## Florida Senate - 2008

**By** the Committee on Children, Families, and Elder Affairs; and Senator Storms

586-04936-08

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1	A bill to be entitled
2	An act relating to adult protection and care; amending s.
3	322.142, F.S.; authorizing the Department of Children and
4	Family Services to obtain copies of driver's license files
5	maintained by the Department of Highway Safety and Motor
6	Vehicles for the purpose of conducting protective
7	investigations; amending s. 400.141, F.S.; requiring a
8	criminal records check to be conducted on all nursing home
9	residents; amending s. 400.19, F.S.; revising provisions
10	relating to unannounced inspections; amending s. 400.215,
11	F.S.; requiring contracted workers employed in a nursing
12	home to submit to background screening; prohibiting
13	employees and contracted workers who do not meet
14	background screening requirements from being employed in a
15	nursing home; providing certain exceptions; deleting an
16	obsolete provision; amending s. 408.809, F.S.; requiring
17	the agency to establish a fee schedule to cover the cost
18	of a level 1 or level 2 screening and giving the agency
19	rule making authority; amending s. 408.810, F.S.;
20	requiring health care facilities regulated by the Agency
21	for Health Care Administration to post certain information
22	in the facility and allowing the agency to charge a fee to
23	cover production and distribution; amending s. 408.811,
24	F.S.; providing that agency employees who provide advance
25	notice of unannounced agency inspections are subject to
26	suspension, providing a timeline and process for
27	correction of deficiencies, and providing that the agency
28	may provide electronic access to documents; amending s.
29	415.103, F.S.; requiring certain reports to the central

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30 abuse hotline relating to vulnerable adults to be 31 immediately transferred to the county sheriff's office; 32 amending s. 415.1051, F.S.; authorizing the Department of Children and Family Services to file the petition to 33 34 determine incapacity in adult protection proceedings; 35 prohibiting the department from serving as the guardian or providing legal counsel to the guardian; amending s. 36 37 415.112, F.S.; specifying rules to be adopted by the 38 Department of Children and Family Services relating to 39 adult protective services under ch. 415, F.S.; amending s. 429.02, F.S.; revising the definition of "service plan" to 40 41 remove the limitation that plans are required only in 42 assisted living facilities that have an extended 43 congregate care license and providing that the agency 44 develop a service plan form; amending s. 429.07, F.S.; 45 providing that license requirements for specialty licenses 46 apply to current licensees as well as applicants for an 47 extended congregate care and limited nursing license; conforming a cross-reference; amending s. 429.174, F.S.; 48 49 requiring certain employees and contracted workers in 50 assisted living facilities to submit to background 51 screening; prohibiting employees and contracted workers 52 who do not meet background screening requirements from 53 being employed in an assisted living facility; providing 54 certain exceptions; requiring the person being screened to 55 pay for the cost of screening; amending s. 429.255, F.S.; 56 providing that the owner or administrator of an assisted 57 living facility is responsible for the services provided 58 in the facility; amending s. 429.26, F.S.; clarifying a

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59 prohibition on moving a resident; providing for the 60 development of a service plan for all residents; requiring a criminal records check to be conducted on all residents 61 62 of an assisted living facility; requiring residents to be 63 periodically assessed for competency to handle personal 64 affairs; amending s. 429.27, F.S.; prohibiting assisted 65 living facility personnel from making certain decisions for a resident or act as the resident's representative or 66 67 surrogate; amending s. 429.28, F.S.; requiring that notice 68 of a resident's relocation or termination of residency be in writing and a copy sent to specified persons; requiring 69 70 the agency to compile an annual report for the Governor 71 and the Legislature; requiring facilities to have a 72 written grievance procedure that includes certain 73 information; requiring that grievances reported to the 74 local ombudsman council be included in a statewide 75 reporting system; revising provisions relating to agency 76 surveys to determine compliance with resident rights in assisted living facilities; amending s. 429.294, F.S.; 77 78 deleting a cross-reference; amending s. 429.34, F.S.; 79 providing for unannounced inspections; providing for 80 additional 6-month inspections for certain violations; 81 providing for an additional fine for 6-month inspections; 82 amending s. 429.41, F.S.; requiring all residents of 83 assisted living facilities to have a service plan; amending s. 429.65, F.S.; providing a definition of the 84 85 term "Reside"; amending s. 429.67, F.S.; expanding the 86 list of persons who must have a background screening in 87 adult family-care homes; amending s. 429.69, F.S.;

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88	providing that the failure of a adult family-care home
89	provider to live in the home is grounds for the denial,
90	revocation, or suspension of a license; amending s.
91	429.73, F.S.; requiring adult family-care home residents
92	to be periodically assessed for competency to handle
93	personal affairs; amending ss. 435.03 and 435.04, F.S.;
94	providing additional criminal offenses for screening
95	certain health care facility personnel; repealing s.
96	400.141(13), F.S., relating to a requirement to post
97	certain information in nursing homes; repealing s.
98	408.809(3), F.S., relating to the granting of a
99	provisional license while awaiting the results of a
100	background screening; repealing s. 429.08(2), F.S.,
101	deleting a provision relating to local workgroups of field
102	offices of the Agency for Health Care Administration;
103	repealing s. 429.41(5), F.S., relating to agency
104	inspections; amending ss. 430.80 and 651.118, F.S.;
105	conforming cross-references; providing an effective date.
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107	Be It Enacted by the Legislature of the State of Florida:
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109	Section 1. Subsection (4) of section 322.142, Florida
110	Statutes, is amended to read:
111	322.142 Color photographic or digital imaged licenses
112	(4) The department may maintain a film negative or print
113	file. The department shall maintain a record of the digital image
114	and signature of the licensees, together with other data required
115	by the department for identification and retrieval. Reproductions
116	from the file or digital record <u>are exempt from the provisions of</u>
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s. 119.07(1) and shall be made and issued only for departmental 117 118 administrative purposes; for the issuance of duplicate licenses; 119 in response to law enforcement agency requests; to the Department 120 of State pursuant to an interagency agreement to facilitate determinations of eligibility of voter registration applicants 121 and registered voters in accordance with ss. 98.045 and 98.075; 122 123 to the Department of Revenue pursuant to an interagency agreement 124 for use in establishing paternity and establishing, modifying, or 125 enforcing support obligations in Title IV-D cases; to the 126 Department of Children and Family Services pursuant to an 127 interagency agreement to conduct protective investigations under chapter 415; or to the Department of Financial Services pursuant 128 129 to an interagency agreement to facilitate the location of owners of unclaimed property, the validation of unclaimed property 130 131 claims, and the identification of fraudulent or false claims, and 132 are exempt from the provisions of s. 119.07(1). 133 Section 2. Subsection (25) is added to section 400.141, 1.34 Florida Statutes, to read: 135 400.141 Administration and management of nursing home 136 facilities.--Every licensed facility shall comply with all 137 applicable standards and rules of the agency and shall: 138 (25) Conduct a level 1 background screening as defined in 139 chapter 435, of a prospective resident before admission or

140 <u>immediately after admission at the resident's expense. The</u> 141 <u>information obtained may be used by the facility to assess the</u> 142 <u>needs of the resident and to provide adequate and appropriate</u> 143 <u>health care and protective and support services in accordance</u>

144 with this part. The Agency's employee background screening

145 database may not be used for resident screening. If a resident

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# 146 <u>transfers between facilities, the resident's background screening</u> 147 results shall be transferred with the resident.

148

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.

154 Section 3. Subsection (3) of section 400.19, Florida 155 Statutes, is amended to read:

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400.19 Right of entry and inspection. --

157 The agency shall every 15 months conduct at least one (3) 158 unannounced inspection to determine compliance by the licensee 159 with statutes, and related with rules promulgated under the 160 provisions of those statutes, governing minimum standards of 161 construction, quality and adequacy of care, and rights of 162 residents. The survey shall be conducted every 6 months for the 163 next 2-year period if the facility has been cited for a class I 164 deficiency, has been cited for two or more class II deficiencies 165 arising from separate surveys or investigations within a 60-day 166 period, or has had three or more substantiated complaints within 167 a 6-month period, each resulting in at least one class I or class 168 II deficiency. In addition to any other fees or fines in this 169 part, the agency shall assess a fine for each facility that is 170 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 171 172 each survey. The agency may adjust this fine by the change in the 173 Consumer Price Index, based on the 12 months immediately 174 preceding the change increase, to cover the cost of the

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additional surveys. The agency shall verify through subsequent 175 176 inspection that any deficiency identified during inspection is 177 corrected. However, the agency may verify the correction of a class III or class IV deficiency unrelated to resident rights or 178 resident care without reinspecting the facility if adequate 179 written documentation has been received from the facility, which 180 181 provides assurance that the deficiency has been corrected. The 182 giving or causing to be given of advance notice of such 183 unannounced inspections by an employee of the agency to any 184 unauthorized person shall constitute cause for suspension of not 185 fewer than 5 working days according to the provisions of chapter 186 110.187 Section 4. Section 400.215, Florida Statutes, is amended to 188 read: 189 400.215 Background Personnel screening requirement. --190 The agency shall require Background screening as (1)provided in chapter 435 is required for all nursing home facility 191 192 employees and contracted workers or prospective employees of 193 facilities licensed under this part who are expected to, or whose 194 responsibilities may require them to: 195 (a) Provide personal care or services to residents; 196 (b) Have access to resident living areas; or 197 (C) Have access to resident funds or other personal 198 property. 199 Employers, and employees, contractors, and contracted (2) 200 workers shall comply with the requirements of s. 435.05. 201 (a) Notwithstanding the provisions of s. 435.05(1), 202 facilities must have in their possession evidence that level 1 203 screening under s. 435.03 has been completed before allowing an

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204 employee <u>or contracted worker</u> to begin <u>employment in the facility</u> 205 working with patients as provided in subsection (1). All 206 information necessary for conducting <u>level 1</u> background screening 207 using level 1 standards as specified in s. 435.03 shall be 208 submitted by the nursing facility to the agency. Results of the 209 background screening shall be provided by the agency to the 210 requesting nursing facility.

