

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 1562

INTRODUCER: Health Regulation Committee and Senator Bennett

SUBJECT: Inspection of domestic violence centers and nursing homes

DATE: March 26, 2009 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Stovall	Wilson	HR	Fav/CS
2.			CF	
3.			HA	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

The committee substitute amends numerous provisions related to the regulation of long-term care facilities, primarily nursing homes. The committee substitute exempts nursing homes that are inspected by the Agency for Health Care Administration (Agency) from routine inspections by the Department of Health (Department) related to the safety and sanitation of the facility, food safety, and the handling of biomedical waste and from inspections by the State Fire Marshal, if the Agency's inspection satisfies inspection requirements of the State Fire Marshal. The committee substitute also exempts domestic violence centers that are monitored and certified by the Department of Children and Family Services (DCF) from inspections by the Department related to the safety and sanitation of the facility and food safety.

The committee substitutes clarifies that any person may file a complaint against a long-term care facility, including an employee of the facility; eliminates references to administrative assessments by the State Ombudsman and local ombudsman councils of long-term care facilities; and reasserts the authority for the ombudsman program to enter a facility pursuant to the Older Americans Act (OAA) to protect residents in the facility.

Terminology related to nursing home deficiencies is correlated with assessment and enforcement factors published by the Centers for Medicare and Medicaid Services (CMS). The committee substitute also eliminates certain Agency reporting requirements associated with the Nursing Home Guide and enables reliance on information posted on the federal Nursing Home Compare website.

This committee substitute substantially amends the following sections of the Florida Statutes: 381.006; 381.0072; 381.0098; 400.0061; 400.0065; 400.0067; 400.0069; 400.0071; 400.0075; 400.19; 400.191; 400.195; 400.23; 465.017; and 633.081.

This committee substitute repeals the following sections of the Florida Statutes: 400.0060(1) and 400.0074.

II. Present Situation:

Organizational Structure

Department of Health

Section 20.43, F.S., creates the Department and requires it to plan and administer its public health programs through its county health departments. The State Surgeon General and State Health Officer is the head of the Department. The Department is responsible for the state's public health system, which is designed to promote, protect, and improve the health of all people in the state. The mission of the state's public health system is to foster the conditions in which people can be healthy, by assessing state and community health needs and priorities through data collection, epidemiologic studies, and community participation; by developing comprehensive public health policies and objectives aimed at improving the health status of people in the state; and by ensuring essential health care and an environment which enhances the health of the individual and the community.

The Department, in carrying out the mission of public health, is to focus attention on identifying, assessing, and controlling the presence and spread of communicable diseases; on monitoring and regulating factors in the environment which may impair the public's health, with particular attention to preventing contamination of drinking water, the air people breathe, and the food people consume; and ensuring availability of and access to preventive and primary health care, including, but not limited to, acute and episodic care, prenatal and postpartum care, child health, family planning, school health, chronic disease prevention, child and adult immunization, dental health, nutrition, and health education and promotion services. The functions of the Department also include: state laboratory and pharmacy services; the state vital statistics system; recruitment, retention, and development of preventive and primary health care professionals and managers; and licensure of health care practitioners.

The Agency for Health Care Administration

The Agency is created in s. 20.42, F.S. The head of the Agency is the Secretary of Health Care Administration. The Agency is the chief health policy and planning entity for the state. It is responsible for health facility licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the certificate-of-need program; the operation of the Florida Center for Health Information

and Policy Analysis; the administration of the Medicaid program; the administration of the contracts with the Florida Healthy Kids Corporation; the certification of health maintenance organizations and prepaid health clinics; and other duties prescribed by statute or agreement.

Fire Prevention and Control

Pursuant to ch. 633, F.S., the Chief Financial Officer is designated as State Fire Marshal and, as such, carries out the duties of fire prevention, protection and control through the Division of State Fire Marshal (Division).¹ Under ch. 633, F.S., the Division is authorized to regulate, train and certify fire service personnel; investigate the causes of fires; enforce the arson laws; regulate the installation of fire equipment; conduct fire safety inspections of state property; develop fire safety standards; provide facilities for the analysis of fire debris; and operate the Florida State Fire College.

