CS for SB 1458

By the Committee on Health Regulation; and Senator Garcia

A bill to be entitled

588-03820A-11

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2 An act relating to assisted care communities; amending 3 s. 400.141, F.S.; deleting adult care communities from 4 the standards and rules of the Agency for Health Care 5 Administration which apply to registered pharmacists 6 under contract with a nursing home and related health 7 care facilities; amending s. 408.820, F.S.; providing 8 that assisted living facilities are exempt from 9 certain provisions authorizing the agency to impose administrative fines for violations of laws and 10 11 applicable rules; amending s. 409.912, F.S.; requiring 12 the agency to provide for the establishment of a 13 demonstration project for a psychiatric facility in 14 Miami-Dade County; amending s. 429.01, F.S.; revising 15 legislative intent and the purposes of the Assisted 16 Living Facilities Act; amending s. 429.02, F.S.; providing, revising, and deleting definitions; 17 amending s. 429.04, F.S.; deleting provisions 18 exempting a home health agency from licensure as an 19 assisted living facility under certain circumstances; 20 21 amending s. 429.07, F.S.; deleting limited nursing 22 services as a category of care in which the agency may 23 issue a license; revising the criteria and 24 requirements for categories of care in which the agency may issue a license; revising the licensing 25 26 fees; requiring the agency to conduct a survey to 27 determine whether a facility must be monitored; 28 providing that certain cited assisted living 29 facilities are subject to unannounced monitoring

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30 activities; providing for a registered nurse to participate in monitoring visits within a certain time 31 32 following a class I or class II violation involving 33 nursing care; amending s. 429.08, F.S.; requiring 34 emergency medical technicians or paramedics to report 35 the operations of an unlicensed assisted living 36 facility; amending s. 429.11, F.S.; requiring the 37 Agency for Health Care Administration to develop an abbreviated form for submission of proof of financial 38 ability to operate an assisted living facility; 39 40 amending s. 429.12, F.S.; deleting the provision that 41 requires a transferor of an assisted living facility 42 to advise the transferee that a plan of correction 43 must be submitted by the transferee and approved by 44 the agency within a specified period; amending s. 45 429.14, F.S.; deleting a provision that authorizes the agency to impose an administrative penalty due to the 46 actions of a facility's employee; revising the actions 47 for which the agency may impose an administrative 48 penalty; conforming a provision to changes made by the 49 50 act; deleting the provision that authorizes the agency 51 to revoke or deny the license of an assisted living 52 facility that has certain class I violations; deleting 53 a provisions that requires the agency to provide to the Division of Hotels and Restaurants of the 54 55 Department of Business and Professional Regulation a 56 monthly list of assisted living facilities that have 57 had their licenses denied, suspended, or revoked; 58 amending s. 429.17, F.S.; conforming provisions to

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59	changes made by the act; revising requirements for a
60	conditional license; amending s. 429.178, F.S.;
61	providing safety requirements for facilities serving
62	persons with Alzheimer's disease or other related
63	disorders; deleting a provision relating to a
64	facility's responsibility for the payment of certain
65	training and education programs; amending s. 429.19,
66	F.S.; revising procedures for the Agency for Health
67	Care Administration regarding the imposition of fines
68	for violations of ch. 429, F.S., related to adult care
69	communities; specifying the conditions or occurrences
70	that constitute a class I, class II, class III, or
71	class IV violation; amending s. 429.195, F.S.;
72	prohibiting the licensee of an assisted living
73	facility from contracting or promising to pay or
74	receive any commission, bonus, kickback, or rebate or
75	from engaging in any split-fee arrangement with any
76	health care provider or health care facility;
77	providing certain exceptions; amending s. 429.20,
78	F.S.; prohibiting the solicitation of contributions of
79	any kind in a threatening, coercive, or unduly
80	forceful manner by or on behalf of an assisted living
81	facility; deleting provisions specifying that the
82	solicitation or receipt of contributions is grounds
83	for denial, suspension, or revocation of a license for
84	an assisted living facility; amending s. 429.23, F.S.;
85	revising reporting requirements with respect to
86	adverse incidents; amending s. 429.255, F.S.;
87	permitting certain licensed persons to provide limited

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88	nursing services; deleting the provision that allows
89	volunteers to perform duties within the scope of their
90	license or certification in facilities that are
91	licensed to provide extended congregate care; amending
92	s. 429.256, F.S.; authorizing a facility to require
93	certain dispensing systems for residents'
94	prescriptions; revising criteria for assistance with
95	self-administration of medication; amending s. 429.26,
96	F.S.; removing a requirement that a facility notify a
97	licensed physician when a resident exhibits certain
98	signs of dementia, cognitive impairment, or change of
99	condition; amending s. 429.27, F.S.; revising
100	provisions relating to the property and personal
101	effects of residents of a facility; requiring a
102	facility's licensee, owner, administrator, staff, or
103	representative to execute a surety bond for each
104	resident for whom power of attorney has been granted
105	to the licensee, owner, administrator, or staff;
106	deleting the provision that requires a governmental
107	agency or private charitable agency to receive a
108	statement of all funds and other property of a
109	resident; deleting a provision that prohibits an
110	administrator of a facility from levying an additional
111	charge to the individual or the account for any
112	supplies or services that the facility has agreed by
113	contract to provide; repealing s. 429.275(4), F.S.,
114	relating to rulemaking authority of the Department of
115	Elderly Affairs over financial records, personnel
116	procedures, accounting procedures, reporting

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588-03820A-11 20111458c1 117 procedures, and insurance coverage for residents of assisted living facilities; amending s. 429.28, F.S., 118 119 relating to the resident bill of rights; revising the 120 number of days' notice for relocation or termination 121 of residency at a facility; removing responsibilities 122 of the agency for conducting compliance surveys and 123 complaint investigations; revising the actions of a 124 person for which a staff member or employee of a 125 facility is prohibited from taking retaliatory action 126 upon; prohibiting the administrator of a facility from 127 terminating the residency of an individual under 128 certain circumstances; amending s. 429.41, F.S.; 129 revising rulemaking authority regarding resident care 130 and maintenance of facilities; requiring the State 131 Fire Marshal, in cooperation with the agency, to 132 establish and enforce firesafety standards; deleting 133 the requirement for a facility to conduct a minimum 134 number of resident elopement drills; requiring the agency to use an abbreviated biennial standard 135 136 licensure inspection; requiring the agency, in 137 consultation with the Department of Health, to 138 develop, maintain, and update the key quality-of-care 139 standards with input from the State Long-Term Care 140 Ombudsman Council and representatives of associations 141 and organizations representing assisted living 142 facilities; amending s. 429.42, F.S.; removing a 143 provision that required a corrective plan for 144 deficiencies related to assistance with the self-145 administration of medication or the administration of

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146	medication; deleting a requirement that the agency
147	employ a certain number of pharmacists among its
148	personnel who inspect assisted living facilities;
149	amending s. 429.445, F.S.; removing a requirement that
150	an assisted living facility submit certain information
151	to the agency before commencing construction to expand
152	the facility; amending s. 429.47, F.S.; authorizing an
153	owner of an assisted living facility to advertise to
154	the public while the facility is under construction or
155	is seeking licensure; deleting a provision that
156	prohibits a freestanding facility from advertising or
157	implying that any part of it is a nursing home;
158	amending s. 429.49, F.S.; conforming terminology to
159	changes made by the act; amending s. 429.52, F.S.;
160	revising training and education requirements for
161	certain administrators, facility staff, and other
162	licensed professionals; requiring training providers
163	certified by the department to meet continuing
164	education requirements and standards; providing
165	conditions for the sanctioning of training providers
166	and trainees; amending s. 429.53, F.S.; removing
167	provisions relating to preconstruction approvals and
168	reviews and agency consultations; repealing s. 429.54,
169	F.S., relating to the collection of information
170	regarding the actual cost of providing services in
171	assisted living facilities and local subsidies;
172	amending s. 429.71, F.S.; clarifying terminology;
173	removing a provision authorizing the agency to request
174	a plan to remedy violations by adult family-care

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175	homes; conforming terminology to changes made by the
176	act; amending s. 429.81, F.S.; specifying that
177	residency agreements require a resident to provide 30
178	days' written notice of intent to terminate his or her
179	residency; creating s. 430.081, F.S.; authorizing the
180	Department of Elderly Affairs to sanction training
181	providers and trainees for infractions involving any
182	required training; providing training infractions;
183	providing sanctions; amending s. 817.505, F.S.;
184	providing that payments by an assisted living facility
185	are not considered patient brokering under certain
186	circumstances; providing that licensure fees adjusted
187	by consumer price index increases prior to the
188	effective date of the act are not intended to be reset
189	by the act and may continue to accrue as authorized by
190	law; providing an effective date.
191	
192	Be It Enacted by the Legislature of the State of Florida:
193	
194	Section 1. Paragraph (d) of subsection (1) of section
195	400.141, Florida Statutes, is amended to read:
196	400.141 Administration and management of nursing home
197	facilities
198	(1) Every licensed facility shall comply with all
199	applicable standards and rules of the agency and shall:
200	(d) Provide for resident use of a community pharmacy as
201	specified in s. 400.022(1)(q). Any other law to the contrary
202	notwithstanding, a registered pharmacist licensed in Florida,
203	that is under contract with a facility licensed under this

