A bill to be entitled 1 2 An act relating to the inspection of nursing homes; 3 amending ss. 381.006, 381.0072, 381.0098, and 465.017, 4 F.S.; providing that nursing homes that are inspected by 5 the Agency for Health Care Administration are exempt from 6 inspection by the Department of Health; repealing s. 7 400.0060(1), F.S., to delete the definition of 8 "administrative assessment"; amending ss. 400.0061 and 9 400.0075, F.S.; conforming provisions to changes made by 10 the act relating to onsite administrative assessments; amending s. 400.0065, F.S.; clarifying that any person may 11 make a complaint against a long-term care facility, 12 including an employee of that facility; amending ss. 13 400.0067, 400.0069, and 400.0071, F.S.; conforming 14 15 provisions to changes made by the act relating to onsite 16 administrative assessments; clarifying that any person may make a complaint against a long-term care facility, 17 including an employee of that facility; repealing s. 18 19 400.0074, F.S., relating to onsite administrative assessments of nursing homes, assisted living facilities, 20 21 and adult family-care homes conducted by the local 22 ombudsman council; amending s. 400.121, F.S.; conforming 23 provisions to changes made by the act relating to 24 classifications of deficiencies; amending ss. 400.071 and 25 400.141, F.S.; conforming provisions to changes made by 26 the act relating to classifications of deficiencies and 27 the Gold Seal Program; amending s. 400.19, F.S.; conforming provisions to changes made by the act relating 28

Page 1 of 39

29

30

31

32

33

34

35

36

37

38

39

40

4142

43

44

45

46

47

48

49

50

51

52

53

54

55

56

to classifications of deficiencies; repealing s. 400.191, F.S., relating to a requirement that the agency make available to the public, distribute, and post reports and records concerning licensed nursing homes operating in the state; amending s. 400.195, F.S.; revising agency reporting requirements; amending s. 400.23, F.S.; conforming provisions to changes made by the act relating to the Gold Seal Program and availability of certain reports and records; revising the classifications for deficiencies; revising agency standards for evaluation of a nursing home facility to determine licensure status; requiring the agency to indicate the level of seriousness of deficiencies under certain provisions of the United States Code; repealing s. 400.235, F.S., relating to nursing home quality and licensure status and the Gold Seal Program; amending s. 408.035, F.S.; conforming a provision to changes made by the act relating to the Gold Seal Program; repealing s. 408.036(3)(k), F.S., relating to projects exempt from review for a certificate of need, to remove an exemption for the addition of nursing home beds in certain facilities, including Gold Seal Program facilities; repealing s. 409.912(15)(d), F.S., relating to the requirement by the staff of the Comprehensive Assessment and Review for Long-Term Services to conduct an assessment and review of a sample of individuals whose nursing home stays are expected to exceed a certain number of days; amending s. 633.081, F.S.; providing that nursing homes that are inspected by the agency are exempt from

Page 2 of 39

inspection by the State Fire Marshal under certain circumstances; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (16) of section 381.006, Florida Statutes, is amended to read:

381.006 Environmental health.--The department shall conduct an environmental health program as part of fulfilling the state's public health mission. The purpose of this program is to detect and prevent disease caused by natural and manmade factors in the environment. The environmental health program shall include, but not be limited to:

(16) A group-care-facilities function, where a group care facility means any public or private school, housing, building or buildings, section of a building, or distinct part of a building or other place, whether operated for profit or not, which undertakes, through its ownership or management, to provide one or more personal services, care, protection, and supervision to persons who require such services and who are not related to the owner or administrator. The department may adopt rules necessary to protect the health and safety of residents, staff, and patrons of group care facilities, such as child care facilities, family day care homes, assisted living facilities, adult day care centers, adult family care homes, hospices, residential treatment facilities, crisis stabilization units, pediatric extended care centers, intermediate care facilities for the developmentally disabled, group care homes, and, jointly

with the Department of Education, private and public schools. These rules may include definitions of terms; provisions relating to operation and maintenance of facilities, buildings, grounds, equipment, furnishings, and occupant-space requirements; lighting; heating, cooling, and ventilation; food service; water supply and plumbing; sewage; sanitary facilities; insect and rodent control; garbage; safety; personnel health, hygiene, and work practices; and other matters the department finds are appropriate or necessary to protect the safety and health of the residents, staff, or patrons. The department may not adopt rules that conflict with rules adopted by the licensing or certifying agency. The department may enter and inspect at reasonable hours to determine compliance with applicable statutes or rules. However, nursing homes that are licensed under part II of chapter 400 and inspected by the Agency for Health Care Administration as part of state licensing requirements and federal certification requirements are exempt from inspection by the department. In addition to any sanctions that the department may impose for violations of rules adopted under this section, the department shall also report such violations to any agency responsible for licensing or certifying the group care facility. The licensing or certifying agency may also impose any sanction based solely on the findings of the department.

108109

110

111

85

86

87

88

89

90 91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

The department may adopt rules to carry out the provisions of this section.

Section 2. Paragraph (a) of subsection (2) of section

Page 4 of 39

381.0072, Florida Statutes, is amended to read:

381.0072 Food service protection.—It shall be the duty of the Department of Health to adopt and enforce sanitation rules consistent with law to ensure the protection of the public from food-borne illness. These rules shall provide the standards and requirements for the storage, preparation, serving, or display of food in food service establishments as defined in this section and which are not permitted or licensed under chapter 500 or chapter 509.