211 (b) Employees and contracted workers qualified under the 212 provisions of paragraph (a) who have not maintained continuous 213 residency within the state for the 5 years immediately preceding 214 the date of request for background screening must complete level 215 2 screening, as provided in s. 435.04 chapter 435. Such Employees 216 may work in a conditional status for up to 180 days pending the 217 receipt of written findings evidencing the completion of level 2 218 screening. Contracted workers who are awaiting the completion of 219 level 2 screening may work only under the direct and visual 220 supervision of persons who have met the screening requirements of 221 this section. Level 2 screening is shall not be required for of 222 employees, or prospective employees, or contracted workers who 223 attest in writing under penalty of perjury that they meet the 224 residency requirement. To complete Completion of level 2 225 screening: shall require

226 <u>1.</u> The employee or <u>contracted worker shall</u> prospective 227 employee to furnish to the nursing facility a full set of 228 fingerprints <u>for conducting a federal criminal records check</u> to 229 enable a criminal background investigation to be conducted.

230 <u>2.</u> The nursing facility shall submit the completed
 231 fingerprint card to the agency.

232

3. The agency shall establish a record of the request in

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233	the database provided for in paragraph (c) and forward the
234	request to the Department of Law Enforcement, which is authorized
235	to submit the fingerprints to the Federal Bureau of Investigation
236	for a national criminal history records check.
237	4. The results of the national criminal history records
238	check shall be returned to the agency, which shall maintain the
239	results in the database provided for in paragraph (c).
240	5. The agency shall notify the administrator of the
241	requesting nursing facility or the administrator of any other
242	requesting facility licensed under chapter 393, chapter 394,
243	chapter 395, chapter 397, chapter 429, or this chapter <del>, as</del>
244	$rac{requested by such facility_r}{r}$ as to whether <del>or not</del> the employee has
245	qualified under level 1 or level 2 screening.
246	
247	An employee or <u>contracted worker</u> <del>prospective employee</del> who has
248	qualified under level 2 screening and has maintained <del>such</del>
249	continuous residency within the state $\underline{is}$ shall not be required to
250	complete a subsequent level 2 screening as a condition of
251	employment at another facility. <u>A contract worker who does not</u>
252	provide personal care or services to residents or have access to
253	resident funds or other personal property is not required to be
254	screened pursuant to this section but must sign in at the
255	reception desk or nurses' station upon entering the facility,
256	wear an identification badge, and sign out before leaving the
257	facility. The nursing facility shall maintain a log containing
258	the information collected.
259	(c) The agency shall establish and maintain a database that

(c) The agency shall establish and maintain a database <u>that</u>
 <u>includes</u> of background screening information which shall include
 the results of <u>all</u> both level 1 and level 2 screening. The

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Department of Law Enforcement shall timely provide to the agency, 262 263 electronically, the results of each statewide screening for 264 incorporation into the database. The agency shall, upon request 265 from any facility, agency, or program required by or authorized 266 by law to screen its employees or contracted workers applicants, 267 notify the administrator of the facility, agency, or program of 268 the qualifying or disqualifying status of the person employee or 269 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.

275 (3) The person being screened applicant is responsible for 276 paying the fees associated with obtaining the required screening. 277 Payment for the screening shall be submitted to the agency. The 278 agency shall establish a schedule of fees to cover the costs of 279 level 1 and level 2 screening. Facilities may pay reimburse 280 employees for these costs. The Department of Law Enforcement 281 shall charge the agency for a level 1 or level 2 screening a rate 282 sufficient to cover the costs of such screening pursuant to s. 283 943.053(3). The agency shall, as allowable, reimburse nursing 284 facilities for the cost of conducting background screening as 285 required by this section. This reimbursement is will not be 286 subject to any rate ceilings or payment targets in the Medicaid 287 Reimbursement plan.

288

(4) (a) As provided in s. 435.07:-

(a) The agency may grant an exemption from disqualification
 to an employee, or contracted worker who

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291 is subject to this section and who has not received a 292 professional license or certification from the Department of 293 Health.

294 As provided in s. 435.07, The appropriate regulatory (b) 295 board within the Department of Health, or that department itself 296 when there is no board, may grant an exemption from 297 disqualification to an employee, or prospective employee, or 298 contracted worker who is subject to this section and who has 299 received a professional license or certification from the 300 Department of Health or a regulatory board within that 301 department.

302 (5) Any provision of law to the contrary notwithstanding, 303 Persons who have been screened and qualified as required by this section, and who have not been unemployed for more than 180 days 304 305 thereafter, and who, under penalty of perjury, attest to not 306 having been convicted of a disqualifying offense since the 307 completion of such screening are, shall not be required to be 308 rescreened. An employer may obtain, pursuant to s. 435.10, 309 written verification of qualifying screening results from the previous employer, contractor, or other entity that which caused 310 311 the such screening to be performed.

(6) The agency and the Department of Health <u>may</u> shall have
 authority to adopt rules <u>to administer</u> pursuant to the
 Administrative Procedure Act to implement this section.

315 (7) All employees shall comply with the requirements of 316 this section by October 1, 1998. No current employee of a nursing 317 facility as of the effective date of this act shall be required 318 to submit to rescreening if the nursing facility has in its 319 possession written evidence that the person has been screened and

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320 qualified according to level 1 standards as specified in s. 321 435.03(1). Any current employee who meets the level 1 requirement 322 but does not meet the 5-year residency requirement as specified 323 in this section must provide to the employing nursing facility 324 written attestation under penalty of perjury that the employee 325 has not been convicted of a disqualifying offense in another 326 state or jurisdiction. All applicants hired on or after October 327 1, 1998, shall comply with the requirements of this section.

328 (7) (8) There is no monetary or unemployment liability on 329 the part of, and a no cause of action for damages does not arise 330 arising against, an employer that, upon notice of a disqualifying 331 offense listed under chapter 435 or an act of domestic violence, 332 terminates the employee against whom the report was issued, 333 whether or not the employee has filed for an exemption with the 334 Department of Health or the agency for Health Care 335 Administration.

336 Section 5. Subsection (6) of section 408.809, Florida 337 Statutes, is created to read:

338

408.809 Background screening; prohibited offenses.--

339 (6) The agency shall establish a schedule of fees to cover 340 the costs of any Level 1 or Level 2 screening required pursuant 341 to this part or other authorizing statutes and may adopt rules to 342 carryout these screenings and for the schedule of fees.

343 Section 6. Subsection (5) of section 408.810, Florida 344 Statutes, is amended to read:

345 408.810 Minimum licensure requirements.--In addition to the 346 licensure requirements specified in this part, authorizing 347 statutes, and applicable rules, each applicant and licensee must 348 comply with the requirements of this section in order to obtain

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349 and maintain a license.

350

(5) <u>Each licensee must:</u>

(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.

367 (b) Each licensee shall Establish appropriate policies and
 368 procedures for providing such notice to clients.

369 (C) Publicly display a poster approved by the agency 370 containing the names, addresses, and telephone numbers for the 371 state's central abuse hotline, the State Long-Term Care 372 Ombudsman, the agency's consumer hotline, the Advocacy Center for 373 Persons with Disabilities, the Florida Statewide Advocacy 374 Council, the Medicaid Fraud Control Unit, and the Statewide Public Guardianship Office, along with a clear description of the 375 376 assistance to be expected from each. The agency may charge a fee 377 for the cost of production and distribution of the poster.

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378 Section 7. Section 408.811, Florida Statutes, is amended to 379 read:

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

381 An authorized officer or employee of the agency may (1)382 make or cause to be made any inspection or investigation deemed 383 necessary by the agency to determine the state of compliance with 384 this part, authorizing statutes, and applicable rules. The right 385 of inspection extends to any business that the agency has reason 386 to believe is being operated as a provider without a license, but 387 inspection of any business suspected of being operated without 388 the appropriate license may not be made without the permission of 389 the owner or person in charge unless a warrant is first obtained 390 from a circuit court. Any application for a license issued under this part, authorizing statutes, or applicable rules constitutes 391 392 permission for an appropriate inspection to verify the 393 information submitted on or in connection with the application.

(a) All inspections shall be unannounced, except as
specified in s. 408.806. <u>The giving or causing to be given of</u>
<u>advance notice of the unannounced inspection by an agency</u>
<u>employee to any unauthorized person shall, in accordance with</u>
<u>chapter 110, constitute cause for suspension of the employee for</u>
at least 5 working days.

