. The medical examination report and plan for services shall be reported on a single form provided by the agency or a community supported-living plan for mental health residents. The plan shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

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(a) (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, medical personnel $\frac{a}{a}$ licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.

(b) (6) Any resident accepted in a facility and placed by the department or the Department of Children and Family Services must be shall have been examined by medical personnel within 30 days before placement in the facility and recorded on a medical examination form provided by the agency. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. For Additionally, in the case of a mental health resident, the Department of Children and Family Services must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An

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evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under this section subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of optional state supplementation require such assistance.

- (3) Effective April 1, 2009, a search of the Department of Law Enforcement's sexual offender database for each prospective resident must be conducted by the facility before admission or immediately after admission. The facility must maintain verification that all residents have been screened. The information obtained may be used by the facility to assess the needs of the resident and the care and services offered or arranged by the facility in accordance with this section. The information obtained may be disclosed to other residents. The facility does not have to rescreen a resident who is away from a facility for not more than 45 days.
- (4) Persons licensed under part I of chapter 464 who are employed by or under contract with a facility shall, at least monthly, perform a nursing assessment of residents for whom they are providing nursing services ordered by a physician, except administration of medication, and shall document such assessment,

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including any substantial change in a resident's status which may necessitate relocation to a nursing home, hospital, or specialized health care facility. The records must be maintained in the facility for inspection by the agency and shall be forwarded to the resident's case manager, if applicable.

(5) Residents shall be periodically assessed to determine if the resident is capable of handling his or her personal and financial affairs and, if not, whether a responsible person such as a resident representative or designee, guardian, surrogate, or attorney in fact is available to make decisions on behalf of the resident. If a resident is having difficulty handling his or her personal or financial affairs because of a decline in health or cognitive abilities, the owner or administrator shall contact the resident's representative or designee, guardian, surrogate, or attorney in fact. If a resident does not have family or a legal representative to make decisions on his or her behalf, the owner or administrator must contact the Florida Abuse Hotline. The facility must notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition.

Section 15. Subsections (3) through (8) of section 429.27, Florida Statutes, are renumbered as subsections (6) through (11),

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respectively, and subsections (1) and (2) of that section, are amended to read:

- 429.27 Property and personal affairs of residents.--
- (1) (a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incapacitated under state law, managing his or her own affairs.
- (2) (b) The admission of a resident to a facility does and his or her presence therein shall not confer on the facility or its owner, administrator, staff employees, or representatives any authority to manage, use, or dispose of any property of the resident or to make financial or health care decisions on behalf of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except if that which may be necessary for the safe management of the facility or for the safety of the resident.
- (3) (2) A facility, or an owner, administrator, staff employee, or representative thereof, may not act as the resident's representative or designee, guardian, health care surrogate, trustee, or conservator for a any resident of the assisted living facility or any of the such resident's property unless the person is a relative of the resident.
- (4) A facility An owner, administrator, or staff member, or representative thereof, may not act as a competent resident's payee for social security, veteran's, or railroad benefits without the consent of the resident. Any facility whose owner, administrator, or staff, or representative thereof who \overline{t} serves as representative payee for a any resident must of the facility

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shall file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, or expendable for his or her their account, which are received by a facility.

(5) Any facility whose owner, administrator, or staff, or a representative thereof who τ is granted power of attorney for a any resident must of the facility shall file a surety bond with the agency for each resident for whom such power of attorney is granted. The surety bond must shall be in an amount equal to twice the average monthly income of the resident, plus the value of any resident's property under the control of the attorney in fact. The bond must shall be executed by the facility as principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the facility with this section and shall run to the agency for the benefit of any resident who suffers a financial loss as a result of the misuse or misappropriation by a facility of funds held pursuant to this subsection. Any surety company that cancels or does not renew the bond of any licensee shall notify the agency in writing not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal. Any facility owner, administrator, or staff, or representative thereof, who is granted power of attorney for a any resident of the facility shall, on a monthly basis, be required to provide the resident with a written statement of any transaction made on behalf of the resident pursuant to this subsection, and a copy of such statement given to the resident shall be retained in each resident's file and available for agency inspection.