(2) DUTIES.--

113

114

115

116

117

118

119

120

121

122

123

124125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

The department shall adopt rules, including definitions of terms which are consistent with law prescribing minimum sanitation standards and manager certification requirements as prescribed in s. 509.039, and which shall be enforced in food service establishments as defined in this section. The sanitation standards must address the construction, operation, and maintenance of the establishment; lighting, ventilation, laundry rooms, lockers, use and storage of toxic materials and cleaning compounds, and first-aid supplies; plan review; design, construction, installation, location, maintenance, sanitation, and storage of food equipment and utensils; employee training, health, hygiene, and work practices; food supplies, preparation, storage, transportation, and service, including access to the areas where food is stored or prepared; and sanitary facilities and controls, including water supply and sewage disposal; plumbing and toilet facilities; garbage and refuse collection, storage, and disposal; and vermin control. Public and private schools, if the

Page 5 of 39

381.0098 Biomedical waste.--

- (6) TRACKING SYSTEM.—The department shall adopt rules for a system of tracking biomedical waste.
- (b) Inspections may be conducted for purposes of compliance with this section. Any such inspection shall be commenced and completed with reasonable promptness. However,

Page 6 of 39

nursing homes that are licensed under part II of chapter 400 and inspected by the Agency for Health Care Administration as part of state licensing requirements and federal certification requirements are exempt from inspection by the department. If the officer, employee, or representative of the department obtains any samples, prior to leaving the premises he or she shall give the owner, operator, or agent in charge a receipt describing the sample obtained.

Section 4. <u>Subsection (1) of section 400.0060, Florida</u>
Statutes, is repealed.

Section 5. Subsection (2) of section 400.0061, Florida Statutes, is amended to read:

400.0061 Legislative findings and intent; long-term care facilities.--

(2) It is the intent of the Legislature, therefore, to utilize voluntary citizen ombudsman councils under the leadership of the ombudsman, and through them to operate an ombudsman program which shall, without interference by any executive agency, undertake to discover, investigate, and determine the presence of conditions or individuals which constitute a threat to the rights, health, safety, or welfare of the residents of long-term care facilities. To ensure that the effectiveness and efficiency of such investigations are not impeded by advance notice or delay, the Legislature intends that the ombudsman and ombudsman councils and their designated representatives not be required to obtain warrants in order to enter into or conduct investigations or onsite administrative assessments of long-term care facilities. It is the further

intent of the Legislature that the environment in long-term care facilities be conducive to the dignity and independence of residents and that investigations by ombudsman councils shall further the enforcement of laws, rules, and regulations that safeguard the health, safety, and welfare of residents.

Section 6. Paragraph (a) of subsection (1) of section 400.0065, Florida Statutes, is amended to read:

400.0065 State Long-Term Care Ombudsman; duties and responsibilities.--

- (1) The purpose of the Office of State Long-Term Care Ombudsman shall be to:
- (a) Identify, investigate, and resolve complaints made by or on behalf of residents of long-term care facilities, regardless of the person who makes the complaint, including an employee of the long-term care facility, relating to actions or omissions by providers or representatives of providers of long-term care services, other public or private agencies, guardians, or representative payees which that may adversely affect the health, safety, welfare, or rights of the residents.

Section 7. Paragraphs (b) and (d) of subsection (2) of section 400.0067, Florida Statutes, are amended to read:

400.0067 State Long-Term Care Ombudsman Council; duties; membership.--

- (2) The State Long-Term Care Ombudsman Council shall:
- (b) Serve as an appellate body in receiving from the local councils complaints not resolved at the local level. Any individual member or members of the state council may enter any long-term care facility involved in an appeal, pursuant to the

Page 8 of 39

225 conditions specified in s. 400.0074(2).

2.44

- (d) Assist the ombudsman in eliciting, receiving, responding to, and resolving complaints made by or on behalf of residents regardless of the person who makes the complaint, including an employee of a long-term care facility.
- Section 8. Paragraph (c) of subsection (2) and subsection (3) of section 400.0069, Florida Statutes, are amended to read:
 400.0069 Local long-term care ombudsman councils; duties;
 membership.--
 - (2) The duties of the local councils are to:
- (c) Elicit, receive, investigate, respond to, and resolve complaints made by or on behalf of residents regardless of the person who makes the complaint, including an employee of a longterm care facility.
- (3) In order to carry out the duties specified in subsection (2), a member of a local council is authorized to enter any long-term care facility without notice or first obtaining a warrant, subject to the provisions of s. 400.0074(2).
- Section 9. Section 400.0071, Florida Statutes, is amended to read:
- 400.0071 State Long-Term Care Ombudsman Program complaint procedures.—The department shall adopt rules implementing state and local complaint procedures. The rules must include procedures for:
- (1) Receiving complaints against a long-term care facility or an employee of a long-term care facility <u>regardless of the</u> person who makes the complaint.

Page 9 of 39

HB 1387 2009

Conducting investigations of a long-term care facility or an employee of a long-term care facility subsequent to receiving a complaint.

- (3) Conducting onsite administrative assessments of longterm care facilities.
- 258 Section 10. Section 400.0074, Florida Statutes, is 259 repealed.