400 (b) Inspections for relicensure shall be conducted
401 biennially unless otherwise specified by authorizing statutes or
402 applicable rules.

403 (c) Deficiencies found during an inspection or 404 investigation must be corrected within 30 days unless an 405 alternative timeframe is required or approved by the agency. 406 (d) The agency may require an applicant or licensee to

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407 <u>submit a plan of correction for deficiencies. If required, the</u> 408 <u>plan of correction must be filed with the agency within 10 days</u> 409 unless an alternative timeframe is required.

410 (2) Inspections conducted in conjunction with certification
411 may be accepted in lieu of a complete licensure inspection.
412 However, a licensure inspection may also be conducted to review
413 any licensure requirements that are not also requirements for
414 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.

418 (4) (a) Each licensee shall maintain as public information, 419 available upon request, records of all inspection reports 420 pertaining to that provider that have been filed by the agency 421 unless those reports are exempt from or contain information that 422 is exempt from s. 119.07(1) and s. 24(a), Art. I of the State 42.3 Constitution or is otherwise made confidential by law. Effective 424 October 1, 2006, copies of such reports shall be retained in the 425 records of the provider for at least 3 years following the date 426 the reports are filed and issued, regardless of a change of 427 ownership.

428 (b) A licensee shall, upon the request of any person who 429 has completed a written application with intent to be admitted by 430 such provider, any person who is a client of such provider, or 431 any relative, spouse, or guardian of any such person, furnish to 432 the requester a copy of the last inspection report pertaining to 433 the licensed provider that was issued by the agency or by an 434 accrediting organization if such report is used in lieu of a 435 licensure inspection.

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

439 Section 8. Subsection (2) of section 415.103, Florida440 Statutes, is amended to read:

441

415.103 Central abuse hotline.--

442 (2) Upon receiving an oral or written report of known or
443 suspected abuse, neglect, or exploitation of a vulnerable adult,
444 the central abuse hotline <u>shall</u> must determine if the report
445 requires an immediate onsite protective investigation.

446 (a) For reports requiring an immediate onsite protective 447 investigation, the central abuse hotline must immediately notify 448 the department's designated protective investigative district 449 staff responsible for protective investigations to ensure prompt 450 initiation of an onsite investigation.

451 (b) For reports not requiring an immediate onsite 452 protective investigation, the central abuse hotline must notify 453 the department's designated protective investigative district 454 staff responsible for protective investigations in sufficient 455 time to allow for an investigation to be commenced within 24 456 hours. At the time of notification of district staff with respect 457 to the report, the central abuse hotline must also provide any 458 known information on any previous reports report concerning the a 459 subject of the present report or any pertinent information 460 relative to the present report or any noted earlier reports.

461 (c) If the report is of known or suspected abuse of a 462 vulnerable adult by someone other than a relative, caregiver, or 463 household member, the call shall be immediately transferred to 464 the appropriate county sheriff's office.

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465 Section 9. Paragraph (e) of subsection (1) and paragraph 466 (g) of subsection (2) of section 415.1051, Florida Statutes, are 467 amended to read:

468 415.1051 Protective services interventions when capacity to 469 consent is lacking; nonemergencies; emergencies; orders; 470 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.

478

(e) Continued protective services.--

479 1. <u>Within No more than</u> 60 days after the date of the order
480 authorizing the provision of protective services, the department
481 shall petition the court to determine whether:

482a. Protective services are to will be continued with the483consent of the vulnerable adult pursuant to this subsection;

484 b. Protective services <u>are to</u> will be continued for the
485 vulnerable adult who lacks capacity;

486

c. Protective services are to will be discontinued; or

487 d. A petition for 488 pursuant to chapter 744.

d. A petition for guardianship <u>shall</u> <del>should</del> be filed

489 2. If the court determines that a petition for guardianship 490 <u>shall should</u> be filed pursuant to chapter 744, the court, for 491 good cause shown, may order continued protective services until 492 it makes a determination regarding capacity.

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3. If the department has a good faith belief that the

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494 <u>vulnerable adult lacks capacity, the petition to determine</u> 495 <u>incapacity under s. 744.3201 may be filed by the department. Once</u> 496 <u>the petition is filed, the department may not be appointed</u> 497 <u>guardian and may not provide legal counsel for the guardian.</u>

EMERGENCY PROTECTIVE SERVICES INTERVENTION. -- If the 498 (2)department has reasonable cause to believe that a vulnerable 499 500 adult is suffering from abuse or neglect that presents a risk of 501 death or serious physical injury to the vulnerable adult and that 502 the vulnerable adult lacks the capacity to consent to emergency 503 protective services, the department may take action under this 504 subsection. If the vulnerable adult has the capacity to consent 505 and refuses consent to emergency protective services, emergency 506 protective services may not be provided.

507

(g) Continued emergency protective services.--

508 1. <u>Within</u> Not more than 60 days after the date of the order 509 authorizing the provision of emergency protective services, the 510 department shall petition the court to determine whether:

511 a. Emergency protective services <u>are to</u> <del>will</del> be continued 512 with the consent of the vulnerable adult;

513 b. Emergency protective services <u>are to</u> <del>will</del> be continued 514 for the vulnerable adult who lacks capacity;

515 c. Emergency protective services <u>are to</u> <del>will</del> be 516 discontinued; or

517

d. A petition shall should be filed under chapter 744.

518 2. If it is decided to file a petition under chapter 744, 519 for good cause shown, the court may order continued emergency 520 protective services until a determination is made by the court.

5213. If the department has a good faith belief that the522vulnerable adult lacks capacity, the petition to determine

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523	incapacity under s. 744.3201 may be filed by the department. Once
524	the petition is filed, the department may not be appointed
525	guardian and may not provide legal counsel for the guardian.
526	Section 10. Section 415.112, Florida Statutes, is amended
527	to read:
528	415.112 Rules for implementation of ss. 415.101-
529	415.113The department shall <u>adopt</u> <del>promulgate</del> rules <u>to</u>
530	administer this chapter including, but not limited to, rules
531	concerning: for the implementation of ss. 415.101-415.113.
532	(1) Background screening of department employees and
533	employee applicants which includes a criminal records check and
534	drug testing of adult protective investigators and adult
535	protective investigator supervisors.
536	(2) The reporting of adult abuse, neglect, exploitation, a
537	vulnerable adult in need of services, false reporting, and adult
538	protective investigations.
539	(3) Confidentiality and retention of department records,
540	access to records, and record requests.
541	(4) Injunctions and other protective orders.
542	(5) The provision of emergency and nonemergency protective
543	services intervention.
544	(6) Agreements with law enforcement agencies and other
545	state agencies.
546	(7) Legal and casework procedures, including, but not
547	limited to, diligent search, petitions, emergency removals,
548	capacity to consent, and adult protection teams.
549	(8) The legal and casework management of cases involving
550	protective supervision, protective orders, judicial reviews,
551	administrative reviews, case plans, and documentation

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586-04936-08 552 requirements. 553 Section 11. Subsection (21) of section 429.02, Florida

554 Statutes, is amended to read:

429.02 Definitions.--When used in this part, the term:

556 "Service plan" means a written plan, developed and (21)557 agreed upon by the resident and, if applicable, the resident's 558 representative or designee or the resident's surrogate, guardian, or attorney in fact, if any, and the administrator or designee 559 560 representing the facility, which addresses the unique physical 561 and psychosocial needs, abilities, and personal preferences of 562 each resident receiving extended congregate care services. The 563 plan must shall include a brief written description, in easily 564 understood language, of what services shall be provided, who 565 shall provide the services, when the services shall be rendered, 566 and the purposes and benefits of the services. The agency shall 567 develop a service plan form for use by providers.

568 Section 12. Paragraphs (b) and (c) of subsection (3) of section 429.07, Florida Statutes, are amended to read: 569

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429.07 License required; fee.--

571 In addition to the requirements of s. 408.806, each (3) 572 license granted by the agency must state the type of care for 573 which the license is granted. Licenses shall be issued for one or 574 more of the following categories of care: standard, extended 575 congregate care, limited nursing services, or limited mental 576 health.

577 (b) An extended congregate care license shall be issued to 578 facilities providing, directly or through contract, services 579 beyond those authorized in paragraph (a), including services 580 performed by persons licensed under acts performed pursuant to

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581 part I of chapter 464 by persons licensed thereunder, and 582 supportive services, as defined by rule, to persons who would 583 otherwise would be disqualified from continued residence in a 584 facility licensed under this part.

585 To obtain an In order for extended congregate care 1. 586 license services to be provided in a facility licensed under this 587 part, the agency must first determine that all requirements established in law and rule are met and must specifically 588 589 designate, on the facility's license, that such services may be 590 provided and whether the designation applies to all or part of 591 the a facility. Such designation may be made at the time of 592 initial licensure or relicensure, or upon request in writing by a 593 licensee under this part and part II of chapter 408. Notification 594 of approval or denial of the such request shall be made in 595 accordance with part II of chapter 408. Existing

596 <u>2.</u> Facilities <u>applying for, and facilities currently</u> 597 <u>licensed qualifying to provide</u>, extended congregate care services 598 must have <u>maintained</u> a standard license and may not have been 599 subject to administrative sanctions during the previous 2 years, 600 or since initial licensure if the facility has been licensed for 601 less than 2 years, for any of the following reasons:

602

a. A class I or class II violation;

b. Three or more repeat or recurring class III violations of identical or similar resident care standards as specified in rule from which a pattern of noncompliance is found by the agency;

607 c. Three or more class III violations that were not
608 corrected in accordance with the corrective action plan approved
609 by the agency;

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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 <u>licensed</u> under this part in which the applicant
for an extended congregate care license has at least 25 percent
ownership interest; or

617 f. Imposition of a moratorium pursuant to this part or part618 II of chapter 408 or initiation of injunctive proceedings.