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Section 16. Paragraphs (k) and (l) of subsection (1), subsection (2), and paragraph (b) of subsection (3) of section 429.28, Florida Statutes, are amended to read:

429.28 Resident bill of rights.--

- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
- Receive at least 45 days' written notice of relocation or termination of residency from the licensee as provided in s. 429.285, unless the relocation or termination of residency is initiated by the resident or the resident designee; facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care; or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a licensee facility to terminate the residency of an individual without notice as provided in this paragraph herein, the licensee facility shall show good cause in a court of competent jurisdiction. Admission to a facility licensed under this part may not be conditioned upon a waiver of such right, and any document or provision in a document that purports to waive or preclude such right is void and unenforceable.

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- (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each licensee facility shall establish a written grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. Each licensee shall maintain a written log of grievances that shall be available for inspection and shall be maintained for at least 2 years. Residents may provide verbal or written grievances.
- The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. This notice shall include the name, address, and telephone numbers of the local ombudsman council and central abuse hotline and, when applicable, the Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council, where complaints may be lodged. The licensee facility must ensure a resident's access to a telephone to call the local ombudsman council, central abuse hotline, Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council.

(3)

(b) In order to determine whether the licensee facility is adequately protecting residents' rights, the biennial survey shall include private informal conversations with a sample of residents and consultation with the ombudsman council in the



1086 planning and service area in which the facility is located to 1087 discuss residents' experiences within the facility. Section 17. Section 429.285, Florida Statutes, is created 1088 1089 to read: 1090 429.285 Resident relocation or termination of residency; 1091 requirements and procedures. --1092 (1) A facility licensed under this part must permit a resident to remain in the facility. Relocation or termination of 1093 1094 residency of a resident may not occur unless: 1095 (a) The relocation or termination of residency is necessary 1096 for the resident's welfare and the resident's needs cannot be met 1097 in the facility; 1098 (b) The relocation or termination of residency is 1099 appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services 1100 1101 provided by the facility; 1102 The health and safety of other residents or facility 1103 employees would be endangered; 1104 (d) The resident has failed, after at least 30 days' 1105 notice, to provide payment for his or her stay in the facility; (e) The facility ceases to operate; 1106 1107 (f) There is a documented pattern of harmful and offensive 1108 behavior by the resident; or 1109 (g) The contract provided for under s. 429.24(1) between 1110 the licensee and the resident expires on its own terms. (2) When a relocation or termination of residency is 1111 initiated by the licensee, the administrator that is relocating 1112 1113 the resident or terminating residency, or an individual employed by the facility who is designated by the administrator to act on 1114

behalf of the administration, must sign the notice of relocation

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1116 or termination of residency. Any notice indicating a medical 1117 reason for relocation or termination of residency must be signed 1118 by the resident's physician or include an attached physician's written order for the relocation or termination of residency. 1119

- (3) At least 45 days prior to a proposed relocation or termination of residency, a licensee must provide by certified mail advance written notice of the proposed relocation or termination of residency to the resident and, if known, to a family member or the resident's legal guardian or representative.
- (4) The notice must be in writing and contain all information required by state and federal laws, rules, and regulations. A copy of the notice must be placed in the resident's file. The agency shall develop a standard form to be used by all facilities licensed under this part for purposes of notifying residents of a relocation or termination of residency. In addition to any other pertinent information included, the form shall:
- (a) Specify the reason allowed under state law justifying the relocation or termination of the residency, with an explanation to support this action.
- (b) State the effective date of the relocation or termination of residency and the location to which the resident is being relocated.
- (c) Include the right and means to request the local longterm care ombudsman council to review the notice of relocation or termination of residency.
- (5) A relocation or termination of residency notice initiated by a licensee must be reported to the Office of State Long-Term Care Ombudsman by mail, electronic mail, or facsimile within 5 business days after a resident's receipt of a notice to

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relocate or terminate residency. The Office of State Long-Term Care Ombudsman shall compile and publish the information collected from such notices in the annual report required by s. 400.0065(2)(i). A resident may request that the local long-term care ombudsman council review any notice of relocation or termination of residency given to the resident. When requested by a resident to review such notice, the local long-term care ombudsman council shall do so within 5 business days after receipt of the request.