253

254

255

256

257

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

280

- Section 11. Paragraph (a) of subsection (1) of section 400.0075, Florida Statutes, is amended to read:
- 400.0075 Complaint notification and resolution procedures.--
- (1) (a) Any complaint or problem verified by an ombudsman council as a result of an investigation or onsite administrative assessment, which complaint or problem is determined to require remedial action by the local council, shall be identified and brought to the attention of the long-term care facility administrator in writing. Upon receipt of such document, the administrator, with the concurrence of the local council chair, shall establish target dates for taking appropriate remedial action. If, by the target date, the remedial action is not completed or forthcoming, the local council chair may, after obtaining approval from the ombudsman and a majority of the members of the local council:
- Extend the target date if the chair has reason to believe such action would facilitate the resolution of the complaint.
- In accordance with s. 400.0077, publicize the 279 complaint, the recommendations of the council, and the response

Page 10 of 39

of the long-term care facility.

- 3. Refer the complaint to the state council.
- Section 12. Subsections (3), (4), and (5) of section
- 284 400.071, Florida Statutes, are amended to read:
 - 400.071 Application for license. --
 - (3) It is the intent of the Legislature that, in reviewing a certificate-of-need application to add beds to an existing nursing home facility, preference be given to the application of a licensee who has been awarded a Gold Seal as provided for in s. 400.235, if the applicant otherwise meets the review criteria specified in s. 408.035.
 - (3) (4) The agency may develop an abbreviated survey for licensure renewal applicable to a licensee that has continuously operated as a nursing facility since 1991 or earlier, has operated under the same management for at least the preceding 30 months, and has had during the preceding 30 months no immediate jeopardy or actual harm that is not immediate jeopardy class I deficiencies.
 - $\underline{(4)}$ As a condition of licensure, each facility must establish and submit with its application a plan for quality assurance and for conducting risk management.
 - Section 13. Subsection (3) of section 400.121, Florida Statutes, is amended to read:
 - 400.121 Denial, suspension, revocation of license; administrative fines; procedure; order to increase staffing.--
 - (3) The agency shall revoke or deny a nursing home license if the licensee or controlling interest operates a facility in this state that:

Page 11 of 39

(a) Has had two moratoria issued pursuant to this part or part II of chapter 408 which are imposed by final order for substandard quality of care, as defined by 42 C.F.R. part 483, within any 30-month period;

- (b) Is conditionally licensed for 180 or more continuous days;
- (c) Is cited for two <u>immediate jeopardy class I</u> deficiencies arising from unrelated circumstances during the same survey or investigation; or
- (d) Is cited for two $\frac{immediate\ jeopardy\ class\ I}{deficiencies\ arising\ from\ separate\ surveys\ or\ investigations}$ within a 30-month period.

The licensee may present factors in mitigation of revocation, and the agency may make a determination not to revoke a license based upon a showing that revocation is inappropriate under the circumstances.

Section 14. Section 400.141, Florida Statutes, is amended to read:

- 400.141 Administration and management of nursing home facilities.—Every licensed facility shall comply with all applicable standards and rules of the agency and shall:
- (1) Be under the administrative direction and charge of a licensed administrator.
- (2) Appoint a medical director licensed pursuant to chapter 458 or chapter 459. The agency may establish by rule more specific criteria for the appointment of a medical director.

Page 12 of 39

(3) Have available the regular, consultative, and emergency services of physicians licensed by the state.

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

Provide for resident use of a community pharmacy as specified in s. 400.022(1)(q). Any other law to the contrary notwithstanding, a registered pharmacist licensed in Florida, that is under contract with a facility licensed under this chapter or chapter 429, shall repackage a nursing facility resident's bulk prescription medication which has been packaged by another pharmacist licensed in any state in the United States into a unit dose system compatible with the system used by the nursing facility, if the pharmacist is requested to offer such service. In order to be eligible for the repackaging, a resident or the resident's spouse must receive prescription medication benefits provided through a former employer as part of his or her retirement benefits, a qualified pension plan as specified in s. 4972 of the Internal Revenue Code, a federal retirement program as specified under 5 C.F.R. s. 831, or a long-term care policy as defined in s. 627.9404(1). A pharmacist who correctly repackages and relabels the medication and the nursing facility which correctly administers such repackaged medication under the provisions of this subsection shall not be held liable in any civil or administrative action arising from the repackaging. In order to be eligible for the repackaging, a nursing facility resident for whom the medication is to be repackaged shall sign an informed consent form provided by the facility which includes an explanation of the repackaging process and which notifies the resident of the immunities from liability provided herein. A pharmacist who repackages and relabels prescription medications,

as authorized under this subsection, may charge a reasonable fee for costs resulting from the implementation of this provision.

- (5) Provide for the access of the facility residents to dental and other health-related services, recreational services, rehabilitative services, and social work services appropriate to their needs and conditions and not directly furnished by the licensee. When a geriatric outpatient nurse clinic is conducted in accordance with rules adopted by the agency, outpatients attending such clinic shall not be counted as part of the general resident population of the nursing home facility, nor shall the nursing staff of the geriatric outpatient clinic be counted as part of the nursing staff of the facility, until the outpatient clinic load exceeds 15 a day.
- (6) Be allowed and encouraged by the agency to provide other needed services under certain conditions. If the facility has a standard licensure status, and has had no immediate
 jeopardy or actual harm that is not immediate jeopardy elass I or class II deficiencies during the past 2 years or has been awarded a Gold Seal under the program established in s. 400.235, it may be encouraged by the agency to provide services, including, but not limited to, respite and adult day services, which enable individuals to move in and out of the facility. A facility is not subject to any additional licensure requirements for providing these services. Respite care may be offered to persons in need of short-term or temporary nursing home services. Respite care must be provided in accordance with this part and rules adopted by the agency. However, the agency shall, by rule, adopt modified requirements for resident assessment,

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

resident care plans, resident contracts, physician orders, and other provisions, as appropriate, for short-term or temporary nursing home services. The agency shall allow for shared programming and staff in a facility which meets minimum standards and offers services pursuant to this subsection, but, if the facility is cited for deficiencies in patient care, may require additional staff and programs appropriate to the needs of service recipients. A person who receives respite care may not be counted as a resident of the facility for purposes of the facility's licensed capacity unless that person receives 24-hour respite care. A person receiving either respite care for 24 hours or longer or adult day services must be included when calculating minimum staffing for the facility. Any costs and revenues generated by a nursing home facility from nonresidential programs or services shall be excluded from the calculations of Medicaid per diems for nursing home institutional care reimbursement.