619 3.2. A facility that is <del>Facilities that are</del> licensed to 620 provide extended congregate care services must shall maintain a 621 written progress report on each person who receives such 622 services, which report describes the type, amount, duration, 623 scope, and outcome of services that are rendered and the general 624 status of the resident's health. A registered nurse, or 625 appropriate designee, representing the agency shall visit the 626 facility such facilities at least quarterly to monitor residents 627 who are receiving extended congregate care services and to 628 determine if the facility is in compliance with this part, part 629 II of chapter 408, and rules that relate to extended congregate 630 care. One of these visits may be in conjunction with the regular 631 survey. The monitoring visits may be provided through contractual 632 arrangements with appropriate community agencies. A registered 633 nurse shall serve as part of the team that inspects the such 634 facility. The agency may waive one of the required yearly 635 monitoring visits for a facility that has been licensed for at 636 least 24 months to provide extended congregate care services, if, 637 during the inspection, the registered nurse determines that 638 extended congregate care services are being provided

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639 appropriately, and if the facility has no class I or class II 640 violations and no uncorrected class III violations. Before such 641 decision is made, The agency must first shall consult with the 642 long-term care ombudsman council for the area in which the 643 facility is located to determine if any complaints have been made 644 and substantiated about the quality of services or care. The 645 agency may not waive one of the required yearly monitoring visits if complaints have been made and substantiated. 646

647 <u>4.3.</u> Facilities that are licensed to provide extended
648 congregate care services must shall:

649 a. Demonstrate the capability to meet unanticipated650 resident service needs.

b. Offer a physical environment that promotes a homelike
setting, provides for resident privacy, promotes resident
independence, and allows sufficient congregate space as defined
by rule.

c. Have sufficient staff available, taking into account the
physical plant and firesafety features of the building, to assist
with the evacuation of residents in an emergency, as necessary.

d. Adopt and follow policies and procedures that maximize
resident independence, dignity, choice, and decisionmaking to
permit residents to age in place to the extent possible, so that
moves due to changes in functional status are minimized or
avoided.

e. Allow residents or, if applicable, a resident's
representative, designee, surrogate, guardian, or attorney in
fact to make a variety of personal choices, participate in
developing service plans, and share responsibility in
decisionmaking.

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668 f. Implement the concept of managed risk. 669 g. Provide, either directly or through contract, the 670 services of a person licensed pursuant to part I of chapter 464. In addition to the training mandated in s. 429.52, 671 h. provide specialized training as defined by rule for facility 672 673 staff. 674 5.4. Facilities licensed to provide extended congregate 675 care services are exempt from the criteria for continued 676 residency as set forth in rules adopted under s. 429.41. 677 Facilities so licensed must shall adopt their own requirements

678 within guidelines for continued residency set forth by rule. 679 However, such facilities may not serve residents who require 24-680 hour nursing supervision. Facilities licensed to provide extended 681 congregate care services <u>must shall</u> provide each resident with a 682 written copy of facility policies governing admission and 683 retention.

684 6.5. The primary purpose of extended congregate care 685 services is to allow residents, as they become more impaired, the 686 option of remaining in a familiar setting from which they would 687 otherwise be disqualified for continued residency. A facility 688 licensed to provide extended congregate care services may also 689 admit an individual who exceeds the admission criteria for a 690 facility with a standard license, if the individual is determined 691 appropriate for admission to the extended congregate care 692 facility.

693 <u>7.6.</u> Before admission of an individual to a facility 694 licensed to provide extended congregate care services, the 695 individual must undergo a medical examination as provided in s. 696 <u>429.26(4)</u> and the facility must develop a preliminary service

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697	plan for the individual as provided in s. 429.26.
698	<u>8.</u> 7. When a facility can no longer provide or arrange for
699	services in accordance with the resident's service plan and needs
700	and the facility's policy, the facility shall make arrangements
701	for relocating the person in accordance with s. 429.28(1)(k).
702	9.8. Failure to provide extended congregate care services
703	may result in denial of extended congregate care license renewal.
704	9. No later than January 1 of each year, the department, in
705	consultation with the agency, shall prepare and submit to the
706	Governor, the President of the Senate, the Speaker of the House
707	of Representatives, and the chairs of appropriate legislative
708	committees, a report on the status of, and recommendations
709	related to, extended congregate care services. The status report
710	must include, but need not be limited to, the following
711	information:
712	a. A description of the facilities licensed to provide such
713	services, including total number of beds licensed under this
714	<del>part.</del>
715	b. The number and characteristics of residents receiving
716	such services.
717	c. The types of services rendered that could not be
718	provided through a standard license.
719	d. An analysis of deficiencies cited during licensure
720	inspections.
721	e. The number of residents who required extended congregate
722	care services at admission and the source of admission.
723	f. Recommendations for statutory or regulatory changes.
724	g. The availability of extended congregate care to state
725	clients residing in facilities licensed under this part and in

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726
     need of additional services, and recommendations for
727
     appropriations to subsidize extended congregate care services for
728
     such persons.
          h. Such other information as the department considers
729
730
     appropriate.
731
           (c) A limited nursing services license shall be issued to a
732
     facility that provides services beyond those authorized in
733
     paragraph (a) and as specified in this paragraph.
734
              To obtain a In order for limited nursing services
          1.
735
     license to be provided in a facility licensed under this part,
736
     the agency must first determine that all requirements established
737
     in law and rule are met and must specifically designate, on the
738
     facility's license, that such services may be provided. Such
739
     designation may be made at the time of initial licensure or
740
     relicensure, or upon request in writing by a licensee under this
741
     part and part II of chapter 408. Notification of approval or
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742 denial of such request shall be made in accordance with part II 743 of chapter 408. Existing

744 <u>2.</u> Facilities <u>applying for, and facilities currently</u> 745 <u>licensed qualifying to provide</u>, limited nursing services <u>must</u> 746 <del>shall</del> have <u>maintained</u> a standard license and may not have been 747 subject to administrative sanctions that affect the health, 748 safety, and welfare of residents for the previous 2 years or 749 since initial licensure if the facility has been licensed for 750 less than 2 years.

751 <u>3.2.</u> Facilities that are licensed to provide limited 752 nursing services shall maintain a written progress report on each 753 person who receives such nursing services, which report describes 754 the type, amount, duration, scope, and outcome of services that

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755 are rendered and the general status of the resident's health. A 756 registered nurse representing the agency shall visit such 757 facilities at least twice a year to monitor residents who are 758 receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this 759 760 part, part II of chapter 408, and related rules. The monitoring 761 visits may be provided through contractual arrangements with 762 appropriate community agencies. A registered nurse shall also 763 serve as part of the team that inspects the such facility.

764 <u>4.3.</u> A person who receives limited nursing services under 765 this part must meet the admission criteria established by the 766 agency for assisted living facilities. <u>If</u> When a resident no 767 longer meets the admission criteria for a facility licensed under 768 this part, arrangements for relocating the person shall be made 769 in accordance with s. 429.28(1)(k), unless the facility is <u>also</u> 770 licensed to provide extended congregate care services.

771 Section 13. Section 429.174, Florida Statutes, is amended772 to read:

773

429.174 Background screening; exemptions.--

774 The owner or administrator of an assisted living (1)775 facility must conduct level 1 background screening, as set forth 776 in chapter 435, on all employees and contracted workers hired on 777 or after October 1, 1998, who perform personal services or who 778 have access to resident living areas as defined in s. 429.02(16). 779 The agency may exempt an individual from employment 780 disqualification as set forth in s. 435.07 <del>chapter 435</del>. However, 781 such person may not be employed or resume employment pending the 782 granting of an exemption or until all appeals have been resolved 783 in favor of the person screened. Employees and contracted workers

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784 Such persons shall be considered as having met the screening
785 requirements this requirement if:

786 <u>(a) (1)</u> Proof of compliance with level 1 screening 787 requirements obtained to meet any professional license 788 requirements in this state is provided and accompanied, under 789 penalty of perjury, by a copy of the person's current 790 professional license and an affidavit of current compliance with 791 the background screening requirements.

792 (b) (2) The person required to be screened has been 793 continuously employed in the same type of occupation for which 794 the person is seeking employment without a breach in service 795 which exceeds 180 days, and proof of compliance with the level 1 796 screening requirement which is no more than 2 years old is 797 provided. Proof of compliance shall be provided directly from one 798 employer or contractor to another, and not from the person 799 screened. Upon request, a copy of screening results shall be 800 provided by the employer or contractor retaining documentation of 801 the screening to the person screened.