Interagency Agreements

Section 20.57, F.S., provides that the Governor shall direct any department, the head of which is an officer or board appointed by and serving at the pleasure of the Governor, to enter into an interagency agreement that will eliminate duplication of inspections among the departments that inspect the same type of facility or structure. The agreement must:

- Authorize agents of one department to conduct inspections required to be performed by another department;
- Specify that agents of the department conducting the inspection have all powers relative to the inspection as the agents of the department on whose behalf the inspection is being conducted;
- Require that agents of the department conducting the inspection have sufficient knowledge of statutory and administrative inspection requirements to conduct a proper inspection;
- Specify that the departments which have entered into the agreement may neither charge or accept any funds with respect to duties performed under the agreement which are in excess of the direct costs of conducting such inspection.

Before taking effect, the agreement must be approved by the Governor. Inspections conducted under an agreement are deemed sufficient for enforcement purposes pursuant to the agreement or as otherwise provided by law.

The Governor is required to report annually to the President of the Senate and the Speaker of the House of Representatives on each interagency agreement, describing the duplication eliminated, providing data that measures the effectiveness of inspections conducted under the interagency agreement, and estimating the cost savings that have resulted from the agreement. The report is also to describe obstacles encountered by any department in attempting to develop an interagency agreement and in performing duties resulting from an interagency agreement and recommend appropriate remedial legislative action.

¹ The head of the Department of Financial Services (DFS) is the Chief Financial Officer. The Division of State Fire Marshal is located within the DFS.

Inspections by the Department

Group-care facilities

Currently, the Department does not perform group-care inspections at nursing homes since these types of providers are not listed in s. 381.006(16), F.S. Nursing homes were intentionally omitted from that listing² when the law was enacted in 1999. The Department conducts annual inspections under this authority of domestic violence centers.

Food Services

The Department currently regulates all food hygiene standards in nursing homes licensed by the Agency using rule chapter 64E-11, F.A.C. These rules are based on the most recent U.S. Food and Drug Administration (FDA) Federal Food Code at the time of adoption. Nursing home kitchens are issued a sanitation certificate annually to operate their food service kitchens. Routine inspections are conducted quarterly to ensure that the health of residents is protected and the establishments are in compliance with the food safety, sanitation, and health standards. This complies with the FDA's inspection frequency standards, which recommends that nursing home food operations be inspected four times per year. The Department has only certified environmental health professionals (by state examination) or registered sanitarians (by national examination) performing the inspections. All food service inspectors are also required to successfully complete a prerequisite course curriculum prior to performing independent inspection, which is also consistent with the FDA's recommendations. The Department inspects domestic violence centers for compliance with food safety, sanitation, and health standards twice per year.

Biomedical waste

Approximately 900 nursing homes have biomedical waste permits issued by county health departments. Inspections ensure compliance with current standards for proper segregation, packaging, storage, transportation, and treatment of biomedical waste to minimize the risk of accidental needle sticks, inappropriate disposal of blood and blood-saturated materials, and other circumstances that could expose residents, staff, and the general public to bloodborne pathogens. By rule, staff who conducts biomedical waste inspections must attend annual training that is approved by the Department.

Nursing Homes

Nursing homes are licensed and regulated by the Agency under part II of ch. 400, F.S., part II of ch. 408, F.S., and rule chapter 59A-4, F.A.C. Nursing homes provide long term and sub-acute care to persons in need of 24-hour nursing services or significant supportive services. Nursing home residents are generally frail, physically and psychosocially compromised, heavily dependent upon others for basic care and sustenance, and in some cases near the end of their lives. When residents live in an environment where they are totally dependent on others, they are especially vulnerable to abuse, neglect, and exploitation.