Seal facility, exceeds the minimum required hours of licensed nursing and certified nursing assistant direct care per resident per day, and is part of a continuing care facility licensed under chapter 651 or a retirement community that offers other services pursuant to part III of this chapter or part I or part III of chapter 429 on a single campus, be allowed to share programming and staff. At the time of inspection and in the semiannual report required pursuant to subsection (15), a continuing care facility or retirement community that uses this option must demonstrate through staffing records that minimum

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

staffing requirements for the facility were met. Licensed nurses and certified nursing assistants who work in the nursing home facility may be used to provide services elsewhere on campus if the facility exceeds the minimum number of direct care hours required per resident per day and the total number of residents receiving direct care services from a licensed nurse or a certified nursing assistant does not cause the facility to violate the staffing ratios required under s. 400.23(3)(a). Compliance with the minimum staffing ratios shall be based on total number of residents receiving direct care services, regardless of where they reside on campus. If the facility receives a conditional license, it may not share staff until the conditional license status ends. This subsection does not restrict the agency's authority under federal or state law to require additional staff if a facility is cited for deficiencies in care which are caused by an insufficient number of certified nursing assistants or licensed nurses. The agency may adopt rules for the documentation necessary to determine compliance with this provision.

- (8) Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.
- (9) If the licensee furnishes food service, provide a wholesome and nourishing diet sufficient to meet generally accepted standards of proper nutrition for its residents and provide such therapeutic diets as may be prescribed by attending physicians. In making rules to implement this subsection, the agency shall be guided by standards recommended by nationally recognized professional groups and associations with knowledge

Page 16 of 39

449 of dietetics.

- (10) Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the residents; and individual resident care plans including, but not limited to, prescribed services, service frequency and duration, and service goals. The records shall be open to inspection by the agency.
- (11) Keep such fiscal records of its operations and conditions as may be necessary to provide information pursuant to this part.
- (12) Furnish copies of personnel records for employees affiliated with such facility, to any other facility licensed by this state requesting this information pursuant to this part. Such information contained in the records may include, but is not limited to, disciplinary matters and any reason for termination. Any facility releasing such records pursuant to this part shall be considered to be acting in good faith and may not be held liable for information contained in such records, absent a showing that the facility maliciously falsified such records.
- (13) Publicly display a poster provided by the agency containing the names, addresses, and telephone numbers for the state's abuse hotline, the State Long-Term Care Ombudsman, the Agency for Health Care Administration consumer hotline, the Advocacy Center for Persons with Disabilities, the Florida Statewide Advocacy Council, and the Medicaid Fraud Control Unit,

Page 17 of 39

with a clear description of the assistance to be expected from each.

- (14) Submit to the agency the information specified in s. 400.071(1)(b) for a management company within 30 days after the effective date of the management agreement.
- (15) Submit semiannually to the agency, or more frequently if requested by the agency, information regarding facility staff-to-resident ratios, staff turnover, and staff stability, including information regarding certified nursing assistants, licensed nurses, the director of nursing, and the facility administrator. For purposes of this reporting:
- (a) Staff-to-resident ratios must be reported in the categories specified in s. 400.23(3)(a) and applicable rules. The ratio must be reported as an average for the most recent calendar quarter.
- (b) Staff turnover must be reported for the most recent 12-month period ending on the last workday of the most recent calendar quarter prior to the date the information is submitted. The turnover rate must be computed quarterly, with the annual rate being the cumulative sum of the quarterly rates. The turnover rate is the total number of terminations or separations experienced during the quarter, excluding any employee terminated during a probationary period of 3 months or less, divided by the total number of staff employed at the end of the period for which the rate is computed, and expressed as a percentage.
- (c) The formula for determining staff stability is the total number of employees that have been employed for more than

Page 18 of 39

12 months, divided by the total number of employees employed at the end of the most recent calendar quarter, and expressed as a percentage.

- (d) A nursing facility that has failed to comply with state minimum-staffing requirements for 2 consecutive days is prohibited from accepting new admissions until the facility has achieved the minimum-staffing requirements for a period of 6 consecutive days. For the purposes of this paragraph, any person who was a resident of the facility and was absent from the facility for the purpose of receiving medical care at a separate location or was on a leave of absence is not considered a new admission. Failure to impose such an admissions moratorium constitutes an actual harm that is not immediate jeopardy a class II deficiency.
- (e) A nursing facility which does not have a conditional license may be cited for failure to comply with the standards in s. 400.23(3)(a)1.a. only if it has failed to meet those standards on 2 consecutive days or if it has failed to meet at least 97 percent of those standards on any one day.
- (f) A facility which has a conditional license must be in compliance with the standards in s. 400.23(3)(a) at all times.
- Nothing in this section shall limit the agency's ability to impose a deficiency or take other actions if a facility does not have enough staff to meet the residents' needs.
- (16) Report monthly the number of vacant beds in the facility which are available for resident occupancy on the day the information is reported.