802 <u>(c) (3)</u> The person required to be screened is employed by <u>or</u> 803 <u>contracts with</u> a corporation or business entity or related 804 corporation or business entity that owns, operates, or manages 805 more than one facility or agency licensed under this chapter, and 806 for whom a level 1 screening was conducted by the corporation or 807 business entity as a condition of initial or continued 808 employment.

809 (2) A contract worker who does not provide personal care or
 810 services to residents or have access to resident funds or other
 811 personal property is not required to be screened pursuant to this
 812 section but must sign in at the reception desk upon entering the

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813 <u>facility</u>, wear an identification badge, and sign out before 814 <u>leaving the facility</u>. The facility shall maintain a log 815 <u>containing the information collected</u>.

The person being screened is responsible for paying the 816 (3) 817 fees associated with obtaining the required screening. Payment for the screening shall be submitted to the agency. The agency 818 819 shall establish a schedule of fees to cover the costs of level 1 820 and level 2 screening. Facilities may reimburse employees or 821 contracted workers for these costs. The Department of Law 822 Enforcement shall charge the agency for a level 1 or level 2 823 screening a rate sufficient to cover the costs of screening 824 pursuant to s. 943.053(3).

825 Section 14. Subsection (1) of section 429.255, Florida 826 Statutes, is amended to read:

827

429.255 Use of personnel; emergency care.--

828 (1) (a) Facility staff, including persons under contract to 829 the facility, facility employees staff, or volunteers, who are 830 licensed according to part I of chapter 464, or those persons 831 exempt under s. 464.022(1), and others as defined by rule, may 832 administer medications to residents, take residents' vital signs, 833 manage individual weekly pill organizers for residents who self-834 administer medication, give prepackaged enemas ordered by a 835 physician, observe residents, document observations on the 836 appropriate resident's record, report observations to the 837 resident's physician, and contract or allow residents or a 838 resident's representative, designee, surrogate, guardian, or 839 attorney in fact to contract with a third party, provided 840 residents meet the criteria for appropriate placement as defined in s. 429.26. Nursing assistants certified pursuant to part II of 841

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842 chapter 464 may take residents' vital signs as directed by a 843 licensed nurse or physician.

844 Facility All staff, including persons under contract to (b) 845 the facility and facility employees, in facilities licensed under this part shall exercise their professional responsibility to 846 847 observe residents, to document observations on the appropriate 848 resident's record, and to report the observations to the 849 resident's physician, and to provide needed services competently. 850 Volunteers shall have the same obligations but shall report to a 851 facility employee who shall make the appropriate notation in the 852 resident's records. However, the owner or administrator of the 853 facility is shall be responsible for determining that the 854 resident receiving services is appropriate for residence in the 855 facility and for the provision of and quality of care and 856 services provided to the resident.

(c) In an emergency situation, licensed personnel may carry
 out their professional duties pursuant to part I of chapter 464
 until emergency medical personnel assume responsibility for care.

Section 15. 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:

864 429.26 Appropriateness of placements; examinations of 865 residents.--

(1) The owner or administrator of a facility is responsible
for determining the appropriateness of admission of an individual
to the facility and for determining the continued appropriateness
of residence of an individual in the facility. A determination
shall be based upon an assessment of the strengths, needs, and

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preferences of the resident, the care and services offered or 871 872 arranged for by the facility in accordance with facility policy, 873 and any limitations in law or rule related to admission criteria 874 or continued residency for the type of license held by the 875 facility under this part. Except as provided in s. 429.28(1)(k), 876 a resident may not be moved from one facility to another without 877 consultation with and agreement from the resident or, if 878 applicable, the resident's representative or designee or the 879 resident's family, guardian, surrogate, or attorney in fact. If 880 In the case of a resident who has been placed by the department 881 or the Department of Children and Family Services, the 882 administrator must notify the appropriate contact person in the 883 applicable department.

884 (2) A physician, physician assistant, or nurse practitioner 885 who is employed by an assisted living facility to provide an 886 initial examination for admission purposes may not have financial 887 interest in the facility.

888 (3) Persons licensed under part I of chapter 464 who are 889 employed by or under contract with a facility shall, on a routine 890 basis or at least monthly, perform a nursing assessment of the 891 residents for whom they are providing nursing services ordered by 892 a physician, except administration of medication, and shall 893 document such assessment, including any substantial changes in a 894 resident's status which may necessitate relocation to a nursing 895 home, hospital, or specialized health care facility. Such records 896 shall be maintained in the facility for inspection by the agency 897 and shall be forwarded to the resident's case manager, if 898 applicable.

899

(2) (4) If possible, each resident shall have been examined

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by a licensed physician, a licensed physician assistant, or a 900 901 licensed nurse practitioner within 60 days before admission to 902 the facility. The person conducting an examination under this 903 subsection may not have financial interest in the facility. The 904 signed and completed medical examination report shall be 905 submitted to the owner or administrator of the facility who shall 906 use the information contained in the report therein to assist in 907 determining the determination of the appropriateness of the 908 resident's admission and continued stay in the facility and to 909 develop a service plan for the resident. The medical examination 910 report and service plan shall become a permanent part of the 911 record of the resident at the facility and shall be made 912 available to the agency during inspection or upon request. An 913 assessment that has been completed through the Comprehensive 914 Assessment and Review for Long-Term Care Services (CARES) Program 915 fulfills the requirements for a medical examination under this 916 subsection and s. 429.07(3)(b)6.

917 (a) (5) Except as provided in s. 429.07, if a medical 918 examination has not been completed within 60 days before the 919 admission of the resident to the facility, medical personnel a 920 licensed physician, licensed physician assistant, or licensed 921 nurse practitioner shall examine the resident and complete a 922 medical examination form provided by the agency within 30 days 923 following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the 924 925 admission. The medical examination form shall become a permanent 926 part of the record of the resident at the facility and shall be 927 made available to the agency during inspection by the agency or 928 upon request.

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929 (b) (6) Any resident accepted in a facility and placed by 930 the department or the Department of Children and Family Services 931 must be shall have been examined by medical personnel within 30 932 days before placement in the facility and recorded on a medical 933 examination form provided by the agency. The examination shall 934 include an assessment of the appropriateness of placement in a 935 facility. The findings of this examination shall be recorded on 936 the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the 937 938 facility owner or administrator. For Additionally, in the case of 939 a mental health resident, the Department of Children and Family 940 Services must provide documentation that the individual has been 941 assessed by a psychiatrist, clinical psychologist, clinical 942 social worker, or psychiatric nurse, or an individual who is 943 supervised by one of these professionals, and determined to be 944 appropriate to reside in an assisted living facility. The 945 documentation must be in the facility within 30 days after the 946 mental health resident has been admitted to the facility. An 947 evaluation completed upon discharge from a state mental hospital 948 meets the requirements of this subsection related to 949 appropriateness for placement as a mental health resident 950 providing it was completed within 90 days prior to admission to 951 the facility. The applicable department shall provide to the 952 facility administrator any information about the resident that 953 would help the administrator meet his or her responsibilities 954 under this section subsection (1). Further, department personnel 955 shall explain to the facility operator any special needs of the 956 resident and advise the operator whom to call should problems 957 arise. The applicable department shall advise and assist the

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958 facility administrator where the special needs of residents who 959 are recipients of optional state supplementation require such 960 assistance.

961 (3) A level 1 criminal background screening, as defined in 962 chapter 435, of a prospective resident must be conducted by the 963 facility before admission or immediately after admission at the 964 resident's expense. The information obtained may be used by the 965 facility to assess the needs of the resident and the care and 966 services offered or arranged by the facility in accordance with 967 this section. The agency's employee background screening database may not be used for resident screening. If a resident transfers 968 969 between facilities, the resident's background screening results 970 shall be transferred with the resident.

971 (4) Persons licensed under part I of chapter 464 who are employed by or under contract with a facility shall, at least 972 973 monthly, perform a nursing assessment of residents for whom they 974 are providing nursing services ordered by a physician, except the 975 administration of medication, and shall document such assessment, 976 including any substantial change in a resident's status which may 977 necessitate relocation to a nursing home, hospital, or 978 specialized health care facility. The records must be maintained 979 in the facility for inspection by the agency and shall be 980 forwarded to the resident's case manager, if applicable.

981 (5) (7) Residents shall be periodically assessed to 982 determine if the resident is competent to handle his or her 983 personal and financial affairs, and, if not, whether a 984 responsible person such as a resident representative or designee, 985 guardian, surrogate, or attorney in fact is available to make 986 decisions on behalf of the resident. If a resident is having

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987 difficulty handling his or her personal or financial affairs 988 because of a decline in health or cognitive abilities, the owner 989 or administrator shall contact the resident's representative or 990 designee, guardian, surrogate, or attorney in fact. If a resident 991 does not have family or a legal representative to make decisions 992 on his or her behalf, the owner or administrator must contact the 993 Florida Abuse Hotline. The facility must notify a licensed 994 physician when a resident exhibits signs of dementia or cognitive 995 impairment or has a change of condition in order to rule out the 996 presence of an underlying physiological condition that may be 997 contributing to such dementia or impairment. The notification 998 must occur within 30 days after the acknowledgment of such signs 999 by facility staff. If an underlying condition is determined to 1000 exist, the facility shall arrange, with the appropriate health 1001 care provider, the necessary care and services to treat the 1002 condition.