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588-03820A-11 20111458c1 204 chapter or chapter 429, shall repackage a nursing facility 205 resident's bulk prescription medication which has been packaged 206 by another pharmacist licensed in any state in the United States 207 into a unit dose system compatible with the system used by the 208 nursing facility, if the pharmacist is requested to offer such 209 service. In order to be eligible for the repackaging, a resident 210 or the resident's spouse must receive prescription medication 211 benefits provided through a former employer as part of his or her retirement benefits, a qualified pension plan as specified 212 213 in s. 4972 of the Internal Revenue Code, a federal retirement 214 program as specified under 5 C.F.R. s. 831, or a long-term care 215 policy as defined in s. 627.9404(1). A pharmacist who correctly 216 repackages and relabels the medication and the nursing facility 217 which correctly administers such repackaged medication under 218 this paragraph may not be held liable in any civil or 219 administrative action arising from the repackaging. In order to 220 be eligible for the repackaging, a nursing facility resident for 221 whom the medication is to be repackaged shall sign an informed 222 consent form provided by the facility which includes an 223 explanation of the repackaging process and which notifies the 224 resident of the immunities from liability provided in this 225 paragraph. A pharmacist who repackages and relabels prescription 226 medications, as authorized under this paragraph, may charge a 227 reasonable fee for costs resulting from the administration implementation of this provision. 228 229

229 Section 2. Subsection (13) of section 408.820, Florida 230 Statutes, is amended to read:

408.820 Exemptions.-Except as prescribed in authorizing
statutes, the following exemptions shall apply to specified

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     requirements of this part:
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           (13) Assisted living facilities, as provided under part I
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     of chapter 429, are exempt from ss. s. 408.810(10) and
236
     408.813(2).
          Section 3. Subsection (41) of section 409.912, Florida
237
238
     Statutes, is amended to read:
239
          409.912 Cost-effective purchasing of health care.-The
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     agency shall purchase goods and services for Medicaid recipients
     in the most cost-effective manner consistent with the delivery
241
242
     of quality medical care. To ensure that medical services are
243
     effectively utilized, the agency may, in any case, require a
244
     confirmation or second physician's opinion of the correct
245
     diagnosis for purposes of authorizing future services under the
246
     Medicaid program. This section does not restrict access to
247
     emergency services or poststabilization care services as defined
248
     in 42 C.F.R. part 438.114. Such confirmation or second opinion
249
     shall be rendered in a manner approved by the agency. The agency
250
     shall maximize the use of prepaid per capita and prepaid
251
     aggregate fixed-sum basis services when appropriate and other
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     alternative service delivery and reimbursement methodologies,
253
     including competitive bidding pursuant to s. 287.057, designed
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     to facilitate the cost-effective purchase of a case-managed
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     continuum of care. The agency shall also require providers to
     minimize the exposure of recipients to the need for acute
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257
     inpatient, custodial, and other institutional care and the
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     inappropriate or unnecessary use of high-cost services. The
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     agency shall contract with a vendor to monitor and evaluate the
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261 trends that are outside the normal practice patterns of a

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clinical practice patterns of providers in order to identify

588-03820A-11 20111458c1 262 provider's professional peers or the national guidelines of a 263 provider's professional association. The vendor must be able to 264 provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, 265 266 to improve patient care and reduce inappropriate utilization. 267 The agency may mandate prior authorization, drug therapy 268 management, or disease management participation for certain 269 populations of Medicaid beneficiaries, certain drug classes, or 270 particular drugs to prevent fraud, abuse, overuse, and possible 271 dangerous drug interactions. The Pharmaceutical and Therapeutics 272 Committee shall make recommendations to the agency on drugs for 273 which prior authorization is required. The agency shall inform 274 the Pharmaceutical and Therapeutics Committee of its decisions 275 regarding drugs subject to prior authorization. The agency is 276 authorized to limit the entities it contracts with or enrolls as 277 Medicaid providers by developing a provider network through 278 provider credentialing. The agency may competitively bid single-279 source-provider contracts if procurement of goods or services 280 results in demonstrated cost savings to the state without 281 limiting access to care. The agency may limit its network based 2.82 on the assessment of beneficiary access to care, provider 283 availability, provider quality standards, time and distance standards for access to care, the cultural competence of the 284 285 provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, 286 287 appointment wait times, beneficiary use of services, provider 288 turnover, provider profiling, provider licensure history, 289 previous program integrity investigations and findings, peer 290 review, provider Medicaid policy and billing compliance records,

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588-03820A-11 20111458c1 291 clinical and medical record audits, and other factors. Providers 292 shall not be entitled to enrollment in the Medicaid provider 293 network. The agency shall determine instances in which allowing 294 Medicaid beneficiaries to purchase durable medical equipment and 295 other goods is less expensive to the Medicaid program than long-296 term rental of the equipment or goods. The agency may establish 297 rules to facilitate purchases in lieu of long-term rentals in 298 order to protect against fraud and abuse in the Medicaid program 299 as defined in s. 409.913. The agency may seek federal waivers 300 necessary to administer these policies.

301 (41) The agency shall establish provide for the development 302 of a demonstration project by establishment in Miami-Dade County 303 of a long-term-care facility and a psychiatric facility licensed 304 pursuant to chapter 395 to improve access to health care for a 305 predominantly minority, medically underserved, and medically 306 complex population and to evaluate alternatives to nursing home 307 care and general acute care for such population. Such project is 308 to be located in a health care condominium and collocated 309 colocated with licensed facilities providing a continuum of 310 care. These projects are The establishment of this project is not subject to the provisions of s. 408.036 or s. 408.039. 311

312 Section 4. Subsection (2) of section 429.01, Florida 313 Statutes, is amended to read:

314 315 429.01 Short title; purpose.-

(2) The purpose of this act is to:

316 <u>(a)</u> Promote the availability of appropriate services for 317 elderly persons and adults with disabilities in the least 318 restrictive and most homelike environment; to

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(b) Encourage the development of facilities that promote

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320	the dignity, individuality, privacy, and decisionmaking ability
321	of such persons ;, to
322	(c) Provide for the health, safety, and welfare of
323	residents of assisted living facilities in the state $rac{j}{t}$ to
324	(d) Promote continued improvement of such facilities: $_{i au}$ to
325	encourage the development of innovative and affordable
326	facilities particularly for persons with low to moderate
327	incomes <u>;</u> , to
328	(e) Ensure that all agencies of the state cooperate in the
329	protection of such residents: \overline{t} and \overline{to}
330	(f) Ensure that needed economic, social, mental health,
331	health, and leisure services are made available to residents of
332	such facilities through the efforts of the Agency for Health
333	Care Administration, the Department of Elderly Affairs, the
334	Department of Children and Family Services, the Department of
335	Health, assisted living facilities, and other community
336	agencies.
337	
338	To the maximum extent possible, appropriate community-based
339	programs must be available to state-supported residents to
340	augment the services provided in assisted living facilities. The
341	Legislature recognizes that assisted living facilities are an
342	important part of the continuum of long-term care in the state
343	as community-based social models that have a health component
344	and not as medical or nursing facilities. In support of the goal
345	of aging in place, the Legislature further recognizes that
346	assisted living facilities should be operated and regulated as
347	residential environments with supportive services and not as
348	medical or nursing facilities and, as such, should not be

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349	subject to the same regulations as medical or nursing facilities
350	but instead be regulated in a less restrictive manner that is
351	appropriate for a residential, nonmedical setting. The services
352	available in these facilities, either directly or through
353	contract or agreement, are intended to help residents remain as
354	independent as possible. Regulations governing these facilities
355	must be sufficiently flexible to allow facilities to adopt
356	policies that enable residents to age in place when resources
357	are available to meet their needs and accommodate their
358	preferences.
359	Section 5. Section 429.02, Florida Statutes, is amended to
360	read:
361	429.02 DefinitionsWhen used in this part, the term:
362	(1) "Activities of daily living" means functions and tasks
363	for self-care, including ambulation, bathing, dressing, eating,
364	grooming, and toileting, and other similar tasks.
365	(2) "Administrator" means an individual at least 21 years
366	of age who is responsible for the operation and maintenance of
367	an assisted living facility; for promoting the resident's
368	dignity, autonomy, independence, and privacy in the least
369	restrictive and most homelike setting consistent with the
370	resident's preferences and physical and mental statuses; and for
371	ensuring the appropriateness of continued placement of a
372	resident, in consultation with the resident, resident's
373	representative or designee, if applicable, and the resident's
374	physician.
375	(3) "Agency" means the Agency for Health Care
376	Administration.
377	(4) "Aging in place" or "age in place" means the process of

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378	providing increased or adjusted services to a person to
379	compensate for the physical or mental decline that may occur
380	with the aging process, in order to maximize the person's
381	dignity and independence and permit them to remain in a
382	familiar, noninstitutional, residential environment for as long
383	as possible, as determined by the individual, his or her
384	physician, and the administrator. Such services may be provided
385	by facility staff, volunteers, family, or friends, or through
386	contractual arrangements with a third party.
387	(5) "Arbitration" means a process whereby a neutral third
388	person or panel, called an arbitrator or arbitration panel,
389	considers the facts and arguments presented by the parties and
390	renders a decision that may be biding or nonbinding as provided
391	for in chapter 44.
392	(6)(5) "Assisted living facility" means any residential
393	setting that provides, directly or indirectly by means of
394	contracts or arrangements, for a period exceeding 24 hours,
395	building or buildings, section or distinct part of a building,
396	private home, boarding home, home for the aged, or other
397	residential facility, whether operated for profit or not, which
398	undertakes through its ownership or management to provide
399	housing, meals, and one or more personal services that meet the
400	resident's changing needs and preferences for a period exceeding
401	24 hours to one or more adults who are not relatives of the
402	owner or administrator. As used in this subsection, the term
403	"residential setting" includes, but is not limited to, a
404	building or buildings, section or distinct part of a building,
405	private home, or other residence.
406	(7) (6) "Chemical restraint" means a pharmacologic drug that

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588-03820A-11 20111458c1 407 physically limits, restricts, or deprives an individual of 408 movement or mobility, and is used for discipline or convenience 409 and not required for the treatment of medical symptoms. 410 (8) (7) "Community living support plan" means a written 411 document prepared by a mental health resident and the resident's 412 mental health case manager, in consultation with the 413 administrator or the administrator's designee, of an assisted 414 living facility with a limited mental health license or the 415 administrator's designee. A copy must be provided to the 416 administrator. The plan must include information about the 417 supports, services, and special needs of the resident which 418 enable the resident to live in the assisted living facility and a method by which facility staff can recognize and respond to 419 420 the signs and symptoms particular to that resident which 421 indicate the need for professional services. 422 (9) (8) "Cooperative agreement" means a written statement of 423 understanding between a mental health care provider and the 424 administrator of the assisted living facility with a limited 425 mental health license in which a mental health resident is 426 living. The agreement must specify directions for accessing 427 emergency and after-hours care for the mental health resident. A

428 single cooperative agreement may service all mental health 429 residents who are clients of the same mental health care 430 provider.