Page 19 of 39

(17) Notify a licensed physician when a resident exhibits signs of dementia or cognitive impairment or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such dementia or impairment. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition.

- (18) If the facility implements a dining and hospitality attendant program, ensure that the program is developed and implemented under the supervision of the facility director of nursing. A licensed nurse, licensed speech or occupational therapist, or a registered dietitian must conduct training of dining and hospitality attendants. A person employed by a facility as a dining and hospitality attendant must perform tasks under the direct supervision of a licensed nurse.
- (19) Report to the agency any filing for bankruptcy protection by the facility or its parent corporation, divestiture or spin-off of its assets, or corporate reorganization within 30 days after the completion of such activity.
- (20) Maintain general and professional liability insurance coverage that is in force at all times. In lieu of general and professional liability insurance coverage, a state-designated teaching nursing home and its affiliated assisted living facilities created under s. 430.80 may demonstrate proof of financial responsibility as provided in s. 430.80(3)(h).

Page 20 of 39

561

562

563

564

565

566

567

568

569

570

571

572

573574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

(21) Maintain in the medical record for each resident a daily chart of certified nursing assistant services provided to the resident. The certified nursing assistant who is caring for the resident must complete this record by the end of his or her shift. This record must indicate assistance with activities of daily living, assistance with eating, and assistance with drinking, and must record each offering of nutrition and hydration for those residents whose plan of care or assessment indicates a risk for malnutrition or dehydration.

(22) Before November 30 of each year, subject to the availability of an adequate supply of the necessary vaccine, provide for immunizations against influenza viruses to all its consenting residents in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Subject to these exemptions, any consenting person who becomes a resident of the facility after November 30 but before March 31 of the following year must be immunized within 5 working days after becoming a resident. Immunization shall not be provided to any resident who provides documentation that he or she has been immunized as required by this subsection. This subsection does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this subsection.

- Assess all residents for eligibility for pneumococcal polysaccharide vaccination (PPV) and vaccinate residents when indicated within 60 days after the effective date of this act in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Residents admitted after the effective date of this act shall be assessed within 5 working days of admission and, when indicated, vaccinated within 60 days in accordance with the recommendations of the United States Centers for Disease Control and Prevention, subject to exemptions for medical contraindications and religious or personal beliefs. Immunization shall not be provided to any resident who provides documentation that he or she has been immunized as required by this subsection. This subsection does not prohibit a resident from receiving the immunization from his or her personal physician if he or she so chooses. A resident who chooses to receive the immunization from his or her personal physician shall provide proof of immunization to the facility. The agency may adopt and enforce any rules necessary to comply with or implement this subsection.
- (24) Annually encourage and promote to its employees the benefits associated with immunizations against influenza viruses in accordance with the recommendations of the United States Centers for Disease Control and Prevention. The agency may adopt and enforce any rules necessary to comply with or implement this subsection.

614615

616

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

Facilities that have been awarded a Gold Seal under the program

Page 22 of 39

established in s. 400.235 may develop a plan to provide certified nursing assistant training as prescribed by federal regulations and state rules and may apply to the agency for approval of their program.

Section 15. Subsection (3) of section 400.19, Florida Statutes, is amended to read:

400.19 Right of entry and inspection. --

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

The agency shall every 15 months conduct at least one unannounced inspection to determine compliance by the licensee with statutes, with federal requirements, and with rules adopted promulgated under the provisions of those statutes and federal requirements, governing minimum standards of construction, quality and adequacy of care, and rights of residents. The survey shall be conducted every 6 months for the next 2-year period if the facility has been cited for an immediate jeopardy a class I deficiency, has been cited for two or more actual harm that is not immediate jeopardy class II deficiencies arising from separate surveys or investigations within a 60-day period, or has had three or more substantiated complaints within a 6month period, each resulting in at least one immediate jeopardy or actual harm that is not immediate jeopardy class I or class HI deficiency. In addition to any other fees or fines in this part, the agency shall assess a fine for each facility that is subject to the 6-month survey cycle. The fine for the 2-year period shall be \$6,000, one-half to be paid at the completion of each survey. The agency may adjust this fine by the change in the Consumer Price Index, based on the 12 months immediately preceding the increase, to cover the cost of the additional

surveys. The agency shall verify through subsequent inspection that any deficiency identified during inspection is corrected. However, the agency may verify the correction of a class III or class IV deficiency with no actual harm and with or without the potential for minimal harm that is unrelated to resident rights or resident care without reinspecting the facility if adequate written documentation has been received from the facility, which provides assurance that the deficiency has been corrected. The giving or causing to be given of advance notice of such unannounced inspections by an employee of the agency to any unauthorized person shall constitute cause for suspension of not fewer than 5 working days according to the provisions of chapter 110.

Section 16. <u>Section 400.191</u>, Florida Statutes, is repealed.