The quality of care and quality of life for residents of nursing homes have been a concern for decades. Nursing home regulation has evolved over the past 20 years at the state and federal

² Department of Health Bill Analysis, Economic Statement and Fiscal Note for SB 1562, dated March 3, 2009.

levels. In February 2001, the Committee on Health, Aging and Long-Term Care in the Florida Senate published Interim Project Report 2001-025, *Long-Term Care Affordability and Availability*.³ This report lays out the historical landscape and challenges of long-term care in Florida as it existed in the early part of this decade. Generally, the nursing home system in Florida was near crisis with increasing litigation and adverse judgments, spiraling liability insurance premiums or the inability to obtain liability coverage from regulated carriers, financial instability of nursing homes, and concerns regarding the quality of care that patients were receiving and prospective care based on increasingly more complex resident needs. Chapter 2001-45, Laws of Florida (L.O.F.), stemming in part from the Interim Project Report 2001-025, represented a significant overhaul of the long-term care system in Florida.

Nursing Home Licensure Status

At least every 15 months, the Agency is required by s. 400.23(7), F.S., to evaluate all nursing home facilities and make a determination as to the degree of compliance by each licensee with the established rules adopted under part II of ch. 400, F.S., as a basis for assigning a licensure status to that facility. The Agency bases its evaluation on the most recent inspection report, taking into consideration findings from other official reports, surveys, interviews, investigations, and inspections. The Agency also considers the needs and limitations of residents in the facility and the results of interviews and surveys of a representative sampling of residents, families or 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.

The licensure status assigned may be standard or conditional. A standard licensure status means that a facility has no Class I or Class II deficiencies and has corrected all Class III deficiencies within the time established by the Agency. A conditional licensure status means that a facility, 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 in law or rule. If a conditional licensee has no Class I, Class II, or Class III deficiencies at the time of the follow-up survey, a standard licensure status may be assigned.

Deficiencies are classified according to the nature and scope of the deficiency as follows⁴:

- Class I is a deficiency that the Agency determines presents a situation in which immediate corrective action is necessary because the facility's noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility.
- Class II is a deficiency that the Agency determines has compromised a 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, and provision of services.
- Class III is a deficiency that the Agency determines will result in no more than minimal physical, mental, or psychosocial discomfort to a resident or has the potential to compromise

³ The Florida Senate Interim Project Report 2001-025, *Long-Term Care Affordability and Availability*, may be found at <http://www.flsenate.gov/data/Publications/2001/Senate/reports/interim_reports/pdf/2001-025hc.pdf> (Last visited on March 16, 2009).

⁴ s. 400.23, F.S.

a resident's ability to maintain or reach his or her highest practical physical, mental, or psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.

- Class IV is a deficiency that the Agency determines has the potential for causing no more than a minor negative impact on a resident.

Deficiency Rating System of CMS

The CMS enforcement remedies for nursing homes are found in the State Operations Manual, Chapter 7, section 7400.⁵ The CMS or the Agency may impose one or more remedies in addition to, or instead of, termination of the provider agreement when the Agency or CMS finds that a facility is out of compliance with federal participation requirements. The seriousness of the deficiency is assessed first and then it is correlated with specific categories of enforcement responses. A matrix is provided in the manual to assist in this correlation effort. The deficiency is assessed according to the following factors:

- No actual harm with a potential for minimal harm;
- No actual harm with a potential for more than minimal harm but not immediate jeopardy;
- Actual harm that is not immediate jeopardy; or
- Immediate jeopardy to resident health or safety.

And, whether deficiencies:

- Are isolated;
- Constitute a pattern; or
- Are widespread.

Once the seriousness of the deficiencies is determined, and the decision is made to impose remedies instead of, or in addition to, termination, the regional office, or the Agency, or both, must select one or more remedies from the remedy category associated with the specific level of noncompliance. The remedy category to be applied against facility noncompliance is determined by the most serious deficiencies identified, and additional factors may be considered.