431 <u>(10)</u> (9) "Department" means the Department of Elderly 432 Affairs.

433 <u>(11) (10)</u> "Emergency" means a situation, physical condition, 434 or method of operation which presents imminent danger of death 435 or serious physical or mental harm to facility residents.

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588-03820A-11 20111458c1 436 (12) (11) "Extended congregate care" means acts beyond those 437 authorized in subsection (19) (16) that may be performed pursuant to part I of chapter 464 by persons licensed thereunder 438 439 while carrying out their professional duties, and other 440 supportive services which may be specified by rule. The purpose of such services is to enable residents to age in place in a 441 442 residential environment despite mental or physical limitations 443 that might otherwise disqualify them from residency in a facility licensed under this part. 444 445 (13) (12) "Guardian" means a person to whom the law has 446 entrusted the custody and control of the person or property, or 447 both, of a person who has been legally adjudged incapacitated. 448 (14) "Licensed facility" means an assisted living facility 449 for which a licensee has been issued a license pursuant to this 450 part and part II of chapter 408. 451 (15) (13) "Limited nursing services" means acts that may be 452 performed pursuant to part I of chapter 464 by persons licensed 453 thereunder while carrying out their professional duties but 454 limited to those acts which the department specifies by rule. 455 Acts which may be specified by rule as allowable limited nursing 456 services shall be for persons who meet the admission criteria 457 established by the department for assisted living facilities and 458 shall not be complex enough to require 24-hour nursing 459 supervision and may include such services as the application and 460 care of routine dressings, and care of casts, braces, and 461 splints.

462 <u>(16)(14)</u> "Managed risk" means the process by which the 463 facility staff discuss the service plan and the needs of the 464 resident with the resident and, if applicable, the resident's

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465	representative or designee or the resident's surrogate,
466	guardian, or attorney in fact, in such a way that the
467	consequences of a decision, including any inherent risk, are
468	explained to all parties and reviewed periodically in
469	conjunction with the service plan, taking into account changes
470	in the resident's status and the ability of the facility to
471	respond accordingly.
472	(17) (15) "Mental health resident" means an individual who
473	receives social security disability income due to a mental
474	disorder as determined by the Social Security Administration or
475	receives supplemental security income due to a mental disorder
476	as determined by the Social Security Administration and receives
477	optional state supplementation.
478	(18) "Person" means any individual, partnership,
479	corporation, association, or governmental unit.
480	(19) (16) "Personal services" means direct physical
481	assistance with or supervision of the activities of daily living
482	and the self-administration of medication and other similar
483	services which the department may define by rule. "Personal
484	services" shall not be construed to mean the provision of
485	medical, nursing, dental, or mental health services.
486	(20) (17) "Physical restraint" means a device which
487	physically limits, restricts, or deprives an individual of
488	movement or mobility, including, but not limited to, a half-bed
489	rail, a full-bed rail, a geriatric chair, and a posey restraint.
490	The term "physical restraint" shall also include any device
491	which was not specifically manufactured as a restraint but which
492	has been altered, arranged, or otherwise used for this purpose.
493	The term shall not include bandage material used for the purpose

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494 of binding a wound or injury.

495 (21) (18) "Relative" means an individual who is the father, 496 mother, stepfather, stepmother, son, daughter, brother, sister, 497 grandmother, grandfather, great-grandmother, great-grandfather, 498 grandson, granddaughter, uncle, aunt, first cousin, nephew, 499 niece, husband, wife, father-in-law, mother-in-law, son-in-law, 500 daughter-in-law, brother-in-law, sister-in-law, stepson, 501 stepdaughter, stepbrother, stepsister, half brother, or half 502 sister of an owner or administrator.

503 <u>(22)</u> (19) "Resident" means a person 18 years of age or 504 older, residing in and receiving care from <u>an assisted living</u> a 505 facility.

506 (23) (20) "Resident's representative or designee" means a 507 person other than the owner, or an agent or employee of the 508 assisted living facility, designated in writing by the resident, 509 if legally competent, to receive notice of changes in the 510 contract executed pursuant to s. 429.24; to receive notice of 511 and to participate in meetings between the resident and the facility owner, administrator, or staff concerning the rights of 512 513 the resident; to assist the resident in contacting the ombudsman 514 council if the resident has a complaint against the facility; or 515 to bring legal action on behalf of the resident pursuant to s. 429.29. 516

517 <u>(24)</u> "Service plan" means a written plan, developed and 518 agreed upon by the resident and, if applicable, the resident's 519 representative or designee or the resident's surrogate, 520 guardian, or attorney in fact, if any, and the administrator or 521 <u>the administrator's</u> designee representing the facility, which 522 addresses the unique physical and psychosocial needs, abilities,

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588-03820A-11 20111458c1 523 and personal preferences of each resident receiving extended 524 congregate care services. The plan shall include a brief written 525 description, in easily understood language, of what services 526 shall be provided, who shall provide the services, when the 527 services shall be rendered, and the purposes and benefits of the 528 services. 529 (25) (22) "Shared responsibility" means exploring the

530 options available to a resident within a facility and the risks involved with each option when making decisions pertaining to 531 532 the resident's abilities, preferences, and service needs, 533 thereby enabling the resident and, if applicable, the resident's 534 representative or designee, or the resident's surrogate, 535 guardian, or attorney in fact, and the facility to develop a 536 service plan which best meets the resident's needs and seeks to 537 improve the resident's quality of life.

538 <u>(26)(23)</u> "Supervision" means reminding residents to engage 539 in activities of daily living and the self-administration of 540 medication, and, when necessary, observing or providing verbal 541 cuing to residents while they perform these activities. <u>The term</u> 542 <u>"supervision" does not include one-on-one observation.</u>

543 <u>(27)(24)</u> "Supplemental security income," Title XVI of the 544 Social Security Act, means a program through which the Federal 545 Government guarantees a minimum monthly income to every person 546 who is age 65 or older, or disabled, or blind and meets the 547 income and asset requirements.

548 <u>(28)</u> (25) "Supportive services" means services designed to 549 encourage and assist <u>residents</u> aged persons or adults with 550 disabilities to remain in the least restrictive living 551 environment and to maintain their independence as long as

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552 possible.

553 (29) (26) "Twenty-four-hour nursing supervision" means 554 services that are ordered by a physician for a resident whose 555 condition requires the supervision of a physician and continued 556 monitoring of vital signs and physical status. Such services 557 shall be: medically complex enough to require constant 558 supervision, assessment, planning, or intervention by a nurse; 559 required to be performed by or under the direct supervision of 560 licensed nursing personnel or other professional personnel for 561 safe and effective performance; required on a daily basis; and 562 consistent with the nature and severity of the resident's 563 condition or the disease state or stage.

564Section 6. Paragraphs (g) and (h) of subsection (2) of565section 429.04, Florida Statutes, are amended to read:

566

429.04 Facilities to be licensed; exemptions.-

567 (2) The following are exempt from licensure under this
568 part:

569 (q) Any facility certified under chapter 651, or a 570 retirement community, may provide services authorized under this 571 part or part III of chapter 400 to its residents who live in 572 single-family homes, duplexes, quadruplexes, or apartments 573 located on the campus without obtaining a license to operate an assisted living facility if residential units within such 574 575 buildings are used by residents who do not require staff 576 supervision for that portion of the day when personal services 577 are not being delivered and the owner obtains a home health license to provide such services. However, any building or 578 579 distinct part of a building on the campus that is designated for 580 persons who receive personal services and require supervision

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588-03820A-11 20111458c1 581 beyond that which is available while such services are being 582 rendered must be licensed in accordance with this part. If a 583 facility provides personal services to residents who do not 584 otherwise require supervision and the owner is not licensed as a 585 home health agency, the buildings or distinct parts of buildings 586 where such services are rendered must be licensed under this 587 part. A resident of a facility that obtains a home health 588 license may contract with a home health agency of his or her 589 choice, provided that the home health agency provides liability 590 insurance and workers' compensation coverage for its employees. 591 Facilities covered by this exemption may establish policies that 592 give residents the option of contracting for services and care 593 beyond that which is provided by the facility to enable them to 594 age in place. For purposes of this section, a retirement 595 community consists of a facility licensed under this part or a 596 facility licensed under part II of chapter 400, and apartments 597 designed for independent living located on the same campus.

(h) Any residential unit for independent living which is located within a facility certified under chapter 651, or any residential unit <u>for independent living</u> which is <u>collocated</u> colocated with a nursing home licensed under part II of chapter 400 or <u>collocated</u> colocated with a facility licensed under this part in which services are provided through an outpatient clinic or a nursing home on an outpatient basis.