Section 17. Paragraph (d) of subsection (1) of section 400.195, Florida Statutes, is amended to read:

400.195 Agency reporting requirements. --

(1) For the period beginning June 30, 2001, and ending June 30, 2005, the Agency for Health Care Administration shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives with respect to nursing homes. The first report shall be submitted no later than December 30, 2002, and subsequent reports shall be submitted every 6 months thereafter. The report shall identify facilities based on their ownership characteristics, size, business structure, for-profit or not-for-profit status, and any other characteristics the agency determines useful in analyzing the

Page 24 of 39

varied segments of the nursing home industry and shall report:

- (d) Information regarding deficiencies cited, including information used to develop the Nursing Home Guide WATCH LIST pursuant to s. 400.191, and applicable rules, a summary of data generated on nursing homes by Centers for Medicare and Medicaid Services Nursing Home Quality Information Project, and information collected pursuant to s. 400.147(9), relating to litigation.
- Section 18. Subsections (2), (7), and (8) of section 400.23, Florida Statutes, are amended to read:
- 400.23 Rules; evaluation and deficiencies; licensure status.--
- (2) Pursuant to the intention of the Legislature, the agency, in consultation with the Department of Health and the Department of Elderly Affairs, shall adopt and enforce rules to implement this part and part II of chapter 408, which shall include reasonable and fair criteria in relation to:
- (a) The location of the facility and housing conditions that will ensure the health, safety, and comfort of residents, including an adequate call system. In making such rules, the agency shall be guided by criteria recommended by nationally recognized reputable professional groups and associations with knowledge of such subject matters. The agency shall update or revise such criteria as the need arises. The agency may require alterations to a building if it determines that an existing condition constitutes a distinct hazard to life, health, or safety. In performing any inspections of facilities authorized by this part or part II of chapter 408, the agency may enforce

Page 25 of 39

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

the special-occupancy provisions of the Florida Building Code and the Florida Fire Prevention Code which apply to nursing homes. Residents or their representatives shall be able to request a change in the placement of the bed in their room, provided that at admission they are presented with a room that meets requirements of the Florida Building Code. The location of a bed may be changed if the requested placement does not infringe on the resident's roommate or interfere with the resident's care or safety as determined by the care planning team in accordance with facility policies and procedures. In addition, the bed placement may not be used as a restraint. Each facility shall maintain a log of resident rooms with beds that are not in strict compliance with the Florida Building Code in order for such log to be used by surveyors and nurse monitors during inspections and visits. A resident or resident representative who requests that a bed be moved shall sign a statement indicating that he or she understands the room will not be in compliance with the Florida Building Code, but they would prefer to exercise their right to self-determination. The statement must be retained as part of the resident's care plan. Any facility that offers this option must submit a letter signed by the nursing home administrator of record to the agency notifying it of this practice with a copy of the policies and procedures of the facility. The agency is directed to provide assistance to the Florida Building Commission in updating the construction standards of the code relative to nursing homes.

including management, medical, nursing, and other professional

Page 26 of 39

The number and qualifications of all personnel,

personnel, and nursing assistants, orderlies, and support personnel, having responsibility for any part of the care given residents.

- (c) All sanitary conditions within the facility and its surroundings, including water supply, sewage disposal, food handling, and general hygiene which will ensure the health and comfort of residents.
- (d) The equipment essential to the health and welfare of the residents.
 - (e) A uniform accounting system.

- (f) The care, treatment, and maintenance of residents and measurement of the quality and adequacy thereof, based on rules developed under this chapter and the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended.
- emergency management plan. The agency shall adopt rules establishing minimum criteria for the plan after consultation with the Department of Community Affairs. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan is subject to review and approval by the local emergency management agency. During its

review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Department of Elderly Affairs, the Department of Health, the Agency for Health Care Administration, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

- (h) The availability, distribution, and posting of reports and records pursuant to s. 400.191 and the Gold Seal Program pursuant to s. 400.235.
- (7) The agency shall, at least every 15 months, evaluate all nursing home facilities and make a determination as to the degree of compliance by each licensee with the established rules adopted under this part as a basis for assigning a licensure status to that facility. The agency shall base its evaluation on the most recent inspection report, taking into consideration findings from other official reports, surveys, interviews, investigations, and inspections. In addition to license categories authorized under part II of chapter 408, the agency shall assign a licensure status of standard or conditional to each nursing home.
- (a) A standard licensure status means that a facility <u>does</u> not have any has no class I or class II deficiencies of immediate jeopardy or actual harm that is not immediate jeopardy and has corrected all class III deficiencies with actual harm with the potential for more than minimal harm that is not

Page 28 of 39

immediate jeopardy within the time established by the agency.

- (b) A conditional licensure status means that a facility does not meet the criteria specified in paragraph (a), due to the presence of one or more class I or class II deficiencies, or class III deficiencies not corrected within the time established by the agency, is not in substantial compliance at the time of the survey with criteria established under this part or with rules adopted by the agency. If the facility has no class I, class II, or class III deficiencies at the time of the followup survey, a standard licensure status may be assigned.
- (c) In evaluating the overall quality of care and services and determining whether the facility will receive a conditional or standard license, the agency shall consider the needs and limitations of residents in the facility and the results of interviews and surveys of a representative sampling of residents, families of residents, ombudsman council members in the planning and service area in which the facility is located, guardians of residents, and staff of the nursing home facility.
- (d) The current licensure status of each facility must be indicated in bold print on the face of the license. A list of the deficiencies of the facility shall be posted in a prominent place that is in clear and unobstructed public view at or near the place where residents are being admitted to that facility. Licensees receiving a conditional licensure status for a facility shall prepare, within 10 working days after receiving notice of deficiencies, a plan for correction of all deficiencies and shall submit the plan to the agency for approval.