The State Operations Manual provides additional factors that may be considered to assist in determining which or how many remedies to impose within the available remedy categories for particular levels of noncompliance. These additional factors include:

- The relationship of one deficiency to other deficiencies;
- The facility's prior history of noncompliance in general, and specifically with reference to the cited deficiencies; and
- The likelihood that the selected remedy(ies) will achieve correction and continued compliance.

⁵ The CMS State Operations Manual, Chapter 7 may be viewed at:
<<http://www.cms.hhs.gov/manuals/downloads/som107c07.pdf>> (Last visited on March 16, 2009).

Long-Term Care Ombudsman Program⁶

The federal OAA requires each state to create a long-term care ombudsman program to be eligible to receive funding associated with programs under the OAA.⁷ In Florida, the program is a statewide, volunteer-based system of district councils that protect, defend and advocate on behalf of long-term care facility residents, generally residents in nursing homes, assisted living facilities, and adult family-care homes. The program is administered by the Department of Elder Affairs, under the direction of the State Long-Term Care Ombudsman. There are 17 district councils. The program is supported with both federal and state funding.

Currently, Florida has 415 volunteer long-term care ombudsmen. During the 2007-2008 fiscal year, ombudsmen completed a total of 3,932 administrative assessments statewide, reflecting 100 percent of the licensed long-term care facilities in Florida. In addition, the long-term care ombudsmen completed a total of 7,758 complaint investigations. Under s. 400.0073, F.S., a local council shall investigate any complaint of a resident, a representative of a resident, or any other credible source. A single complaint may affect multiple residents and according to data gathered throughout the year, the program served 183,354 residents from October 2007 – September 2008 through complaint investigations. During fiscal year 2007-2008, the program's volunteers donated more than 99,000 hours of service, saving the state \$1.7 million.

The administrative assessment process reviews conditions in a nursing home from a resident's perspective, focusing on conditions that impact the health, safety, welfare and rights of residents with the purpose of noting needed improvement and making recommendations to enhance the quality of life for the residents. Section 400.0074, F.S., requires, to the extent possible and reasonable, that administrative assessments not duplicate the efforts of Agency surveys and inspections conducted of nursing homes, assisted living facilities, and adult family-care homes.

Assisted Living Facilities

An assisted living facility (ALF) provides housing, meals, personal care services, and supportive services to older persons and disabled adults who are unable to live independently. ALFs are intended to be an alternative to more restrictive, institutional settings for individuals who need housing and supportive services, but who do not need 24-hour nursing supervision. Generally, an ALF provides supervision, assistance with personal care services, such as bathing, dressing, eating, and assistance with or administration of medications. ALFs are licensed and regulated by the Agency under part I of ch. 429, F.S., part II of ch. 408, F.S., and Chapter 59A-5, F.A.C. An ALF may be operated for profit or not-for-profit.

Adult Family-Care Homes

An adult family-care home is a full-time family-type living arrangement, in a private home, under which a person who owns or rents the home provides room, board, and personal care, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives. The adult family-care home provider must live in the home. Adult family-care homes are licensed and regulated under part II of ch. 429, F.S., part II of ch. 408, F.S., and Chapter 58A-14, F.A.C.,

⁶ Department of Elder Affairs 2009 Legislative Bill Analysis for SB 1562.

⁷ Title 42, Chapter 35, Subchapter XI, Part A, Subpart ii, Section 3058.

unless the person who owns or rents the home provides room, board, and personal services for not more than two adults who do not receive optional state supplementation, or for only his or her relatives. A frail elder is a functionally impaired person who is 60 years of age or older and who has physical or mental limitations that restrict the person's ability to perform the normal activities of daily living and impede the person's capacity to live independently.