Section 7. Subsections (3) and (4) of section 429.07,
Florida Statutes, are amended, and subsections (6) and (7) are
added to that section, to read:

608

429.07 License required; fee.-

(3) In addition to the requirements of s. 408.806, each

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588-03820A-11 20111458c1 610 license granted by the agency must state the type of care for 611 which the license is granted. Licenses shall be issued for one or more of the following categories of care: standard, extended 612 congregate care, limited nursing services, or limited mental 613 614 health. (a) A standard license shall be issued to a licensee for a 615 616 facility facilities providing one or more of the personal services identified in s. 429.02. Such facilities may also 617 618 employ or contract with a person licensed under part I of 619 chapter 464 to administer medications and perform other tasks as 620 specified in s. 429.255. 621 (b) An extended congregate care license shall be issued to 622 a licensee for a facility facilities providing, directly or 623 through contract, services beyond those authorized in paragraph 624 (a), including services performed by persons licensed under part 625 I of chapter 464 and supportive services, as defined by rule, to 626 persons who would otherwise be disqualified from continued 627 residence in a facility licensed under this part. 628 1. In order for extended congregate care services to be 629 provided, the agency must first determine that all requirements 630 established in law and rule are met and must specifically

631 designate, on the facility's license, that such services may be 632 provided and whether the designation applies to all or part of the facility. Such designation may be made at the time of 633 634 initial licensure or relicensure, or upon request in writing by 635 a licensee under this part and part II of chapter 408. The 636 notification of approval or the denial of the request shall be 637 made in accordance with part II of chapter 408. Existing 638 facilities qualifying to provide extended congregate care

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639	services must have maintained a standard license and may not
640	have been subject to administrative sanctions during the
641	previous 2 years, or since initial licensure if the facility has
642	been licensed for less than 2 years, for any of the following
643	reasons:
644	a. A class I or class II violation;
645	b. Three or more repeat or recurring class III violations
646	of identical or similar resident care standards from which a
647	pattern of noncompliance is found by the agency;
648	c. Three or more class III violations that were not
649	corrected in accordance with the corrective action plan approved
650	by the agency;
651	<u>b.</u> d. Violation of resident care standards which results in
652	requiring the facility to employ the services of a consultant
653	pharmacist or consultant dietitian; <u>or</u>
654	e. Denial, suspension, or revocation of a license for
655	another facility licensed under this part in which the applicant
656	for an extended congregate care license has at least 25 percent
657	ownership interest; or
658	<u>c.f.</u> Imposition of a moratorium pursuant to this part or
659	part II of chapter 408 or initiation of injunctive proceedings.
660	2. A <u>licensee</u> facility that is licensed to provide extended
661	congregate care services shall maintain a written progress
662	report <u>for</u> on each person who receives services, and the report
663	must describe which describes the type, amount, duration, scope,
664	and outcome of services that are rendered and the general status
665	of the resident's health. A registered nurse, or appropriate
666	designee, representing the agency shall visit the facility at
667	least quarterly to monitor residents who are receiving extended

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668	congregate care services and to determine if the facility is in
669	compliance with this part, part II of chapter 408, and relevant
670	rules. One of the visits may be in conjunction with the regular
671	survey. The monitoring visits may be provided through
672	contractual arrangements with appropriate community agencies. A
673	registered nurse shall serve as part of the team that inspects
674	the facility. The agency may waive one of the required yearly
675	monitoring visits for a facility that has been licensed for at
676	least 24 months to provide extended congregate care services,
677	if, during the inspection, the registered nurse determines that
678	extended congregate care services are being provided
679	appropriately, and if the facility has no class I or class II
680	violations and no uncorrected class III violations. The agency
681	must first consult with the long-term care ombudsman council for
682	the area in which the facility is located to determine if any
683	complaints have been made and substantiated about the quality of
684	services or care. The agency may not waive one of the required
685	yearly monitoring visits if complaints have been made and
686	substantiated.
687	3. A <u>licensee</u> facility that is licensed to provide extended
688	congregate care services shall must:

a. Demonstrate the capability to meet unanticipatedresident service needs.

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

695 c. Have sufficient staff available, taking into account the696 physical plant and firesafety features of the residential

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697	setting building, to assist with the evacuation of residents in
698	an emergency.
699	d. Adopt and follow policies and procedures that maximize
700	resident independence, dignity, choice, and decisionmaking to
701	permit residents to age in place, so that moves due to changes
702	in functional status are minimized or avoided.
703	e. Allow residents or, if applicable, a resident's
704	representative, designee, surrogate, guardian, or attorney in
705	fact to make a variety of personal choices, participate in
706	developing service plans, and share responsibility in
707	decisionmaking.
708	f. Implement the concept of managed risk.
709	g. Provide, directly or through contract, the services of a
710	person licensed under part I of chapter 464.
711	h. In addition to the training mandated in s. 429.52,
712	provide specialized training as defined by rule for facility
713	staff.
714	4. A facility that is licensed to provide extended
715	congregate care services is exempt from the criteria for
716	continued residency set forth in rules adopted under s. 429.41.
717	A licensed facility must adopt its own requirements within
718	guidelines for continued residency set forth by rule. However,
719	the facility may not serve residents who require 24-hour nursing
720	supervision. A licensed facility that provides extended
721	congregate care services must also provide each resident with a
722	written copy of facility policies governing admission and
723	retention.
724	5. The primary purpose of extended congregate care services

725 is to allow residents, as they become more impaired, the option

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726	of remaining in a familiar setting from which they would
727	otherwise be disqualified for continued residency. A facility
728	licensed to provide extended congregate care services may also
729	admit an individual who exceeds the admission criteria for a
730	facility with a standard license, if the individual is
731	determined appropriate for admission to the extended congregate
732	care facility.
733	6. Before the admission of an individual to a facility
734	licensed to provide extended congregate care services, the
735	individual must undergo a medical examination as provided in s.
736	429.26(4) and the <u>licensee</u> facility must develop a preliminary
737	service plan for the individual.
738	7. When a <u>licensee</u> facility can no longer provide or
739	arrange for services in accordance with the resident's service
740	plan and needs and the <u>licensee's</u> facility's policy, the
741	licensee facility shall make arrangements for relocating the
742	person in accordance with s. 429.28(1)(k).
743	8. Failure to provide extended congregate care services may
744	result in denial of extended congregate care license renewal.
745	(c) A limited nursing services license shall be issued to a
746	facility that provides services beyond those authorized in
747	paragraph (a) and as specified in this paragraph.
748	1. In order for limited nursing services to be provided in
749	a facility licensed under this part, the agency must first
750	determine that all requirements established in law and rule are
751	met and must specifically designate, on the facility's license,
752	that such services may be provided. Such designation may be made
753	at the time of initial licensure or relicensure, or upon request
754	in writing by a licensee under this part and part II of chapter

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755	408. Notification of approval or denial of such request shall be
756	made in accordance with part II of chapter 408. Existing
757	facilities qualifying to provide limited nursing services shall
758	have maintained a standard license and may not have been subject
759	to administrative sanctions that affect the health, safety, and
760	welfare of residents for the previous 2 years or since initial
761	licensure if the facility has been licensed for less than 2
762	years.
763	2. Facilities that are licensed to provide limited nursing
764	services shall maintain a written progress report on each person
765	who receives such nursing services, which report describes the
766	type, amount, duration, scope, and outcome of services that are
767	rendered and the general status of the resident's health. A
768	registered nurse representing the agency shall visit such
769	facilities at least twice a year to monitor residents who are
770	receiving limited nursing services and to determine if the
771	facility is in compliance with applicable provisions of this
772	part, part II of chapter 408, and related rules. The monitoring
773	visits may be provided through contractual arrangements with
774	appropriate community agencies. A registered nurse shall also
775	serve as part of the team that inspects such facility.
776	3. A person who receives limited nursing services under
777	this part must meet the admission criteria established by the
778	agency for assisted living facilities. When a resident no longer
779	meets the admission criteria for a facility licensed under this
780	part, arrangements for relocating the person shall be made in
781	accordance with s. 429.28(1)(k), unless the facility is licensed
782	to provide extended congregate care services.
783	(4) In accordance with s. 408.805, an applicant or licensee

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588-03820A-11 20111458c1 784 shall pay a fee for each license application submitted under 785 this part, part II of chapter 408, and applicable rules. The 786 amount of the fee shall be established by rule. 787 (a) The biennial license fee required of a facility is \$300 per license, with an additional fee of \$71 \$50 per resident 788 789 based on the total licensed resident capacity of the facility, 790 except that no additional fee will be assessed for beds used by 791 designated for recipients of Medicaid home and community-based 792 waiver programs optional state supplementation payments provided 793 for in s. 409.212. The total fee may not exceed \$13,443 \$10,000. 794 (b) In addition to the total fee assessed under paragraph (a), the agency shall require facilities that are licensed to 795 796 provide extended congregate care services under this part to pay 797 an additional fee per licensed facility. The amount of the 798 biennial fee shall be \$400 per license, with an additional fee 799 of \$10 per resident based on the total licensed resident 800 capacity of the facility. 801 (c) In addition to the total fee assessed under paragraph 802 (a), the agency shall require facilities that are licensed to 803 provide limited nursing services under this part to pay an 804 additional fee per licensed facility. The amount of the biennial 805 fee shall be \$250 per license, with an additional fee of \$10 per 806 resident based on the total licensed resident capacity of the 807 facility. 808 (6) In order to determine whether the facility is 809 adequately protecting residents' rights as provided in s. 810 429.28, the agency's standard license survey shall include 811 private informal conversations with a sample of residents and 812 consultation with the ombudsman council in the planning and

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813	service area in which the facility is located to discuss
814	residents' experiences within the facility.
815	(7) An assisted living facility that has been cited within
816	the previous 24-month period for a class I violation or class II
817	violation, regardless of the status of any enforcement or
818	disciplinary action, is subject to periodic unannounced
819	monitoring to determine if the facility is in compliance with
820	this part, part II of chapter 408, and applicable rules.
821	Monitoring may occur through a desk review or an onsite
822	assessment. If the class I violation or class II violation
823	relates to providing or failing to provide nursing care, a
824	registered nurse must participate in the monitoring visits
825	during the 12-month period following the violation.
826	Section 8. Paragraph (a) of subsection (2) of section
827	429.08, Florida Statutes, is amended to read:
828	429.08 Unlicensed facilities; referral of person for
829	residency to unlicensed facility; penalties
830	(2) It is unlawful to knowingly refer a person for
831	residency to an unlicensed assisted living facility; to an
832	assisted living facility the license of which is under denial or
833	has been suspended or revoked; or to an assisted living facility
834	that has a moratorium pursuant to part II of chapter 408.
835	(a) Any health care practitioner, as defined in s. 456.001,
836	or emergency medical technician or paramedic certified under
837	part III of chapter 401, who is aware of the operation of an
838	unlicensed facility shall report that facility to the agency.
839	Failure to report a facility that the practitioner knows or has
840	reasonable cause to suspect is unlicensed shall be reported to
841	the practitioner's licensing board.