(e) The agency shall adopt rules that:

813

814815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

840

- 1. Establish uniform procedures for the evaluation of facilities.
- 2. Provide criteria in the areas referenced in paragraph (c).
- 3. Address other areas necessary for carrying out the intent of this section.
- The agency shall adopt rules pursuant to this part and part II of chapter 408 to provide that, when the criteria established under subsection (2) are not met, such deficiencies shall be classified according to the nature and the scope of the deficiency. The scope shall be cited as isolated, patterned, or widespread. An isolated deficiency is a deficiency affecting one or a very limited number of residents, or involving one or a very limited number of staff, or a situation that occurred only occasionally or in a very limited number of locations. A patterned deficiency is a deficiency where more than a very limited number of residents are affected, or more than a very limited number of staff are involved, or the situation has occurred in several locations, or the same resident or residents have been affected by repeated occurrences of the same deficient practice but the effect of the deficient practice is not found to be pervasive throughout the facility. A widespread deficiency is a deficiency in which the problems causing the deficiency are pervasive in the facility or represent systemic failure that has affected or has the potential to affect a large portion of the facility's residents. The agency shall indicate the level of seriousness of the deficiency classification on the face of the

notice of deficiencies <u>in accordance with 42 U.S.C. chapter 7.</u>

as follows:

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

- An immediate jeopardy A class I deficiency is a (a) deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility. The condition or practice constituting the a class I violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the agency, is required for correction. An immediate jeopardy A class I deficiency is subject to a civil penalty of \$10,000 for an isolated deficiency, \$12,500 for a patterned deficiency, and \$15,000 for a widespread deficiency. The fine amount shall be doubled for each deficiency if the facility was previously cited for one or more immediate jeopardy or actual harm that is not immediate jeopardy class I or class II deficiencies during the last licensure inspection or any inspection or complaint investigation since the last licensure inspection. A fine must be levied notwithstanding the correction of the deficiency.
- (b) An actual harm that is not immediate jeopardy A class II deficiency is a deficiency that the agency determines has caused actual harm to a resident or residents but does not rise to the level of immediate jeopardy compromised the resident's ability to maintain or reach his or her highest practicable physical, mental, and psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care,

Page 31 of 39

CODING: Words stricken are deletions; words underlined are additions.

869

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891892

893

894

895

896

and provision of services. Such A class II deficiency is subject to a civil penalty of \$2,500 for an isolated deficiency, \$5,000 for a patterned deficiency, and \$7,500 for a widespread deficiency. The fine amount shall be doubled for each deficiency if the facility was previously cited for one or more immediate jeopardy or actual harm that is not immediate jeopardy class I or class II deficiencies during the last licensure inspection or any inspection or complaint investigation since the last licensure inspection. A fine shall be levied notwithstanding the correction of the deficiency.

A class III deficiency that results in no actual harm with the potential for more than minimal harm that is not immediate jeopardy is a deficiency that the agency determines will result in no actual harm to a resident or residents but does have the potential for more than minimal harm but does not rise to the level of immediate jeopardy physical, mental, or psychosocial discomfort to the resident or has the potential to compromise the resident's ability to maintain or reach his or her highest practical physical, mental, or psychosocial wellbeing, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. Such A class III deficiency is subject to a civil penalty of \$1,000 for an isolated deficiency, \$2,000 for a patterned deficiency, and \$3,000 for a widespread deficiency. The fine amount shall be doubled for each deficiency if the facility was previously cited for one or more immediate jeopardy or actual harm that is not immediate jeopardy class I or class II deficiencies during the last licensure inspection or any inspection or complaint

investigation since the last licensure inspection. A citation for this level of a class III deficiency must specify the time within which the deficiency is required to be corrected. If the a class III deficiency is corrected within the time specified, a civil penalty may not be imposed.

- (d) A class IV deficiency with no actual harm but with the potential for minimal harm is a deficiency that the agency determines has the potential for causing no more than a minor negative impact on the resident. If the class IV deficiency is isolated, no plan of correction is required.
- Section 19. <u>Section 400.235, Florida Statutes, is</u> repealed.
- Section 20. Subsection (1) of section 408.035, Florida Statutes, is amended to read:

408.035 Review criteria.--

- (1) The agency shall determine the reviewability of applications and shall review applications for certificate-of-need determinations for health care facilities and health services in context with the following criteria, except for general hospitals as defined in s. 395.002:
- (a) The need for the health care facilities and health services being proposed.
- (b) The availability, quality of care, accessibility, and extent of utilization of existing health care facilities and health services in the service district of the applicant.
- (c) The ability of the applicant to provide quality of care and the applicant's record of providing quality of care.
 - (d) The availability of resources, including health

Page 33 of 39

personnel, management personnel, and funds for capital and operating expenditures, for project accomplishment and operation.

- (e) The extent to which the proposed services will enhance access to health care for residents of the service district.
- (f) The immediate and long-term financial feasibility of the proposal.
- (g) The extent to which the proposal will foster competition that promotes quality and cost-effectiveness.
- (h) The costs and methods of the proposed construction, including the costs and methods of energy provision and the availability of alternative, less costly, or more effective methods of construction.
- (i) The applicant's past and proposed provision of health care services to Medicaid patients and the medically indigent.
- (j) The applicant's designation as a Gold Seal Program nursing facility pursuant to s. 400.235, when the applicant is requesting additional nursing home beds at that facility.
- Section 21. Paragraph (k) of subsection (3) of section 408.036, Florida Statutes, is repealed.
- Section 22. <u>Paragraph (d) of subsection (15) of section</u>
 409.912, Florida Statutes, is repealed.
- Section 23. Subsection (3) is added to section 465.017, Florida Statutes, to read:
 - 465.017 Authority to inspect; disposal.--
- (3) Nursing homes that are licensed under part II of chapter 400 and inspected by the Agency for Health Care

 Administration as part of state licensing requirements and

Page 34 of 39

federal certification requirements are exempt from inspection by the department.