Domestic Violence Centers

Domestic violence centers are community-based agencies that provide services to adult victims of domestic violence and their children. Minimum services include temporary emergency shelter; information and referrals; safety planning, counseling and case management; a 24-hour emergency hotline; educational services for community awareness; assessment and appropriate referral of resident children; and training for law enforcement and other professionals.⁸ Domestic violence centers are regulated under ch. 39, F.S., and rule chapter 65H-1, F.A.C., by the DCF. Rule 65H-1.003, F.A.C., provides the standards for certification of domestic violence centers and section (3) of that rule addresses physical plant requirements. Centers are required to meet county and municipal building code enforcement requirements, have an annual fire inspection, have an annual sanitation inspection, and otherwise take precautionary measures to ensure the physical safety of residents. As of March 19, 2008, there were 42 certified domestic violence centers in the state.⁹

Fire Safety Inspections

When inspecting a federally certified nursing home, the Agency monitors fire and life-safety compliance with federal regulations. The standard for certification defined by the CMS is the 2000 edition of the Life Safety Code NFPA 101. The Agency, as well as the Fire Marshal, represented by the local authorities, use the Life Safety Code as adopted by the State Fire Marshal rule 69A-3012, F.A.C., and s. 633.022, F.S. The review by the local fire inspecting authority as the agency of the State Fire Marshal includes an inspection under the 2006 edition of the Life Safety Code NFPA 101, inspection for issues that are unique to each county or city, and the development of a fire plan that is used by the local fire fighting authority for a fire response in the building.¹⁰

III. Effect of Proposed Changes:

Section 1. Amends s. 381.006, F.S., to exempt licensed nursing homes that are inspected by the Agency from routine inspection, and associated fees, by the Department under the authority granted to the office of environmental health to protect the safety and health of residents, staff, or patrons of group-care facilities. Domestic violence centers that are certified and monitored by the DCF are exempted from inspections under the group-care facilities program conducted by the Department, except as provided in administrative rules.

⁸ Department of Children and Family Services website found at: < <http://www.dcf.state.fl.us/domesticviolence/about.shtml> > (Last visited on March 26, 2009).

⁹ Florida Coalition Against Domestic Violence <<http://www.fcadv.org/centers.php>> (Last visited on March 26, 2009).

¹⁰ Agency for Health Care Administration 2009 Bill Analysis and Economic Impact Statement for SB 1562.

Section 2. Amends s. 381.0072, F.S., to exempt licensed nursing homes that are inspected by the Agency from routine inspection, and associated fees, by the Department for compliance with food safety and sanitation standards. The committee substitute provides that domestic violence centers that are certified and monitored by the DCF are not food service establishments and are exempt from inspection by the Department.

Section 3. Amends s. 381.0098, F.S., to exempt licensed nursing homes that are inspected by the Agency from routine inspection, and associated fees, by the Department for compliance with the rules related to biomedical waste.

Section 4. Repeals s. 400.0060(1), F.S., to remove the definition of “administrative assessment” from defined terms related to the long-term care ombudsman program to conform to the committee substitute.

Section 5. Amends s. 400.0061, F.S., to delete from the statement of legislative intent the reference to onsite administrative assessments of long-term care facilities under the ombudsman program and provide that the ombudsman is not precluding from entering a facility pursuant to the OAA in order to provide services to protect the health, safety, welfare and rights of residents while ensuring that residents have regular and timely access to representatives of the ombudsman program.

Section 6. Amends s. 400.0065, F.S., to authorize the Office of State Long-Term Care Ombudsman to identify, investigate, and resolve complaints made on behalf of residents of long-term care facilities, regardless of the person who makes the complaint, including an employee of a long-term care facility.

Section 7. Amends s. 400.0067, F.S., to authorize the State Long-Term Care Ombudsman Council to assist the ombudsman in eliciting, receiving, responding to, and resolving complaints made on behalf of residents of long-term care facilities, regardless of the person who makes the complaint, including an employee of a long-term care facility and conform language to the repeal of onsite administrative assessments by the local ombudsman councils.