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842	Section 9. Subsection (8) is added to section 429.11,
843	Florida Statutes, to read:
844	429.11 Initial application for license; provisional
845	license
846	(8) The agency shall develop an abbreviated form for
847	submission of proof of financial ability to operate under s.
848	408.810(8) which is specific to applicants for a license to
849	operate an assisted living facility. The form must request
850	information that demonstrates the applicant has adequate
851	resources to sustain operations and has sufficient assets,
852	credit, and projected revenues to cover liabilities and expenses
853	of the facility based on the number of beds and services the
854	applicant will provide.
855	Section 10. Section 429.12, Florida Statutes, is amended to
856	read:
857	429.12 Sale or transfer of ownership of a facility It is
858	the intent of the Legislature to protect the rights of the
859	residents of an assisted living facility when the facility is
860	sold or the ownership thereof is transferred. Therefore, In
861	addition to the requirements of part II of chapter 408, whenever
862	a facility is sold or the ownership thereof is transferred,
863	including leasing <u>,</u> +
864	(1) the transferee shall notify the residents, in writing,
865	of the change of ownership within 7 days after receipt of the
866	new license in order to protect the rights of the residents of
867	an assisted living facility.
868	(2) The transferor of a facility the license of which is
869	denied pending an administrative hearing shall, as a part of the
870	written change-of-ownership contract, advise the transferee that

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871	a plan of correction must be submitted by the transferee and
872	approved by the agency at least 7 days before the change of
873	ownership and that failure to correct the condition which
874	resulted in the moratorium pursuant to part II of chapter 408 or
875	denial of licensure is grounds for denial of the transferee's
876	license.
877	Section 11. Section 429.14, Florida Statutes, is amended to
878	read:
879	429.14 Administrative penalties
880	(1) In addition to the requirements of part II of chapter
881	408, the agency may deny, revoke, and suspend any license issued
882	under this part and impose an administrative fine in the manner
883	provided in chapter 120 against a licensee for a violation of
884	any provision of this part, part II of chapter 408, or
885	applicable rules, or for any of the following actions by a
886	licensee, or for the actions of any person subject to level 2
887	background screening under s. 408.809, or for the actions of any
888	facility employee:
889	(a) An intentional or negligent act seriously affecting the
890	health, safety, or welfare of a resident of the facility.
891	(b) The determination by the agency that the owner lacks
892	the financial ability to provide continuing adequate care to
893	residents.
894	(c) Misappropriation or conversion of the property of a
895	resident of the facility.
896	(d) Failure to follow the criteria and procedures provided
897	under part I of chapter 394 relating to the transportation,
898	voluntary admission, and involuntary examination of a facility
899	resident.

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900	(d) (e) A citation of any of the following violations
901	deficiencies as specified in s. 429.19:
902	1. One or more cited class I violations deficiencies.
903	2. Three or more cited class II violations deficiencies.
904	3. Five or more cited class III <u>violations</u> deficiencies
905	that have been cited on a single survey and have not been
906	corrected within the times specified.
907	(e)(f) Failure to comply with the background screening
908	standards of this part, s. 408.809(1), or chapter 435.
909	<u>(f)</u> Violation of a moratorium.
910	(g) (h) Failure of the license applicant, the licensee
911	during relicensure, or a licensee that holds a provisional
912	license to meet the minimum license requirements of this part,
913	or related rules, at the time of license application or renewal.
914	(h) (i) An intentional or negligent life-threatening act in
915	violation of the uniform firesafety standards for assisted
916	living facilities or other firesafety standards that threatens
917	the health, safety, or welfare of a resident of a facility, as
918	communicated to the agency by the local authority having
919	jurisdiction or the State Fire Marshal.
920	(i)() Knowingly operating any unlicensed facility or
921	providing without a license any service that must be licensed
922	under this chapter or chapter 400.
923	<u>(j)(k)</u> Any act constituting a ground upon which application
924	for a license may be denied.
925	(2) Upon notification by the local authority having
926	jurisdiction or by the State Fire Marshal, the agency may deny
927	or revoke the license <u>of a licensee</u> of an assisted living
928	facility that fails to correct cited fire code violations that

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588-03820A-11 20111458c1 929 affect or threaten the health, safety, or welfare of a resident 930 of a facility.

931 (3) The agency may deny a license to any applicant or 932 controlling interest as defined in part II of chapter 408 which 933 has or had a 25-percent or greater financial or ownership 934 interest in any other facility licensed under this part, or in 935 any entity licensed by this state or another state to provide 936 health or residential care, which facility or entity during the 937 5 years prior to the application for a license closed due to 938 financial inability to operate; had a receiver appointed or a 939 license denied, suspended, or revoked; was subject to a 940 moratorium; or had an injunctive proceeding initiated against 941 it.

942 (4) The agency shall deny or revoke the license of an 943 assisted living facility that has two or more class I violations 944 that are similar or identical to violations identified by the 945 agency during a survey, inspection, monitoring visit, or 946 complaint investigation occurring within the previous 2 years.

947 (4) (5) An action taken by the agency to suspend, deny, or 948 revoke a licensee's facility's license under this part or part 949 II of chapter 408, in which the agency claims that the facility 950 owner or a staff member an employee of the facility has threatened the health, safety, or welfare of a resident of the 951 952 facility must be heard by the Division of Administrative 953 Hearings of the Department of Management Services within 120 days after receipt of the facility's request for a hearing, 954 955 unless that time limitation is waived by both parties. The 956 administrative law judge must render a decision within 30 days 957 after receipt of a proposed recommended order.

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986

588-03820A-11 20111458c1 958 (6) The agency shall provide to the Division of Hotels and 959 Restaurants of the Department of Business and Professional 960 Regulation, on a monthly basis, a list of those assisted living 961 facilities that have had their licenses denied, suspended, or 962 revoked or that are involved in an appellate proceeding pursuant 963 to s. 120.60 related to the denial, suspension, or revocation of 964 a license. 965 (5) (7) Agency notification of a license suspension or 966 revocation, or denial of a license renewal, shall be posted and 967 visible to the public at the facility. 968 Section 12. Subsections (1), (4), and (5) of section 969 429.17, Florida Statutes, are amended to read: 970 429.17 Expiration of license; renewal; conditional 971 license.-972 (1) Limited nursing, Extended congregate care, and limited 973 mental health licenses shall expire at the same time as the 974 facility's standard license, regardless of when issued. 975 (4) In addition to the license categories available in s. 976 408.808, a conditional license may be issued to an applicant for 977 license renewal if the applicant fails to meet all standards and 978 requirements for licensure. A conditional license issued under 979 this subsection shall be limited in duration to a specific 980 period of time not to exceed 6 months, as determined by the 981 agency, and shall be accompanied by an agency-approved plan of 982 correction. 983 (5) When an extended congregate care or limited nursing 984 license is requested during a facility's biennial license 985 period, the fee shall be prorated in order to permit the

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additional license to expire at the end of the biennial license

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987	period. The fee shall be calculated as of the date the
988	additional license application is received by the agency.
989	Section 13. Subsections (1), (6), (7), and (8) of section
990	429.178, Florida Statutes, are amended to read:
991	429.178 Special care for persons with Alzheimer's disease
992	or other related disorders
993	(1) A facility that which advertises that it provides
994	special care for persons with Alzheimer's disease or other
995	related disorders must meet the following standards of
996	operation:
997	(a) 1. If the facility has 17 or more residents, Have an
998	awake staff member on duty at all hours of the day and night \underline{for}
999	each secured unit of the facility which houses any residents who
1000	have Alzheimer's disease or other related disorders. ; or
1001	2. If the facility has fewer than 17 residents, have an
1002	awake staff member on duty at all hours of the day and night or
1003	have mechanisms in place to monitor and ensure the safety of the
1004	facility's residents.
1005	(b) Offer activities specifically designed for persons who
1006	are cognitively impaired.
1007	(c) Have a physical environment that provides for the
1008	safety and welfare of the facility's residents.
1009	(d) Employ staff who have completed the training and
1010	continuing education required in subsection (2).
1011	
1012	For the safety and protection of residents who have Alzheimer's
1013	disease, related disorders, or dementia, a secured locked unit
1014	may be designated. The unit may consist of the entire building
1015	or a distinct part of the building. Exit doors shall be equipped