(6) In the event of an emergency relocation or termination of residency, as provided under s. 429.28(1)(k), notice shall be provided to the resident, the resident's legal guardian or representative, and the local long-term care ombudsman council by telephone or in person. The written notice shall be given before the relocation or termination of residency, if possible, and no later than 5 business days after the relocation or termination of residency. A local long-term care ombudsman council conducting a review under this section shall do so within 2 business days after receipt of the request. The resident's file must include documentation indicating who was contacted, whether the contact was by telephone or in person, and the date and time of the contact.

(7) After receipt of a notice required under this section, the local long-term care ombudsman council may request a private informal conversation with a resident to whom the notice is directed, and, if known, a family member or the resident's legal quardian or representative, to ensure that the licensee is proceeding with the relocation or termination of residency in accordance with the requirements of this section.

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(8) The agency may adopt rules pursuant to ss. 120.536(1) and 120.54 to administer this section.

Section 18. Subsection (1) of section 429.294, Florida Statutes, is amended to read:

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

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

Section 19. Section 429.34, Florida Statutes, is amended to read:

- 429.34 Right of entry and inspection. -- In addition to the requirements of s. 408.811: τ
- (1) Any duly designated officer or employee of the department, the Department of Children and Family Services, the Medicaid Fraud Control Unit of the Office of the Attorney General, the state or local fire marshal, or a member of the state or local long-term care ombudsman council shall have the right to enter unannounced upon and into the premises of any facility licensed pursuant to this part in order to determine the state of compliance with the provisions of this part, part II of chapter 408, and applicable rules. Data collected by the state or local long-term care ombudsman councils or the state or local advocacy councils may be used by the agency in investigations involving violations of regulatory standards.

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(2) Every 24 months the agency shall conduct at least one unannounced inspection to determine compliance with this chapter and related rules, including minimum standards of quality and adequacy of care and the rights of residents. Two additional surveys shall be conducted every 6 months for the next year if the facility has been cited for a class I deficiency or two or more class II deficiencies arising from separate surveys or investigations within a 60-day period. In addition to any fines imposed on a facility under s. 429.19, the agency shall assess a fine of \$69 per bed for each of the additional two surveys, not to exceed \$12,000 each. The agency shall adjust this fine by the change in the Consumer Price Index, based on the 12 months immediately preceding the change, to cover the cost of the additional two surveys. The agency shall verify through subsequent inspections that any deficiency identified during an inspection is corrected. However, the agency may verify the correction of a class III or class IV deficiency unrelated to resident rights or resident care without reinspecting the facility if adequate written documentation has been received from the facility which provides assurance that the deficiency has been corrected.

Section 20. Present subsection (14) of section 429.65, Florida Statutes, is renumbered as subsection (15), and a new subsection (14) is added to that section, to read:

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

(14) "Reside" means the licensee or applicant lives in the adult family care home as a primary residence. For purposes of this part, any two of the following documents that include the adult family care home address and the name of the licensee or

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1234 applicant may be accepted by the agency as proof that the licensee or applicant resides in the adult family care home:

- (a) Homestead exemption documentation;
- (b) Lease or rental agreement accompanied by a corresponding utility bill; or
- (c) Personal identification issued by a state or federal agency.

Section 21. Subsection (4) of section 429.67, Florida Statutes, is amended to read:

429.67 Licensure.--

- Upon receipt of a completed license application or license renewal, and the fee, the agency shall initiate a level 1 background screening as provided under chapter 435 on the adult family-care home provider, the designated relief person, all adult household members, and all staff members, and any other person who provides personal services to residents or who have routine access to the adult family-care home.
- Proof of compliance with level 1 screening standards which has been submitted within the previous 5 years to meet any facility or professional licensure requirements of the agency or the Department of Health satisfies the requirements of this subsection. Such proof must be accompanied, under penalty of perjury, by a copy of the person's current professional license and an affidavit of current compliance with the background screening requirements.
- The person required to be screened must have been continuously employed in the same type of occupation for which the person is seeking employment without a breach in service that exceeds 180 days, and proof of compliance with the level 1 screening requirement which is no more than 2 years old must be

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provided. Proof of compliance shall be provided directly from one employer or contractor to another, and not from the person screened. Upon request, a copy of screening results shall be provided to the person screened by the employer retaining documentation of the screening.