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975

976

977

978

979

980

Section 24. Section 633.081, Florida Statutes, is amended to read:

633.081 Inspection of buildings and equipment; orders; firesafety inspection training requirements; certification; disciplinary action. -- The State Fire Marshal and her or his agents shall, at any reasonable hour, when the department has reasonable cause to believe that a violation of this chapter or s. 509.215, or a rule promulgated thereunder, or a minimum firesafety code adopted by a local authority, may exist, inspect any and all buildings and structures which are subject to the requirements of this chapter or s. 509.215 and rules promulgated thereunder. The authority to inspect shall extend to all equipment, vehicles, and chemicals which are located within the premises of any such building or structure. Nursing homes that are licensed under part II of chapter 400 and inspected by the Agency for Health Care Administration as part of state licensing requirements and federal certification requirements are exempt from inspection by the State Fire Marshal and her or his agents if the agency's inspection satisfies inspection requirements of the State Fire Marshal.

(1) Each county, municipality, and special district that has firesafety enforcement responsibilities shall employ or contract with a firesafety inspector. The firesafety inspector must conduct all firesafety inspections that are required by law. The governing body of a county, municipality, or special district that has firesafety enforcement responsibilities may

Page 35 of 39

provide a schedule of fees to pay only the costs of inspections conducted pursuant to this subsection and related administrative expenses. Two or more counties, municipalities, or special districts that have firesafety enforcement responsibilities may jointly employ or contract with a firesafety inspector.

- (2) Every firesafety inspection conducted pursuant to state or local firesafety requirements shall be by a person certified as having met the inspection training requirements set by the State Fire Marshal. Such person shall:
- (a) Be a high school graduate or the equivalent as determined by the department;
- (b) Not have been found guilty of, or having pleaded guilty or nolo contendere to, a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States, or of any state thereof, which involves moral turpitude, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of such cases;
- (c) Have her or his fingerprints on file with the department or with an agency designated by the department;
- (d) Have good moral character as determined by the department;
 - (e) Be at least 18 years of age;
- (f) Have satisfactorily completed the firesafety inspector certification examination as prescribed by the department; and
- (g)1. Have satisfactorily completed, as determined by the department, a firesafety inspector training program of not less than 200 hours established by the department and administered by agencies and institutions approved by the department for the

Page 36 of 39

purpose of providing basic certification training for firesafety inspectors; or

- 2. Have received in another state training which is determined by the department to be at least equivalent to that required by the department for approved firesafety inspector education and training programs in this state.
- (3) Each special state firesafety inspection which is required by law and is conducted by or on behalf of an agency of the state must be performed by an individual who has met the provision of subsection (2), except that the duration of the training program shall not exceed 120 hours of specific training for the type of property that such special state firesafety inspectors are assigned to inspect.
- (4) A firefighter certified pursuant to s. 633.35 may conduct firesafety inspections, under the supervision of a certified firesafety inspector, while on duty as a member of a fire department company conducting inservice firesafety inspections without being certified as a firesafety inspector, if such firefighter has satisfactorily completed an inservice fire department company inspector training program of at least 24 hours' duration as provided by rule of the department.
- (5) Every firesafety inspector or special state firesafety inspector certificate is valid for a period of 3 years from the date of issuance. Renewal of certification shall be subject to the affected person's completing proper application for renewal and meeting all of the requirements for renewal as established under this chapter or by rule promulgated thereunder, which shall include completion of at least 40 hours during the

preceding 3-year period of continuing education as required by the rule of the department or, in lieu thereof, successful passage of an examination as established by the department.

1037

1038

1039

1040

1041

10421043

1044

1045

1046

1047

1048

1049

1050

1051

1052

1053

1054

1055

1056

1057

1058

1059

1060

1061

1062

1063

1064

- (6) The State Fire Marshal may deny, refuse to renew, suspend, or revoke the certificate of a firesafety inspector or special state firesafety inspector if it finds that any of the following grounds exist:
- (a) Any cause for which issuance of a certificate could have been refused had it then existed and been known to the State Fire Marshal.
- (b) Violation of this chapter or any rule or order of the State Fire Marshal.
 - (c) Falsification of records relating to the certificate.
- (d) Having been found guilty of or having pleaded guilty or nolo contendere to a felony, whether or not a judgment of conviction has been entered.
 - (e) Failure to meet any of the renewal requirements.
- (f) Having been convicted of a crime in any jurisdiction which directly relates to the practice of fire code inspection, plan review, or administration.
- (g) Making or filing a report or record that the certificateholder knows to be false, or knowingly inducing another to file a false report or record, or knowingly failing to file a report or record required by state or local law, or knowingly impeding or obstructing such filing, or knowingly inducing another person to impede or obstruct such filing.
- (h) Failing to properly enforce applicable fire codes or permit requirements within this state which the

Page 38 of 39

certificateholder knows are applicable by committing willful misconduct, gross negligence, gross misconduct, repeated negligence, or negligence resulting in a significant danger to life or property.

- (i) Accepting labor, services, or materials at no charge or at a noncompetitive rate from any person who performs work that is under the enforcement authority of the certificateholder and who is not an immediate family member of the certificateholder. For the purpose of this paragraph, the term "immediate family member" means a spouse, child, parent, sibling, grandparent, aunt, uncle, or first cousin of the person or the person's spouse or any person who resides in the primary residence of the certificateholder.
- (7) The department shall provide by rule for the certification of firesafety inspectors.
 - Section 25. This act shall take effect July 1, 2009.

Page 39 of 39