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588-03820A-11 20111458c1 1016 with an operating alarm system that releases upon activation of 1017 the fire alarm. These units are exempt from specific life safety 1018 requirements to which assisted living facilities are normally 1019 subject. A staff member must be awake and present in the secured 1020 unit at all times. 1021 (6) The department shall maintain and post on its website 1022 keep a current list of providers who are approved to provide 1023 initial and continuing education for staff and direct care staff 1024 members of facilities that provide special care for persons with Alzheimer's disease or other related disorders. 1025 1026 (7) Any facility more than 90 percent of whose residents 1027 receive monthly optional supplementation payments is not 1028 required to pay for the training and education programs required 1029 under this section. A facility that has one or more such 1030 residents shall pay a reduced fee that is proportional to the 1031 percentage of such residents in the facility. A facility that 1032 does not have any residents who receive monthly optional 1033 supplementation payments must pay a reasonable fee, as 1034 established by the department, for such training and education 1035 programs. 1036 (7) (7) (8) The department shall adopt rules to establish 1037 standards for trainers and training and to implement this 1038 section. Section 14. Subsections (1), (2), (5), (7), (8), and (9) of 1039 1040 section 429.19, Florida Statutes, are amended to read: 1041 429.19 Violations; imposition of administrative fines; 1042 grounds.-1043 (1) In addition to the requirements of part II of chapter 1044 408, the agency shall impose an administrative fine in the

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588-03820A-11 20111458c1 1045 manner provided in chapter 120 for the violation of any 1046 provision of this part, part II of chapter 408, and applicable rules by an assisted living facility, for the actions of any 1047 person subject to level 2 background screening under s. 408.809, 1048 1049 for the actions of any facility employee, or for an intentional 1050 or negligent act seriously affecting the health, safety, or 1051 welfare of a resident of the facility. 1052 (2) Each violation of this part and adopted rules shall be 1053 classified according to the nature of the violation and the 1054 gravity of its probable effect on facility residents. The agency 1055 shall indicate the classification on the written notice of the 1056 violation as follows: 1057 (a) Class "I" violations are those conditions or 1058 occurrences related to the operation and maintenance of a 1059 facility or to the care of residents which the agency determines 1060 present an imminent danger to the residents or a substantial 1061 probability that death or serious physical or emotional harm 1062 would result. The condition or practice that constitutes a class 1063 I violation must be abated or eliminated within 24 hours, unless 1064 a fixed period, as determined by the agency, is required for 1065 correction defined in s. 408.813. The agency shall impose an administrative fine for a cited class I violation in an amount 1066 1067 not less than \$5,000 and not exceeding \$10,000 for each 1068 violation. A fine shall be levied notwithstanding the correction 1069 of the violation. 1070 (b) Class "II" violations are those conditions or 1071 occurrences related to the operation and maintenance of a 1072 facility or to the care of residents which the agency determines

1073 directly threaten the physical or emotional health, safety, or

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1074	588-03820A-11 20111458c1
1074	security of the residents, other than class I violations defined
1075	in s. 408.813. The agency shall impose an administrative fine
1076	for a cited class II violation in an amount not less than \$1,000
1077	and not exceeding $$5,000$ for each violation. <u>A fine shall be</u>
1078	levied notwithstanding the correction of the violation.
1079	(c) Class "III" violations are <u>those conditions or</u>
1080	occurrences related to the operation and maintenance of a
1081	facility or to the care of residents which the agency determines
1082	indirectly or potentially threaten the physical or emotional
1083	health, safety, or security of residents, other than class I
1084	violations or class II violations defined in s. 408.813. The
1085	agency shall impose an administrative fine for a cited class III
1086	violation in an amount not less than \$500 and not exceeding
1087	\$1,000 for each violation. If a class III violation is corrected
1088	within the time specified, a fine may not be imposed.
1089	(d) Class "IV" violations are those conditions or
1090	occurrences related to the operation and maintenance of a
1091	facility or to required reports, forms, or documents which do
1092	not have the potential of negatively affecting residents. These
1093	violations are of a type that the agency determines do not
1094	threaten the health, safety, or security of residents defined in
1095	s. 408.813 . The agency shall impose an administrative fine for a
1096	cited class IV violation in an amount not less than \$100 and not
1097	exceeding \$200 for each violation. <u>A citation for a class IV</u>
1098	violation must specify the time within which the violation is
1099	required to be corrected. If a class IV violation is corrected
1100	within the time specified, a fine may not be imposed.
1101	(5) Any action taken to correct a violation shall be
1102	documented in writing by the <u>licensee</u> owner or administrator of

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588-03820A-11 20111458c1 1103 the facility and verified through followup visits by agency 1104 personnel or desk review. The agency may impose a fine and, in the case of an owner-operated facility, revoke or deny a 1105 1106 licensee's facility's license when the agency has documented 1107 that a facility administrator has fraudulently misrepresented 1108 misrepresents action taken to correct a violation. 1109 (7) In addition to any administrative fines imposed, the 1110 agency may assess a survey fee, equal to the lesser of one half of the facility's biennial license and bed fee or \$500, to cover 1111 1112 the cost of conducting initial complaint investigations that 1113 result in the finding of a violation that was the subject of the 1114 complaint or monitoring visits conducted under s. 429.28(3)(c) 1115 to verify the correction of the violations. 1116 (8) During an inspection, the agency shall make a 1117 reasonable attempt to discuss each violation with the owner or 1118 administrator of the facility before giving, prior to written 1119 notification. 1120 (9) The agency shall develop and disseminate an annual list 1121 of all facilities sanctioned or fined for violations of state 1122 standards, the number and class of violations involved, the 1123 penalties imposed, and the current status of cases. The list 1124 shall be disseminated, at no charge, to the Department of 1125 Elderly Affairs, the Department of Health, the Department of Children and Family Services, the Agency for Persons with 1126 1127 Disabilities, the area agencies on aging, the Florida Statewide 1128 Advocacy Council, and the state and local ombudsman councils. 1129 The Department of Children and Family Services shall disseminate 1130 the list to service providers under contract to the department 1131 who are responsible for referring persons to a facility for

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1132	residency. The agency may charge a fee commensurate with the
1133	cost of printing and postage to other interested parties
1134	requesting a copy of this list. This information may be provided
1135	electronically or through the agency's Internet site.
1136	Section 15. Section 429.195, Florida Statutes, is amended
1137	to read:
1138	429.195 Rebates prohibited; penalties
1139	(1) It is unlawful for <u>the licensee of</u> any assisted living
1140	facility licensed under this part to contract or promise to pay
1141	or receive any commission, bonus, kickback, or rebate or engage
1142	in any split-fee arrangement in any form whatsoever with any
1143	health care provider or health care facility under s. 817.505
1144	physician, surgeon, organization, agency, or person, either
1145	directly or indirectly, for residents referred to an assisted
1146	living facility licensed under this part. A facility may employ
1147	or contract with persons to market the facility, provided the
1148	employee or contract provider clearly indicates that he or she
1149	represents the facility. A person or agency independent of the
1150	facility may provide placement or referral services for a fee to
1151	individuals seeking assistance in finding a suitable facility;
1152	however, any fee paid for placement or referral services must be
1153	paid by the individual looking for a facility, not by the
1154	facility.
1155	(2) A violation of this section shall be considered patient
1156	brokering and is punishable as provided in s. 817.505.
1157	(3) This section does not apply to:
1158	(a) Any individual with whom the facility employs or
1159	contracts with to market the facility if the employee or
1160	contract provider clearly indicates that he or she works with or

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1161	for the facility.
1162	(b) A referral service that provides information,
1163	consultation, or referrals to consumers to assist them in
1164	finding appropriate care or housing options for seniors or
1165	disabled adults if such referred consumers are not Medicaid
1166	recipients.
1167	(c) A resident of an assisted living facility who refers to
1168	the assisted living facility a friend, a family member, or other
1169	individual with whom the resident has a personal relationship.
1170	Such a referral does not prohibit the assisted living facility
1171	from providing a monetary reward to the resident for making such
1172	<u>a referral.</u>
1173	Section 16. Subsections (2) and (3) of section 429.20,
1174	Florida Statutes, are amended to read:
1175	429.20 Certain solicitation prohibited; third-party
1176	supplementation
1177	(2) Solicitation of contributions of any kind in a
1178	threatening, coercive, or unduly forceful manner by or on behalf
1179	of an assisted living facility or facilities by any agent,
1180	employee, owner, or representative of any assisted living
1181	facility or facilities is prohibited grounds for denial,
1182	suspension, or revocation of the license of the assisted living
1183	facility or facilities by or on behalf of which such
1184	contributions were solicited.
1185	(3) The admission or maintenance of assisted living
1186	facility residents whose care is supported, in whole or in part,
1187	by state funds may not be conditioned upon the receipt of any
1188	manner of contribution or donation from any person. The
1189	solicitation or receipt of contributions in violation of this

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1190	subsection is grounds for denial, suspension, or revocation of
1191	license, as provided in s. 429.14, for any assisted living
1192	facility by or on behalf of which such contributions were
1193	solicited.
1194	Section 17. Section 429.23, Florida Statutes, is amended to
1195	read:
1196	429.23 Internal risk management and quality assurance
1197	program; adverse incidents and reporting requirements
1198	(1) Every <u>licensed</u> facility licensed under this part may,
1199	as part of its administrative functions, voluntarily establish a
1200	risk management and quality assurance program, the purpose of
1201	which is to assess resident care practices, facility incident
1202	reports, <u>violations</u> deficiencies cited by the agency, adverse
1203	incident reports, and resident grievances and develop plans of
1204	action to correct and respond quickly to identify quality
1205	differences.
1206	(2) Every <u>licensed</u> facility licensed under this part is
1207	required to maintain adverse incident reports. For purposes of
1208	this section, the term, "adverse incident" means:
1209	(a) An event over which facility <u>staff</u> personnel could
1210	exercise control rather than as a result of the resident's
1211	condition and results in:
1212	1. Death;
1213	2. Brain or spinal damage;
1214	3. Permanent disfigurement;
1215	4. Fracture or dislocation of bones or joints;
1216	5. Any condition that required medical attention to which
1217	the resident has not given his or her consent, <u>excluding</u>
1218	proceedings governed by part I of chapter 394, but including