Section 22. Subsection (3) is added to section 429.69, Florida Statutes, to read:

429.69 Denial, revocation, and suspension of a license.--In addition to the requirements of part II of chapter 408, the agency may deny, suspend, and revoke a license for any of the following reasons:

(3) Failure of the adult family-care home provider who owns or rents the home to live in the home.

Section 23. Paragraph (b) of subsection (1) of section 429.73, Florida Statutes, is amended to read:

429.73 Rules and standards relating to adult family-care homes.--

- The agency, 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:
- (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.
- Assistance necessary to perform the activities of daily 1292 1293 living.

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- 1294 3. Assistance necessary to administer medication.
 - 4. Supervision of residents.
 - Health monitoring, including periodic assessments to determine if the resident is competent to handle his or her personal and financial affairs and, if not, whether a responsible person such as a guardian, surrogate, or attorney in fact is available to make decisions on behalf of the resident.
 - Social and leisure activities.
 - Section 24. Effective April 1, 2009, subsections (2) and
 - (3) of section 435.03, Florida Statutes, are amended to read:
 - 435.03 Level 1 screening standards.--
 - Any person for whom employment screening is required by statute must not have been convicted of found guilty of, regardless of adjudication, or entered a plea of guilty or nolo contendere or guilty to, regardless of adjudication, to any offense prohibited under any of the following provisions of the Florida statutes or under any similar statute of another jurisdiction:
 - (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
 - (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
 - (c) Section 415.111, relating to abuse, neglect, or exploitation of a vulnerable adult.
 - Section 782.04, relating to murder.
- 1321 (e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or 1322 1323 aggravated manslaughter of a child.

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- 1324 (f) Section 782.071, relating to vehicular homicide.
- 1325 (q) Section 782.09, relating to killing of an unborn quick 1326 child by injury to the mother.
 - (h) Section 784.011, relating to assault, if the victim of the offense was a minor.
 - (i) Section 784.021, relating to aggravated assault.
 - Section 784.03, relating to battery, if the victim of the offense was a minor.
 - Section 784.045, relating to aggravated battery. (k)
 - (1) Section 787.01, relating to kidnapping.
 - (m) Section 787.02, relating to false imprisonment.
 - (n) Section 794.011, relating to sexual battery.
 - Former s. 794.041, relating to prohibited acts of (0) persons in familial or custodial authority.
 - (p) Chapter 796, relating to prostitution.
 - (q) Section 798.02, relating to lewd and lascivious behavior.
 - (r)Chapter 800, relating to lewdness and indecent exposure.
 - Section 806.01, relating to arson. (s)
 - Chapter 812, relating to theft, robbery, and related crimes, if the offense was a felony.
 - Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
 - (v) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, relating to lewd or lascivious 1350 1351 offenses committed upon or in the presence of an elderly person 1352 or disabled adult.

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- 1353 Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony. 1354
 - (y) Section 826.04, relating to incest.
 - (z) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
 - Section 827.04, relating to contributing to the delinquency or dependency of a child.
 - Former s. 827.05, relating to negligent treatment of children.
 - Section 827.071, relating to sexual performance by a (cc) child.
 - Chapter 847, relating to obscene literature. (dd)
 - (ee) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
 - (ff) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
 - Standards must also ensure that the person:
 - Has not been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, offenses prohibited under any of the following statutes or under any similar statute of another jurisdiction, if he or she is an employee or employer For employees and employers licensed or registered pursuant to chapter 393, chapter 400, part II of chapter 408, or chapter 429, or an employee or employer at a and for employees and employers of developmental disabilities institutions as defined in s. 393.063, intermediate care facilities for the developmentally disabled as defined in s. 400.960, and mental health treatment facility facilities as defined in s. 394.455, meets the requirements of this chapter.