Section 16. Present subsections (3) through (8) of section 429.27, Florida Statutes, are renumbered as subsections (6) through (11), respectively, and subsections (1) and (2) of that section are amended to read:

1007

429.27 Property and personal affairs of residents.--

1008 (1) (a) A resident shall be given the option of using his or 1009 her own belongings, as space permits; choosing his or her 1010 roommate; and, whenever possible, unless the resident is 1011 adjudicated incompetent or incapacitated under state law, 1012 managing his or her own affairs.

1013 <u>(2) (b)</u> The admission of a resident to a facility <u>does</u> and 1014 his or her presence therein shall not confer on the facility or 1015 its owner, administrator, staff <del>employees</del>, or representatives any

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1016 authority to manage, use, or dispose of any property of the 1017 resident or to make financial or health care decisions on behalf 1018 of the resident; nor shall such admission or presence confer on 1019 any of such persons any authority or responsibility for the 1020 personal affairs of the resident, except <u>if</u> that which may be 1021 necessary for the safe management of the facility or for the 1022 safety of the resident.

1023 <u>(3) (2)</u> A facility, or an owner, administrator, <u>staff</u> 1024 employee, or representative thereof, may not act as the 1025 <u>resident's representative or designee</u>, guardian, <u>health care</u> 1026 <u>surrogate</u>, trustee, or conservator for <u>a</u> any resident of the 1027 <u>assisted living facility</u> or any of <u>the</u> <u>such</u> resident's property 1028 <u>unless the person is a relative of the resident</u>.

1029 (4) A facility An owner, administrator, or staff member, or 1030 representative thereof, may not act as a competent resident's 1031 payee for social security, veteran's, or railroad benefits 1032 without the consent of the resident. Any facility whose owner, administrator, or staff, or representative thereof who $_{\overline{\tau}}$  serves as 1033 1034 representative payee for a any resident must of the facility shall file a surety bond with the agency in an amount equal to 1035 1036 twice the average monthly aggregate income or personal funds due 1037 to residents, or expendable for his or her their account, which 1038 are received by a facility.

1039 (5) Any facility whose owner, administrator, or staff, or a 1040 representative thereof, whor is granted power of attorney for <u>a</u> 1041 any resident <u>must</u> of the facility shall file a surety bond with 1042 the agency for each resident for whom such power of attorney is 1043 granted. The surety bond <u>must</u> shall be in an amount equal to 1044 twice the average monthly income of the resident, plus the value

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1045 of any resident's property under the control of the attorney in 1046 fact. The bond must shall be executed by the facility as 1047 principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the facility with 1048 1049 this section and shall run to the agency for the benefit of any 1050 resident who suffers a financial loss as a result of the misuse 1051 or misappropriation by a facility of funds held pursuant to this 1052 subsection. Any surety company that cancels or does not renew the 1053 bond of any licensee shall notify the agency in writing not less 1054 than 30 days in advance of such action, giving the reason for the 1055 cancellation or nonrenewal. Any facility owner, administrator, or 1056 staff, or representative thereof, who is granted power of 1057 attorney for a any resident of the facility shall, on a monthly 1058 basis, be required to provide the resident with a written 1059 statement of any transaction made on behalf of the resident 1060 pursuant to this subsection, and a copy of such statement given to the resident shall be retained in each resident's file and 1061 1062 available for agency inspection.

1063 Section 17. Paragraphs (k) and (l) of subsection (1) and 1064 subsection (3) of section 429.28, Florida Statutes, are amended 1065 to read:

1066

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:

1072 (k) At least 45 days' written notice of relocation or 1073 termination of residency from the facility unless, for medical

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1074 reasons, the resident is certified by a physician to require an 1075 emergency relocation to a facility providing a more skilled level 1076 of care or the resident engages in a pattern of conduct that is 1077 harmful or offensive to other residents. The notice must specify 1078 the reasons for the relocation or termination and a copy of the 1079 notice must be sent by registered mail to the resident's representative or designee, guardian, surrogate, attorney in 1080 1081 fact, the local ombudsman council, and the agency at the same 1082 time the notice is delivered to the resident. The agency shall 1083 compile an annual report summarizing the information received in the notice, including the number and reasons for relocation or 1084 1085 termination of facility residents, type and size of facilities, 1086 and other information that the agency considers relevant, which 1087 shall be submitted to the Governor, the President of the Senate, 1088 and the Speaker of the House of Representatives. In the case of a 1089 resident who has been adjudicated mentally incapacitated, the 1090 guardian shall be given at least 45 days' notice of a 1091 nonemergency relocation or residency termination. Reasons for 1092 relocation shall be set forth in writing. In order for a facility 1093 to terminate the residency of an individual without notice as 1094 provided in this paragraph herein, the facility must shall show 1095 good cause in a court of competent jurisdiction.

(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 facility shall establish a <u>written</u> grievance procedure to facilitate the residents' exercise of this right <u>which must include, at a</u> minimum, maintaining a written record of each grievance, the

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1103 stated reason for the grievance, actions taken by the facility, 1104 and reporting each grievance within 3 business days after 1105 receiving the grievance to the local ombudsman council. Each 1106 facility must accept grievances orally and may accept grievances in writing. The local ombudsman council shall maintain a record 1107 1108 of all grievances received from each facility in the local area 1109 which shall be submitted by the local council to the Office of 1110 State Long-Term Care Ombudsman pursuant to s. 400.0089. This 1111 right also includes access to ombudsman volunteers and advocates 1112 and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. 1113

1114 (3) (a) The agency shall conduct a survey to determine 1115 general compliance with facility standards and compliance with 1116 residents' rights as a prerequisite to initial licensure or 1117 licensure renewal.

1118 (b) In order to determine whether the facility is 1119 adequately protecting residents' rights, the <u>agency's</u> biennial 1120 survey shall include private informal conversations with a sample 1121 of residents and consultation with the ombudsman council in the 1122 planning and service area in which the facility is located to 1123 discuss residents' experiences within the facility.

1124 (c) During any calendar year in which no survey is 1125 conducted, the agency shall conduct at least one monitoring visit 1126 of each facility cited in the previous year for a class I or 1127 class II violation, or more than three uncorrected class III 1128 violations.

(d) The agency may conduct periodic followup inspections as necessary to monitor the compliance of facilities with a history of any class I, class II, or class III violations that threaten

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1132 the health, safety, or security of residents.

1133 (c) The agency may conduct complaint investigations as 1134 warranted to investigate any allegations of noncompliance with 1135 requirements required under this part or rules adopted under this 1136 part.

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

1139 429.294 Availability of facility records for investigation 1140 of resident's rights violations and defenses; penalty.--

1141 (1)Failure to provide complete copies of a resident's records, including, but not limited to, all medical records and 1142 1143 the resident's chart, within the control or possession of the 1144 facility within 10 days, in accordance with the provisions of s. 1145 400.145, shall constitute evidence of failure of that party to 1146 comply with good faith discovery requirements and shall waive the 1147 good faith certificate and presuit notice requirements under this part by the requesting party. 1148

1149 Section 19. Section 429.34, Florida Statutes, is amended to 1150 read:

1151 429.34 Right of entry and inspection.--In addition to the 1152 requirements of s. 408.811:

1153 Any duly designated officer or employee of the (1) 1154 department, the Department of Children and Family Services, the 1155 Medicaid Fraud Control Unit of the Office of the Attorney 1156 General, the state or local fire marshal, or a member of the 1157 state or local long-term care ombudsman council shall have the 1158 right to enter unannounced upon and into the premises of any 1159 facility licensed pursuant to this part in order to determine the state of compliance with the provisions of this part, part II of 1160

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1161 chapter 408, and applicable rules. Data collected by the state or 1162 local long-term care ombudsman councils or the state or local 1163 advocacy councils may be used by the agency in investigations 1164 involving violations of regulatory standards.

1165 (2) Every 15 months the agency shall conduct at least one 1166 unannounced inspection to determine compliance with this chapter 1167 and related rules, including minimum standards of quality and 1168 adequacy of care and the rights of residents. Two additional 1169 surveys shall be conducted every 6 months for the next year if 1170 the facility has been cited for a class I deficiency or two or 1171 more class II deficiencies arising from separate surveys or 1172 investigations within a 60-day period. In addition to any fines 1173 imposed on a facility under s. 429.19, the agency shall assess a 1174 fine of \$160 per bed for each of the additional two surveys. The 1175 agency shall adjust this fine by the change in the Consumer Price 1176 Index, based on the 12 months immediately preceding the change, 1177 to cover the cost of the additional two surveys. The agency shall 1178 verify through subsequent inspections that any deficiency 1179 identified during an inspection is corrected. However, the agency may verify the correction of a class III or class IV deficiency 1180 1181 unrelated to resident rights or resident care without 1182 reinspecting the facility if adequate written documentation has 1183 been received from the facility which provides assurance that the 1184 deficiency has been corrected.