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588-03820A-11 20111458c1 1219 failure to honor advanced directives; 1220 6. Any condition that requires the transfer of the resident 1221 from the facility to a unit providing more acute care due to the 1222 incident rather than the resident's condition before the 1223 incident; or 1224 7. An event that is reported to law enforcement or its 1225 personnel for investigation; or 1226 (b) Resident elopement, if the elopement places the 1227 resident at risk of harm or injury. 1228 (3) Licensed facilities shall provide within 1 business day 1229 after the occurrence of an adverse incident, by electronic mail, 1230 facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. 1231 1232 The report must include information regarding the identity of 1233 the affected resident, the type of adverse incident, and the 1234 status of the facility's investigation of the incident. 1235 (3) (4) A licensed facility Licensed facilities shall 1236 provide within 15 business days after the occurrence of an 1237 adverse incident, by electronic mail, facsimile, or United 1238 States mail, a full report to the agency on the all adverse incident, including information regarding the identity of the 1239 1240 affected resident, the type of adverse incident, and incidents specified in this section. The report must include the results 1241 1242 of the facility's investigation into the adverse incident. 1243 (5) Each facility shall report monthly to the agency any 1244 liability claim filed against it. The report must include the 1245 name of the resident, the dates of the incident leading to the 1246 claim, if applicable, and the type of injury or violation of

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rights alleged to have occurred. This report is not discoverable

588-03820A-11 20111458c1 1248 in any civil or administrative action, except in such actions brought by the agency to enforce the provisions of this part. 1249 1250 (4) (6) Abuse, neglect, or exploitation must be reported to 1251 the Department of Children and Family Services as required under 1252 chapter 415. 1253 (5) (7) The information reported to the agency pursuant to 1254 subsection (3) which relates to persons licensed under chapter 1255 458, chapter 459, chapter 461, chapter 464, or chapter 465 must 1256 shall be reviewed by the agency. The agency shall determine 1257 whether any of the incidents potentially involved conduct by a 1258 health care professional who is subject to disciplinary action, 1259 in which case the provisions of s. 456.073 apply. The agency may 1260 investigate, as it deems appropriate, any such incident and 1261 prescribe measures that must or may be taken in response to the 1262 incident. The agency shall review each incident and determine 1263 whether it potentially involved conduct by a health care

1264 professional who is subject to disciplinary action, in which 1265 case the provisions of s. 456.073 apply.

1266 (6) (8) If the agency, through its receipt of the adverse 1267 incident reports prescribed in this part or through any 1268 investigation, has reasonable belief that conduct by a staff 1269 member or employee of a licensed facility is grounds for 1270 disciplinary action by the appropriate board, the agency shall 1271 report this fact to such regulatory board.

1272 <u>(7)</u> (9) The adverse incident <u>report</u> reports and preliminary 1273 adverse incident reports required under this section <u>is</u> are 1274 confidential as provided by law and <u>is</u> are not discoverable or 1275 admissible in any civil or administrative action, except in 1276 disciplinary proceedings by the agency or appropriate regulatory

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1277	board.
1278	<u>(8)</u> (10) The Department of Elderly Affairs may adopt rules
1279	necessary to administer this section.
1280	Section 18. Subsections (1) and (2) of section 429.255,
1281	Florida Statutes, are amended to read:
1282	429.255 Use of personnel; emergency care
1283	(1)(a) Persons under contract to the facility ${ m or}_{m au}$ facility
1284	staff , or volunteers, who are licensed according to part I of
1285	chapter 464, or those persons exempt under s. 464.022(1), and
1286	others as defined by rule, may administer medications to
1287	residents, take residents' vital signs, manage individual weekly
1288	pill organizers for residents who self-administer medication,
1289	give prepackaged enemas ordered by a physician, observe
1290	residents, document observations on the appropriate resident's
1291	record, report observations to the resident's physician, and
1292	contract or allow residents or a resident's representative,
1293	designee, surrogate, guardian, or attorney in fact to contract
1294	with a third party, provided residents meet the criteria for
1295	appropriate placement as defined in s. 429.26. Nursing
1296	assistants certified pursuant to part II of chapter 464 may take
1297	residents' vital signs as directed by a licensed nurse or
1298	physician. <u>A person under contract to the facility or facility</u>
1299	staff who is licensed under part I of chapter 464 may provide
1300	limited nursing services.
1301	(b) All staff in facilities licensed under this part shall
1202	oversise their professional responsibility to observe residents

1301 (b) All stall in facilities ficensed under this part shall 1302 exercise their professional responsibility to observe residents, 1303 to document observations on the appropriate resident's record, 1304 and to report the observations to the <u>administrator or the</u> 1305 <u>administrator's designee</u> resident's physician. However, The

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588-03820A-11 20111458c1 1306 owner or administrator of the facility shall be responsible for 1307 determining that the resident receiving services is appropriate 1308 for residence in the assisted living facility. (c) In an emergency situation, licensed personnel may carry 1309 1310 out their professional duties pursuant to part I of chapter 464 1311 until emergency medical personnel assume responsibility for 1312 care. 1313 (2) In facilities licensed to provide extended congregate 1314 care, persons under contract to the facility or τ facility staff τ 1315 or volunteers, who are licensed according to part I of chapter 1316 464, or those persons exempt under s. 464.022(1), or those 1317 persons certified as nursing assistants pursuant to part II of 1318 chapter 464, may also perform all duties within the scope of 1319 their license or certification, as approved by the facility 1320 administrator and pursuant to this part. 1321 Section 19. Subsections (2), (3), and (4) of section 1322 429.256, Florida Statutes, are amended to read: 1323 429.256 Assistance with self-administration of medication.-1324 (2) Residents who are capable of self-administering their 1325 own medications without assistance shall be encouraged and 1326 allowed to do so. However, an unlicensed person may, consistent 1327 with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose 1328 1329 condition is medically stable with the self-administration of 1330 routine, regularly scheduled medications that are intended to be 1331 self-administered. Assistance with self-medication by an 1332 unlicensed person may occur only upon a documented request by, 1333 and the written informed consent of, a resident or the 1334 resident's surrogate, quardian, or attorney in fact. To minimize

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1335	the potential risk for improper dosage administration of
1336	prescription drugs, a facility may require standard-medication
1337	dispensing systems for residents' prescriptions, as specified by
1338	rule. For the purposes of this section, self-administered
1339	medications include both legend and over-the-counter oral dosage
1340	forms, topical dosage forms and topical ophthalmic, otic, and
1341	nasal dosage forms including solutions, suspensions, sprays, and
1342	inhalers, and continuous positive airway pressure machines.
1343	(3) Assistance with self-administration of medication
1344	includes:
1345	(a) Taking the medication, in its previously dispensed,
1346	properly labeled container, from where it is stored, and
1347	bringing it to the resident.
1348	(b) In the presence of the resident, reading the label,
1349	opening the container, removing a prescribed amount of
1350	medication from the container, and closing the container.
1351	(c) Placing an oral dosage in the resident's hand or
1352	placing the dosage in another container and helping the resident
1353	by lifting the container to his or her mouth.
1354	(d) Applying topical medications.
1355	(e) Returning the medication container to proper storage.
1356	(f) Keeping a record of when a resident receives assistance
1357	with self-administration under this section.
1358	(g) Assisting a resident in holding a nebulizer.
1359	(h) Using a glucometer to perform blood glucose checks.
1360	(i) Assisting with the putting on and taking off anti-
1361	embolism stockings.
1362	(j) Assisting with applying and removing an oxygen cannula.
1363	(4) Assistance with self-administration does not include:

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1364	(a) Mixing, compounding, converting, or calculating
1365	medication doses, except for measuring a prescribed amount of
1366	liquid medication or breaking a scored tablet or crushing a
1367	tablet as prescribed.
1368	(b) The preparation of syringes for injection or the
1369	administration of medications by any injectable route.
1370	(c) Administration of medications through intermittent
1371	positive pressure breathing machines or a nebulizer.
1372	(c) (d) Administration of medications by way of a tube
1373	inserted in a cavity of the body.
1374	(d) (e) Administration of parenteral preparations.
1375	<u>(e)</u> Irrigations or debriding agents used in the
1376	treatment of a skin condition.
1377	<u>(f)</u> Rectal, urethral, or vaginal preparations.
1378	(g) (h) Medications ordered by the physician or health care
1379	professional with prescriptive authority to be given "as
1380	needed," unless the order is written with specific parameters
1381	that preclude independent judgment on the part of the unlicensed
1382	person, and at the request of a competent resident.
1383	(h) (i) Medications for which the time of administration,
1384	the amount, the strength of dosage, the method of
1385	administration, or the reason for administration requires
1386	judgment or discretion on the part of the unlicensed person.
1387	Section 20. Subsections (3), (7), (8), (9), (10), and (11)
1388	of section 429.26, Florida Statutes, are amended to read:
1389	429.26 Appropriateness of placements; examinations of
1390	residents
1391	(3) Persons licensed under part I of chapter 464 who are
1392	employed by or under contract with a facility shall, on a

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588-03820A-11 20111458c1 1393 routine basis or at least monthly, perform a nursing assessment 1394 of the residents for whom they are providing nursing services ordered by a physician, except administration of medication, and 1395 1396 shall document such assessment, including any significant change 1397 substantial changes in a resident's status which may necessitate 1398 relocation to a nursing home, hospital, or specialized health 1399 care facility. Such records shall be maintained in the facility 1400 for inspection by the agency and shall be forwarded to the resident's case manager, if applicable. 1401

1402 (7) The facility must notify a licensed physician when a 1403 resident exhibits signs of dementia or cognitive impairment or 1404 has a change of condition in order to rule out the presence of 1405 an underlying physiological condition that may be contributing 1406 to such dementia or impairment. The notification must occur 1407 within 30 days after the acknowledgment of such signs by 1408 facility staff. If an underlying condition is determined to 1409 exist, the facility shall arrange, with the appropriate health 1410 care provider, the necessary care and services to treat the 1411 condition.