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1383 1. Sections 409.920 and 409.9201, relating to Medicaid 1384 fraud. 1385 2. Chapter 429, relating to assisted care communities. 3. Chapter 784, relating to assault, battery, and culpable 1386 1387 negligence, if the offense is a felony. 1388 4. Section 810.02, relating to burglary, if the offense is 1389 a felony. 5. Section 817.034, relating to communications fraud. 1390 1391 6. Section 817.234, relating to fraudulent insurance 1392 claims. 1393 7. Section 817.505, relating to patient brokering. 8. Section 817.568, relating to identification theft. 1394 1395 9. Sections 817.60 and 817.61, relating to credit cards, if 1396 the offense is a felony. 1397 10. Sections 831.01, 831.02, 831.07, 831.09, 831.30, and 831.31 relating to forgery, uttering, and counterfeiting. 1398 1399 (b) Has not committed an act that constitutes domestic 1400 violence as defined in s. 741.28. 1401 Section 25. Effective April 1, 2009, subsections (2) and (4) of section 435.04, Florida Statutes, are amended to read: 1402 435.04 Level 2 screening standards.--1403 1404 (2) The security background investigations under this 1405 section must ensure that no persons subject to the provisions of this section have been convicted found quilty of, regardless of 1406 1407 adjudication, or entered a plea of quilty or nolo contendere or 1408 guilty to, regardless of adjudication, to any offense prohibited under any of the following provisions of the Florida statutes or 1409 1410 under any similar statute of another jurisdiction:

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- 1411 Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such 1412 1413 sexual misconduct.
 - Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
 - (c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
 - Section 782.04, relating to murder.
 - Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
 - Section 782.071, relating to vehicular homicide.
 - Section 782.09, relating to killing of an unborn quick child by injury to the mother.
 - Section 784.011, relating to assault, if the victim of the offense was a minor.
 - (i) Section 784.021, relating to aggravated assault.
 - Section 784.03, relating to battery, if the victim of the offense was a minor.
 - Section 784.045, relating to aggravated battery. (k)
 - Section 784.075, relating to battery on a detention or (1)commitment facility staff.
 - Section 787.01, relating to kidnapping. (m)
 - (n) Section 787.02, relating to false imprisonment.
 - (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
 - Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child

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1441 at a custody hearing or delivering the child to the designated 1442 person.

- (a) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
 - Section 794.011, relating to sexual battery.
- Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
 - Chapter 796, relating to prostitution.
- Section 798.02, relating to lewd and lascivious (∇) behavior.
- Chapter 800, relating to lewdness and indecent (W) exposure.
 - (x) Section 806.01, relating to arson.
- (y) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (z) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
 - Section 826.04, relating to incest.
- (ee) Section 827.03, relating to child abuse, aggravated 1469 child abuse, or neglect of a child. 1470

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- 1471 (ff) Section 827.04, relating to contributing to the delinquency or dependency of a child. 1472
 - Former s. 827.05, relating to negligent treatment of (gg) children.
 - (hh) Section 827.071, relating to sexual performance by a child.
 - (ii) Section 843.01, relating to resisting arrest with violence.
 - Section 843.025, relating to depriving a law (††) enforcement, correctional, or correctional probation officer means of protection or communication.
 - Section 843.12, relating to aiding in an escape. (kk)
 - Section 843.13, relating to aiding in the escape of (11)juvenile inmates in correctional institutions.
 - Chapter 847, relating to obscene literature. (mm)
 - Section 874.05(1), relating to encouraging or (nn) recruiting another to join a criminal gang.
 - (oo) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
 - (pp) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
 - Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
 - (rr) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
 - Section 944.47, relating to introduction of contraband into a correctional facility.
 - Section 985.701, relating to sexual misconduct in juvenile justice programs.

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- (uu) Section 985.711, relating to contraband introduced into detention facilities.
 - (4) Standards must also ensure that the person:
- (a) Has not been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, offenses prohibited under any of the following statutes or under any similar statute of another jurisdiction, if he or she is an employee or employer For employees or employers licensed or registered pursuant to chapter 393, chapter 400, part II of chapter 408, or chapter 429, or an employee or employer at a mental health treatment facility as defined in s. 394.455 does not have a confirmed report of abuse, neglect, or exploitation as defined in s. 415.102(6), which has been uncontested or upheld under s. 415.103.
- 1. Sections 409.920 and 409.9201, relating to Medicaid fraud.
 - 2. Chapter 429, relating to assisted care communities.
- 3. Chapter 784, relating to assault, battery, and culpable negligence, if the offense is a felony.
- 4. Section 810.02, relating to burglary, if the offense is a felony.
 - 5. Section 817.034, relating to communications fraud.
- 6. Section 817.234, relating to fraudulent insurance claims.
 - 7. Section 817.505, relating to patient brokering.
 - 8. Section 817.568, relating to identification theft.
- 9. Sections 817.60 and 817.61, relating to credit cards, if 1527 1528 the offense is a felony.
- 1529 10. Sections 831.01, 831.02, 831.07, 831.09, 831.30, and 831.31 relating to forgery, uttering, and counterfeiting. 1530