Section 8. Amends s. 400.0069, F.S., to authorize the local long-term care ombudsman councils to elicit, receive, investigate, respond to, and resolve complaints made on behalf of residents of long-term care facilities, regardless of the person who makes the complaint, including an employee of a long-term care facility, and to conform language to the repeal of onsite administrative assessments by the local ombudsman councils.

Section 9. Amends s. 400.0071, F.S., to provide for rulemaking by the Department of Elderly Affairs to receive complaints against a long-term care facility or an employee of a long-term care facility regardless of who makes the complaint and to conform language to the repeal of the onsite administrative assessments of long-term care facilities.

Section 10. Repeals s. 400.0074, F.S., requiring onsite administrative assessments of nursing homes, assisted living facilities, and adult family-care homes by the local ombudsman council.

Section 11. Amends s. 400.0075, F.S., to remove a reference to onsite administrative assessments with respect to complaint notification and resolution procedures by the ombudsman council.

Section 12. Amends s. 400.19, F.S., to authorize the Agency to inspect nursing homes for compliance with federal requirements.

Section 13. Amends s. 400.191, F.S., related to the availability, distribution, and posting of reports and records. The committee substitute eliminates the requirement for the Agency to publish the Nursing Home Guide, including the Nursing Home Guide Watch List. Nursing homes must have a copy of the facility's page from the federal Nursing Home Compare website which includes the facility's Five-Star Quality Ratings readily available.

Section 14. Amends s. 400.195, F.S., to delete from the annual report that the Agency submits to the Governor and Legislature, information used to develop the Nursing Home Guide Watch List.

Section 15. Amends s. 400.23, F.S., to require the Agency to indicate the classification on the face of the notice of deficiencies in accordance with the terminology in the State Operations Manual, published by the CMS. The committee substitute correlates the state's enforcement language with assessment and enforcement factors in the State Operations Manual.

Section 16. Amends s. 465.017, F.S., to exempt nursing homes that are inspected by the Agency from routine inspections by the Department related to compliance with the nursing home class I institutional pharmacy permit, and related fees.

Section 17. Amends s. 633.081, F.S., to exempt licensed nursing homes that are inspected by the Agency from inspection by the State Fire Marshal if the Agency's inspection satisfies inspection requirements of the State Fire Marshall, based on the State Fire Marshal's determination.

Section 18. Provides an effective date of July 1, 2009.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Unknown.

C. Government Sector Impact:

The Department estimates a cost savings of \$360,000 related to the food hygiene inspections and \$81,634 related to the biomedical waste inspections that will be performed by the Agency. This committee substitute does not alter the permitting/licensing requirement but it does exempt the nursing homes from fees associated with routine inspections by the Department.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Health Regulation Committee on March 25, 2009:**

The CS makes the following substantive changes:

- Exempts nursing homes from the fees associated with Department routine inspections of nursing homes for compliance with food safety and biomedical waste programs;
- Provides within the statement of Legislative intent related to voluntary citizen ombudsman councils that nothing in that section precludes an ombudsman from entering a facility pursuant to the OAA to provide services to protect the health, safety, welfare, and right of residents;
- Eliminates the changes related to denial, suspension, or revocation of a nursing home license;
- Reinstates the requirement for a survey every 6 months for the next 2 years for certain cited deficiencies and the authority for the Agency to verify certain corrective action based on written documentation;
- Reinstates certain reporting requirements by the Agency to make information available to the public about licensed nursing homes and by nursing homes to make records of any inspections available to the public and make any relevant records available to the Agency;

- Requires a nursing home to have readily available a copy of its page from the federal Nursing Home Compare website which includes the facility's Five-Star Quality Ratings;
- Reinstates the qualifications for a standard licensure status and conditional licensure status;
- Reinstates the classes of deficiencies and substitutes enforcement language that coincides with the State Operations Manual published by the CMS;
- Does not repeal the nursing home Gold Seal Program or the CARES new admission review component; and
- Exempts nursing homes that are inspected by the Agency from routine inspections by the Department related to compliance with the nursing home class I institutional pharmacy permit, and related fees.

B. Amendments:

None.