1185 Section 20. Paragraphs (k) and (l) of subsection (1) of 1186 section 429.41, Florida Statutes, are redesignated as paragraphs 1187 (l) and (m), respectively, and a new paragraph (k) is added to 1188 that subsection, to read:

1189

(1) It is the intent of the Legislature that rules

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1190 published and enforced pursuant to this section shall include 1191 criteria by which a reasonable and consistent quality of resident 1192 care and quality of life may be ensured and the results of such 1193 resident care may be demonstrated. Such rules shall also ensure a 1194 safe and sanitary environment that is residential and 1195 noninstitutional in design or nature. It is further intended that 1196 reasonable efforts be made to accommodate the needs and 1197 preferences of residents to enhance the quality of life in a 1198 facility. The agency, in consultation with the department, may 1199 adopt rules to administer the requirements of part II of chapter 1200 408. In order to provide safe and sanitary facilities and the 1201 highest quality of resident care accommodating the needs and 1202 preferences of residents, the department, in consultation with 1203 the agency, the Department of Children and Family Services, and 1204 the Department of Health, shall adopt rules, policies, and 1205 procedures to administer this part, which must include reasonable and fair minimum standards in relation to: 1206

1207 (k) The requirement that all residents have service plans.
1208 The service plan must be reviewed and updated annually; however,
1209 for a resident receiving nursing services ordered by a physician,
1210 except administration of medication, the plan must be reviewed
1211 and updated quarterly and whenever a resident experiences a
1212 significant change in condition.

1213 Section 21. Present subsection (14) of section 429.65, 1214 Florida Statutes, is renumbered as subsection (15) and a new 1215 subsection (14) is added to that section, to read:

1216429.65Definitions.--As used in this part, the term:1217(14) "Reside" means the licensee or applicant lives in the1218adult family care home as a primary residence. For the purposes

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1219	of this part, any two of the following documents, including the
1220	adult family care home address and the name of the licensee or
1221	applicant, may be accepted by the agency as proof that the
1222	licensee or applicant resides in the adult family care home:
1223	(a) Homestead exemption documentation;
1224	(b) A lease or rental agreement accompanied by a
1225	corresponding utility bill; or
1226	(c) Personal identification issued by a state or federal
1227	agency.
1228	Section 22. Subsection (4) of section 429.67, Florida
1229	Statutes, is amended to read:
1230	429.67 Licensure
1231	(4) Upon receipt of a completed license application or
1232	license renewal, and the fee, the agency shall initiate a level 1
1233	background screening as provided under chapter 435 on the adult
1234	family-care home provider, the designated relief person, all
1235	adult household members, and all staff members, and any other
1236	person who provides personal services to residents or who have
1237	routine access to the adult family-care home.
1238	(a) Proof of compliance with level 1 screening standards
1239	which has been submitted within the previous 5 years to meet any
1240	facility or professional licensure requirements of the agency or
1241	the Department of Health satisfies the requirements of this
1242	subsection. Such proof must be accompanied, under penalty of
1243	perjury, by a copy of the person's current professional license
1244	and an affidavit of current compliance with the background
1245	screening requirements.
1246	(b) The person required to be screened must have been
1247	continuously employed in the same type of occupation for which

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586-04936-08 20082216c1 1248 the person is seeking employment without a breach in service that 1249 exceeds 180 days, and proof of compliance with the level 1 1250 screening requirement which is no more than 2 years old must be 1251 provided. Proof of compliance shall be provided directly from one 1252 employer or contractor to another, and not from the person 1253 screened. Upon request, a copy of screening results shall be 1254 provided to the person screened by the employer retaining 1255 documentation of the screening. 1256 Section 23. Subsection (3) is added to section 429.69, 1257 Florida Statutes, to read: 429.69 Denial, revocation, and suspension of a license.--In 1258 1259 addition to the requirements of part II of chapter 408, the 1260 agency may deny, suspend, and revoke a license for any of the 1261 following reasons: (3) Failure of the adult family-care home provider who owns 1262 1263 or rents the home to live in the home. Section 24. Paragraph (b) of subsection (1) of section 1264 1265 429.73, Florida Statutes, is amended to read: 1266 429.73 Rules and standards relating to adult family-care 1267 homes.--1268 (1)The agency, in consultation with the department, may 1269 adopt rules to administer the requirements of part II of chapter 1270 408. The department, in consultation with the Department of 1271 Health, the Department of Children and Family Services, and the 1272 agency shall, by rule, establish minimum standards to ensure the 1273 health, safety, and well-being of each resident in the adult 1274 family-care home pursuant to this part. The rules must address: 1275 (b) Services that must be provided to all residents of an 1276 adult family-care home and standards for such services, which

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1277	must include, but need not be limited to:
1278	1. Room and board.
1279	2. Assistance necessary to perform the activities of daily
1280	living.
1281	3. Assistance necessary to administer medication.
1282	4. Supervision of residents.
1283	5. Health monitoring, including periodic assessments to
1284	determine if the resident is competent to handle his or her
1285	personal and financial affairs, and, if not, whether a
1286	responsible person such as a guardian, surrogate, or attorney in
1287	fact is available to make decisions on behalf of the resident.
1288	6. Social and leisure activities.
1289	Section 25. Subsections (2) and (3) of section 435.03,
1290	Florida Statutes, are amended to read:
1291	435.03 Level 1 screening standards
1292	(2) Any person for whom employment screening is required by
1293	statute must not have been <u>convicted of</u> found guilty of,
1294	regardless of adjudication, or entered a plea of guilty or nolo
1295	contendere <del>or guilty to</del> , <u>regardless of adjudication, to</u> any
1296	offense prohibited under any of the following <del>provisions of the</del>
1297	<del>Florida</del> statutes or under any similar statute of another
1298	jurisdiction:
1299	(a) Section 393.135, relating to sexual misconduct with
1300	certain developmentally disabled clients and reporting of such
1301	sexual misconduct.
1302	(b) Section 394.4593, relating to sexual misconduct with
1303	certain mental health patients and reporting of such sexual
1304	misconduct.
1305	(c) Section 415.111, relating to abuse, neglect, or
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1306	exploitation of a vulnerable adult.
1307	(d) Section 782.04, relating to murder.
1308	(e) Section 782.07, relating to manslaughter, aggravated
1309	manslaughter of an elderly person or disabled adult, or
1310	aggravated manslaughter of a child.
1311	(f) Section 782.071, relating to vehicular homicide.
1312	(g) Section 782.09, relating to killing of an unborn quick
1313	child by injury to the mother.
1314	(h) Section 784.011, relating to assault, if the victim of
1315	the offense was a minor.
1316	(i) Section 784.021, relating to aggravated assault.
1317	(j) Section 784.03, relating to battery, if the victim of
1318	the offense was a minor.
1319	(k) Section 784.045, relating to aggravated battery.
1320	(1) Section 787.01, relating to kidnapping.
1321	(m) Section 787.02, relating to false imprisonment.
1322	(n) Section 794.011, relating to sexual battery.
1323	(o) Former s. 794.041, relating to prohibited acts of
1324	persons in familial or custodial authority.
1325	(p) Chapter 796, relating to prostitution.
1326	(q) Section 798.02, relating to lewd and lascivious
1327	behavior.
1328	(r) Chapter 800, relating to lewdness and indecent
1329	exposure.
1330	(s) Section 806.01, relating to arson.
1331	(t) Chapter 812, relating to theft, robbery, and related
1332	crimes, if the offense was a felony.
1333	(u) Section 817.563, relating to fraudulent sale of
1334	controlled substances, only if the offense was a felony.

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586-04936-08 20082216c1 1335 (V) Section 825.102, relating to abuse, aggravated abuse, 1336 or neglect of an elderly person or disabled adult. 1337 (w) Section 825.1025, relating to lewd or lascivious 1338 offenses committed upon or in the presence of an elderly person or disabled adult. 1339 1340 (X) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony. 1341 1342 (y) Section 826.04, relating to incest. 1343 Section 827.03, relating to child abuse, aggravated (Z) 1344 child abuse, or neglect of a child. Section 827.04, relating to contributing to the 1345 (aa) delinquency or dependency of a child. 1346 1347 Former s. 827.05, relating to negligent treatment of (bb) children. 1348 1349 (cc)Section 827.071, relating to sexual performance by a 1350 child. Chapter 847, relating to obscene literature. 1351 (dd) 1352 Chapter 893, relating to drug abuse prevention and (ee) control, only if the offense was a felony or if any other person 1353 1354 involved in the offense was a minor. 1355 (ff) Section 916.1075, relating to sexual misconduct with 1356 certain forensic clients and reporting of such sexual misconduct. 1357 (3) Standards must also ensure that the person: 1358 For employees and employers licensed or registered (a) 1359 pursuant to part II of chapter 408 400 or chapter 429, and for employees and employers of developmental disabilities 1360 institutions as defined in s. 393.063, intermediate care 1361 1362 facilities for the developmentally disabled as defined in s. 400.960, and mental health treatment facilities as defined in s. 1363

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1364	394.455, <u>has not been convicted of, or entered a plea of guilty</u>
1365	or nolo contendere, regardless of adjudication, to offenses
1366	prohibited under any of the following statutes or under any
1367	similar statute of another jurisdiction: meets the requirements
1368	of this chapter.
1369	1. Sections 409.920 and 409.9201, relating to Medicaid
1370	fraud.
1371	2. Chapter 429, relating to assisted care communities.
1372	3. Chapter 784, relating to assault, battery, and culpable
1373	negligence, if the offense is a felony.
1374	4. Section 810.02, relating to burglary, if the offense is
1375	a felony.
1376	5. Section 817.034, relating to communications fraud.
1377	6. Section 817.234, relating to fraudulent insurance
1378	claims.
1379	7. Section 817.505, relating to patient brokering.
1380	8. Section 817.568, relating to identification theft.
1381	9. Sections 817.60 and 817.61, relating to credit cards, if
1382	the offense is a felony.
1383	10. Sections 831.01, 831.02, 831.07, 831.09, 831.30, and
1384	831.31 relating to forgery, uttering, and counterfeiting.
1385	(b) Has not committed an act that constitutes domestic
1386	violence as defined in s. 741.28.
1387	Section 26. Subsections (2) and (4) of section 435.04,
1388	Florida Statutes, are amended to read:
1389	435.04 Level 2 screening standards
1390	(2) The security background investigations under this
1391	section must ensure that no persons subject to <del>the provisions of</del>
1392	this section have been <u>convicted</u> <del>found guilty</del> of, <del>regardless of</del>
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1393 adjudication, or entered a plea of <u>guilty or</u> nolo contendere or 1394 guilty to, <u>regardless of adjudication</u>, to any offense prohibited 1395 under any of the following <del>provisions of the Florida</del> statutes or 1396 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.