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- (b) Has not committed an act that constitutes domestic violence as defined in s. 741.28 s. 741.30.
- (c) Does not have a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld under s. 415.103, if the person is an employee of a developmental disabilities institution as defined in s. 393.063.

Section 26. Subsection (13) of section 400.141, subsection (3) of section 408.809, subsection (2) of section 429.08, and subsection (5) of section 429.41, Florida Statutes, are repealed.

Section 27. Paragraph (h) of subsection (3) of section 430.80, Florida Statutes, is amended to read:

430.80 Implementation of a teaching nursing home pilot project.--

- To be designated as a teaching nursing home, a nursing home licensee must, at a minimum:
- (h) Maintain insurance coverage pursuant to s. 400.141(19) s. 400.141(20) or proof of financial responsibility in a minimum amount of \$750,000. Such Proof of financial responsibility may include:
- 1. Maintaining an escrow account consisting of cash or assets eligible for deposit in accordance with s. 625.52; or
- 2. Obtaining and maintaining, pursuant to chapter $675_{\underline{\prime}}$ an unexpired, irrevocable, nontransferable and nonassignable letter of credit issued by a any bank or savings association organized and existing under the laws of this state or a any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized to receive deposits in this state. The letter of credit shall be used to satisfy the obligation of the facility to the claimant upon presentment of a

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final judgment indicating liability and awarding damages to be paid by the facility or upon presentment of a settlement agreement signed by all parties if the to the agreement when such final judgment or settlement is a result of a liability claim against the facility.

Section 28. Subsection (13) of section 651.118, Florida Statutes, is amended to read:

651.118 Agency for Health Care Administration; certificates of need; sheltered beds; community beds.--

(13) Residents, as defined in this chapter, are not considered new admissions for the purpose of s. 400.141(14)(d) s. 400.141(15)(d).

Section 29. The sum of \$241,274 is appropriated to the Agency for Health Care Administration from the Health Care Trust Fund for the 2008-2009 fiscal year, and 8.5 full-time equivalent positions along with an associated salary rate of 298,721 are authorized for the purpose of implementing the provisions of this act.

Section 30. Except as otherwise expressly provided in this act, this act shall take effect October 1, 2008.

======== T I T L E A M E N D M E N T ========= And the title is amended as follows:

Delete line(s) 527-571

1585 and insert:

A bill to be entitled

An act relating to adult protection and care; amending s. 322.142, F.S.; authorizing the Department of Children and Family Services to obtain copies of driver's license files maintained by the Department of Highway Safety and Motor

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1591 Vehicles for the purpose of conducting protective 1592 investigations; amending s. 400.141, F.S.; requiring a 1593 search of the Department of Law Enforcement's sexual 1594 offender database to be conducted on all nursing home 1595 residents; amending s. 400.19, F.S.; revising provisions 1596 relating to unannounced inspections; amending s. 400.215, 1597 F.S.; requiring contracted workers employed in a nursing 1598 home to submit to background screening; prohibiting 1599 employees and contracted workers who do not meet 1600 background screening requirements from being employed in a nursing home; providing certain exceptions; deleting an 1601 1602 obsolete provision; amending s. 408.809, F.S.; requiring 1603 the agency to establish a fee schedule to cover the cost 1604 of a level 1 or level 2 screening and giving the agency 1605 rulemaking authority; amending s. 408.810, F.S.; requiring health care facilities regulated by the Agency for Health 1606 1607 Care Administration to post certain information in the 1608 facility; requiring the agency to have the information 1609 available on its website; amending s. 408.811, F.S.; 1610 providing that agency employees who provide advance notice of unannounced agency inspections are subject to 1611 suspension; providing a timeline and process for 1612 1613 correction of deficiencies; providing that the agency may 1614 provide electronic access to documents; amending s. 1615 415.103, F.S.; requiring certain reports to the central abuse hotline relating to vulnerable adults to be 1616 1617 immediately transferred to the county sheriff's office; 1618 amending s. 415.1051, F.S.; authorizing the Department of 1619 Children and Family Services to file the petition to 1620 determine incapacity in adult protection proceedings;

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prohibiting the department from serving as the guardian or providing legal counsel to the guardian; amending s. 415.112, F.S.; specifying rules to be adopted by the Department of Children and Family Services relating to adult protective services under ch. 415, F.S.; amending s. 429.07, F.S.; providing that license requirements for specialty licenses apply to current licensees as well as applicants for an extended congregate care and limited nursing license; conforming a cross-reference; amending s. 429.174, F.S.; requiring certain employees and contracted workers in assisted living facilities to submit to background screening; prohibiting employees and contracted workers who do not meet background screening requirements from being employed in an assisted living facility; providing certain exceptions; requiring the person being screened to pay for the cost of screening; amending s. 429.255, F.S.; providing that the owner or administrator of an assisted living facility is responsible for the services provided in the facility; amending s. 429.26, F.S.; clarifying a prohibition on moving a resident; providing for the development of a plan for services for all residents; requiring that the plan be updated and reviewed periodically; requiring a search of the Department of Law Enforcement's sexual offender database to be conducted on all residents of an assisted living facility; requiring residents to be periodically assessed for competency to handle personal affairs; amending s. 429.27, F.S.; prohibiting assisted living facility personnel from making certain decisions for a resident or acting as the resident's representative or surrogate;

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amending s. 429.28, F.S.; revising and specifying certain conditions in an assisted living facility's resident bill of rights for a resident's relocation or termination of residency; creating s. 429.285, F.S.; prohibiting resident relocation or termination of residency in the absence of certain specified conditions; requiring the administrator or employee of a facility to sign a notice of relocation or termination of residency and requiring a physician's signature under certain circumstances; requiring a licensee to provide advance written notice to the resident and other specified persons regarding relocation or termination of residency; providing that the notice contain certain information; providing for the creation of a form to submit relocation or termination of residency information and specifying information to be included therein; requiring a licensee to report relocation or termination of residency to the Office of State Long-term Care Ombudsman within a certain timeframe; permitting residents to seek the assistance of the local long-term care ombudsmen council in reviewing a notice of relocation or termination of residency; providing for emergency relocation and termination of residency; permitting the local long-term care ombudsmen council to request private informal contact with a resident upon receipt of a notice of relocation or termination of residency; authorizing the agency to adopt rules; amending s. 429.294, F.S.; deleting a cross-reference; amending s. 429.34, F.S.; providing for unannounced inspections; providing for additional 6-month inspections for certain violations; providing for an additional fine for 6-month inspections; amending s.



1681 429.65, F.S.; providing a definition of the term "reside"; 1682 amending s. 429.67, F.S.; expanding the list of persons 1683 who must have a background screening in adult family-care homes; amending s. 429.69, F.S.; providing that the 1684 1685 failure of a adult family-care home provider to live in 1686 the home is grounds for the denial, revocation, or 1687 suspension of a license; amending s. 429.73, F.S.; 1688 requiring adult family-care home residents to be 1689 periodically assessed for competency to handle personal 1690 affairs; amending ss. 435.03 and 435.04, F.S.; providing additional criminal offenses for screening certain health 1691 1692 care facility personnel; repealing s. 400.141(13), F.S., 1693 relating to a requirement to post certain information in 1694 nursing homes; repealing s. 408.809(3), F.S., relating to the granting of a provisional license while awaiting the 1695 results of a background screening; repealing s. 429.08(2), 1696 F.S., deleting a provision relating to local workgroups of 1697 1698 field offices of the Agency for Health Care 1699 Administration; repealing s. 429.41(5), F.S., relating to agency inspections; amending ss. 430.80 and 651.118, F.S.; 1700 conforming cross-references; providing an appropriation 1701 1702 and authorizing additional positions; providing effective 1703 dates.