1403 (c) Section 415.111, relating to adult abuse, neglect, or 1404 exploitation of aged persons or disabled adults.

1405

(d) Section 782.04, relating to murder.

1406 (e) Section 782.07, relating to manslaughter, aggravated
1407 manslaughter of an elderly person or disabled adult, or
1408 aggravated manslaughter of a child.

1409

(f) Section 782.071, relating to vehicular homicide.

1410 (g) Section 782.09, relating to killing of an unborn quick1411 child by injury to the mother.

(h) Section 784.011, relating to assault, if the victim ofthe offense was a minor.

1414

(i) Section 784.021, relating to aggravated assault.

1415 (j) Section 784.03, relating to battery, if the victim of 1416 the offense was a minor.

1417

(k) Section 784.045, relating to aggravated battery.

1418 (1) Section 784.075, relating to battery on a detention or 1419 commitment facility staff.

1420 (m) Section 787.01, relating to kidnapping.

(n) Section 787.02, relating to false imprisonment.

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586-04936-08 20082216c1 1422 Section 787.04(2), relating to taking, enticing, or  $(\circ)$ 1423 removing a child beyond the state limits with criminal intent 1424 pending custody proceedings. 1425 Section 787.04(3), relating to carrying a child beyond (p) 1426 the state lines with criminal intent to avoid producing a child 1427 at a custody hearing or delivering the child to the designated 1428 person. 1429 (q) Section 790.115(1), relating to exhibiting firearms or 1430 weapons within 1,000 feet of a school. 1431 (r) Section 790.115(2)(b), relating to possessing an 1432 electric weapon or device, destructive device, or other weapon on 1433 school property. 1434 Section 794.011, relating to sexual battery. (S) 1435 (t) Former s. 794.041, relating to prohibited acts of 1436 persons in familial or custodial authority. 1437 Chapter 796, relating to prostitution. (u) 1438 Section 798.02, relating to lewd and lascivious (v) 1439 behavior. 1440 Chapter 800, relating to lewdness and indecent (w) 1441 exposure. 1442 (X) Section 806.01, relating to arson. 1443 Chapter 812, relating to theft, robbery, and related (V) 1444 crimes, if the offense is a felony. 1445 Section 817.563, relating to fraudulent sale of (z) 1446 controlled substances, only if the offense was a felony. Section 825.102, relating to abuse, aggravated abuse, 1447 (aa) 1448 or neglect of an elderly person or disabled adult. 1449 (bb) Section 825.1025, relating to lewd or lascivious 1450 offenses committed upon or in the presence of an elderly person

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1451	or disabled adult.
1452	(cc) Section 825.103, relating to exploitation of an
1453	elderly person or disabled adult, if the offense was a felony.
1454	(dd) Section 826.04, relating to incest.
1455	(ee) Section 827.03, relating to child abuse, aggravated
1456	child abuse, or neglect of a child.
1457	(ff) Section 827.04, relating to contributing to the
1458	delinquency or dependency of a child.
1459	(gg) Former s. 827.05, relating to negligent treatment of
1460	children.
1461	(hh) Section 827.071, relating to sexual performance by a
1462	child.
1463	(ii) Section 843.01, relating to resisting arrest with
1464	violence.
1465	(jj) Section 843.025, relating to depriving a law
1466	enforcement, correctional, or correctional probation officer
1467	means of protection or communication.
1468	(kk) Section 843.12, relating to aiding in an escape.
1469	(ll) Section 843.13, relating to aiding in the escape of
1470	juvenile inmates in correctional institutions.
1471	(mm) Chapter 847, relating to obscene literature.
1472	(nn) Section 874.05(1), relating to encouraging or
1473	recruiting another to join a criminal gang.
1474	(oo) Chapter 893, relating to drug abuse prevention and
1475	control, only if the offense was a felony or if any other person
1476	involved in the offense was a minor.
1477	(pp) Section 916.1075, relating to sexual misconduct with
1478	certain forensic clients and reporting of such sexual misconduct.
1479	(qq) Section 944.35(3), relating to inflicting cruel or

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1480	inhuman treatment on an inmate resulting in great bodily harm.
1481	(rr) Section 944.46, relating to harboring, concealing, or
1482	aiding an escaped prisoner.
1483	(ss) Section 944.47, relating to introduction of contraband
1484	into a correctional facility.
1485	(tt) Section 985.701, relating to sexual misconduct in
1486	juvenile justice programs.
1487	(uu) Section 985.711, relating to contraband introduced
1488	into detention facilities.
1489	(4) Standards must also ensure that the person:
1490	(a) For employees or employers licensed or registered
1491	pursuant to part II of chapter 408 and employees and employers of
1492	developmental disabilities institutions as defined in s. 393.063
1493	and mental health treatment facilities as defined in s. 394.455,
1494	has not been convicted of, or entered a plea of guilty or nolo
1495	contendere, regardless of adjudication, to offenses prohibited
1496	under any of the following statutes or under similar statutes of
1497	another jurisdiction: 400 or chapter 429,does not have a
1498	confirmed report of abuse, neglect, or exploitation as defined in
1499	s. 415.102(6), which has been uncontested or upheld under s.
1500	<del>415.103.</del>
1501	1. Sections 409.920 and 409.9201, relating to Medicaid
1502	fraud.
1503	2. Chapter 429, relating to assisted care communities.
1504	3. Chapter 784, relating to assault, battery, and culpable
1505	negligence, if the offense is a felony.
1506	4. Section 810.02, relating to burglary, if the offense is
1507	a felony.
1508	5. Section 817.034, relating to communications fraud.

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1509	6. Section 817.234, relating to fraudulent insurance
1510	claims.
1511	7. Section 817.505, relating to patient brokering.
1512	8. Section 817.568, relating to identification theft.
1513	9. Sections 817.60 and 817.61, relating to credit cards, if
1514	the offense is a felony.
1515	10. Sections 831.01, 831.02, 831.07, 831.09, 831.30, and
1516	831.31 relating to forgery, uttering, and counterfeiting.
1517	(b) Has not committed an act that constitutes domestic
1518	violence as defined in <u>s. 741.28</u> <del>s. 741.30</del> .
1519	Section 27. Subsection (13) of section 400.141, subsection
1520	(3) of section 408.809, subsection (2) of section 429.08, and
1521	subsection (5) of section 429.41, Florida Statutes, are repealed.
1522	Section 28. Paragraph (h) of subsection (3) of section
1523	430.80, Florida Statutes, is amended to read:
1524	430.80 Implementation of a teaching nursing home pilot
1525	project
1526	(3) To be designated as a teaching nursing home, a nursing
1527	home licensee must, at a minimum:
1528	(h) Maintain insurance coverage pursuant to <u>s. 400.141(19)</u>
1529	<del>s. 400.141(20)</del> or proof of financial responsibility in a minimum
1530	amount of \$750,000. <del>Such</del> Proof of financial responsibility may
1531	include:
1532	1. Maintaining an escrow account consisting of cash or
1533	assets eligible for deposit in accordance with s. 625.52; or
1534	2. Obtaining and maintaining, pursuant to chapter 675, an
1535	unexpired, irrevocable, nontransferable and nonassignable letter
1536	of credit issued by <u>a</u> any bank or savings association organized
1537	and existing under the laws of this state or <u>a</u> any bank or
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1538 savings association organized under the laws of the United States 1539 that has its principal place of business in this state or has a 1540 branch office which is authorized to receive deposits in this 1541 state. The letter of credit shall be used to satisfy the 1542 obligation of the facility to the claimant upon presentment of a 1543 final judgment indicating liability and awarding damages to be 1544 paid by the facility or upon presentment of a settlement 1545 agreement signed by all parties if the to the agreement when such 1546 final judgment or settlement is a result of a liability claim 1547 against the facility.

1548 Section 29. Subsection (13) of section 651.118, Florida 1549 Statutes, is amended to read:

1550 651.118 Agency for Health Care Administration; certificates 1551 of need; sheltered beds; community beds.--

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

1555

Section 30. This act shall take effect October 1, 2008.