1412 (7) (8) The Department of Children and Family Services may 1413 require an examination for supplemental security income and 1414 optional state supplementation recipients residing in facilities 1415 at any time and shall provide the examination whenever a 1416 resident's condition requires it. Any facility administrator; 1417 personnel of the agency, the department, or the Department of 1418 Children and Family Services; or long-term care ombudsman 1419 council member who believes a resident needs to be evaluated 1420 shall notify the resident's case manager, who shall take 1421 appropriate action. A report of the examination findings shall

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20111458c1 588-03820A-11 1422 be provided to the resident's case manager and the facility 1423 administrator to help the administrator meet his or her 1424 responsibilities under subsection (1). 1425 (8) (9) A terminally ill resident who no longer meets the 1426 criteria for continued residency may remain in the facility if 1427 the arrangement is mutually agreeable to the resident and the 1428 administrator facility; additional care is rendered through a licensed hospice, and the resident is under the care of a 1429 1430 physician who agrees that the physical needs of the resident are 1431 being met. 1432 (9) (10) Facilities licensed to provide extended congregate care services shall promote aging in place by determining 1433 1434 appropriateness of continued residency based on a comprehensive

1435 review of the resident's physical and functional status; the 1436 ability of the facility, family members, friends, or any other 1437 pertinent individuals or agencies to provide the care and 1438 services required; and documentation that a written service plan 1439 consistent with facility policy has been developed and 1440 implemented to ensure that the resident's needs and preferences 1441 are addressed.

1442 (10) (11) <u>A</u> No resident who requires 24-hour nursing 1443 supervision, except for a resident who is an enrolled hospice 1444 patient pursuant to part IV of chapter 400, <u>may not shall</u> be 1445 retained in a licensed facility licensed under this part.

1446 Section 21. Section 429.27, Florida Statutes, is amended to 1447 read:

1448429.27 Property and personal affairs of residents.-1449(1) (a) A resident shall be given the option of using his or

her own belongings, as space permits; choosing his or her

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588-03820A-11 20111458c1 1451 roommate; and, whenever possible, unless the resident is 1452 adjudicated incompetent or incapacitated under state law, 1453 managing his or her own affairs. 1454 (b) The admission of a resident to a facility and his or 1455 her presence therein does shall not give confer on the facility 1456 or its licensee, owner, administrator, employees, or 1457 representatives any authority to manage, use, or dispose of any 1458 property of the resident; nor shall such admission or presence 1459 give confer on any of such persons any authority or 1460 responsibility for the personal affairs of the resident, except 1461 that which may be necessary for the safe management of the 1462 facility or for the safety of the resident. 1463 (2) The licensee, A facility, or an owner, administrator, 1464 employee of an assisted living facility, or representative 1465 thereof, may not act as the guardian, trustee, or conservator 1466 for any resident of the assisted living facility or any of such 1467 resident's property. A licensee, An owner, administrator, or 1468 staff member, or representative thereof, may not act as a competent resident's payee for social security, veteran's, or 1469 1470 railroad benefits without the consent of the resident. Any 1471 facility whose licensee, owner, administrator, or staff, or 1472 representative thereof, serves as representative payee for any 1473 resident of the facility shall file a surety bond with the 1474 agency in an amount equal to twice the average monthly aggregate 1475 income or personal funds due to residents, or expendable for 1476 their account, which are received by a facility. Any facility 1477 whose licensee, owner, administrator, or staff, or a 1478 representative thereof, is granted power of attorney for any 1479 resident of the facility shall file a surety bond with the

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588-03820A-11 20111458c1 1480 agency for each resident for whom such power of attorney is granted. The surety bond shall be in an amount equal to twice 1481 1482 the average monthly income of the resident, plus the value of 1483 any resident's property under the control of the attorney in 1484 fact. The bond shall be executed by the facility's licensee, 1485 owner, administrator, or staff, or a representative thereof, 1486 facility as principal and a licensed surety company. The bond 1487 shall be conditioned upon the faithful compliance of the 1488 licensee, owner, administrator, or staff, or a representative 1489 thereof, of the facility with this section and shall run to the 1490 agency for the benefit of any resident who suffers a financial 1491 loss as a result of the misuse or misappropriation by a 1492 licensee, owner, administrator, or staff, or representative 1493 thereof, of the facility of funds held pursuant to this 1494 subsection. Any surety company that cancels or does not renew 1495 the bond of any licensee shall notify the agency in writing not 1496 less than 30 days in advance of such action, giving the reason 1497 for the cancellation or nonrenewal. Any facility's licensee, 1498 facility owner, administrator, or staff, or representative 1499 thereof, who is granted power of attorney for any resident of 1500 the facility shall, on a monthly basis, be required to provide 1501 the resident a written statement of any transaction made on 1502 behalf of the resident pursuant to this subsection, and a copy 1503 of such statement given to the resident shall be retained in 1504 each resident's file and available for agency inspection. 1505 (3) A facility's administrator facility, upon mutual 1506 consent with the resident, shall provide for the safekeeping in

1506 consent with the resident, shall provide for the safekeeping in 1507 the facility of personal effects, including funds not in excess 1508 of \$500 and funds of the resident not in excess of \$200 cash,

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588-03820A-112011458c11509and shall keep complete and accurate records of all such funds1510and personal effects received. If a resident is absent from a1511facility for 24 hours or more, the facility may provide for the1512safekeeping of the resident's personal effects, including funds1513in excess of \$500.

1514 (4) Any funds or other property belonging to or due to a 1515 resident, or expendable for his or her account, which is 1516 received by the administrator a facility shall be trust funds 1517 which shall be kept separate from the funds and property of the 1518 facility and other residents or shall be specifically credited 1519 to such resident. Such trust funds shall be used or otherwise 1520 expended only for the account of the resident. Upon written 1521 request, at least once every 3 months, unless upon order of a 1522 court of competent jurisdiction, the administrator facility 1523 shall furnish the resident and his or her guardian, trustee, or 1524 conservator, if any, a complete and verified statement of all 1525 funds and other property to which this subsection applies, 1526 detailing the amount and items received, together with their 1527 sources and disposition. In any event, the administrator 1528 facility shall furnish such statement annually and upon the 1529 discharge or transfer of a resident. Any governmental agency or 1530 private charitable agency contributing funds or other property to the account of a resident shall also be entitled to receive 1531 1532 such statement annually and upon the discharge or transfer of 1533 the resident.

(5) Any personal funds available to facility residents may
be used by residents as they choose to obtain clothing, personal
items, leisure activities, and other supplies and services for
their personal use. An administrator A facility may not demand,

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588-03820A-11 20111458c1 1538 require, or contract for payment of all or any part of the 1539 personal funds in satisfaction of the facility rate for supplies 1540 and services beyond that amount agreed to in writing and may not 1541 levy an additional charge to the individual or the account for 1542 any supplies or services that the facility has agreed by 1543 contract to provide as part of the standard monthly rate. Any 1544 service or supplies provided by the facility which are charged 1545 separately to the individual or the account may be provided only 1546 with the specific written consent of the individual, who shall 1547 be furnished in advance of the provision of the services or 1548 supplies with an itemized written statement to be attached to 1549 the contract setting forth the charges for the services or 1550 supplies. 1551 (6) (a) In addition to any damages or civil penalties to 1552 which a person is subject, any person who: 1553 1. Intentionally withholds a resident's personal funds, 1554 personal property, or personal needs allowance, or who demands, 1555 beneficially receives, or contracts for payment of all or any 1556 part of a resident's personal property or personal needs 1557 allowance in satisfaction of the facility rate for supplies and 1558 services; or 1559 2. Borrows from or pledges any personal funds of a 1560 resident, other than the amount agreed to by written contract 1561 under s. 429.24, 1562

1563 commits a misdemeanor of the first degree, punishable as 1564 provided in s. 775.082 or s. 775.083.

1565 (b) Any licensee, facility owner, administrator, or staff, 1566 or representative thereof, who is granted power of attorney for

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588-03820A-1120111458c11567any resident of the facility and who misuses or misappropriates1568funds obtained through this power commits a felony of the third1569degree, punishable as provided in s. 775.082, s. 775.083, or s.1570775.084.

1571 (7) In the event of the death of a resident, a licensee 1572 shall return all refunds, funds, and property held in trust to 1573 the resident's personal representative, if one has been 1574 appointed at the time the facility disburses such funds, and, if 1575 not, to the resident's spouse or adult next of kin named in a 1576 beneficiary designation form provided by the licensee facility 1577 to the resident. If the resident has no spouse or adult next of 1578 kin or such person cannot be located, funds due the resident 1579 shall be placed in an interest-bearing account, and all property 1580 held in trust by the licensee facility shall be safeguarded 1581 until such time as the funds and property are disbursed pursuant 1582 to the Florida Probate Code. Such funds shall be kept separate 1583 from the funds and property of the facility and other residents 1584 of the facility. If the funds of the deceased resident are not disbursed pursuant to the Florida Probate Code within 2 years 1585 1586 after the resident's death, the funds shall be deposited in the 1587 Health Care Trust Fund administered by the agency.

(8) The department may by rule clarify terms and specify procedures and documentation necessary to administer the provisions of this section relating to the proper management of residents' funds and personal property and the execution of surety bonds.

1593Section 22. Subsection (4) of section 429.275, Florida1594Statutes, is repealed.

1595 Section 23. Paragraph (k) of subsection (1) and subsections

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588-03820A-11 20111458c1 1596 (3), (4), (5), (6), and (7) of section 429.28, Florida Statutes, 1597 are amended to read: 429.28 Resident bill of rights.-1598 1599 (1) A No resident of a facility may not shall be deprived of any civil or legal rights, benefits, or privileges guaranteed 1600 by law, the Constitution of the State of Florida, or the 1601 1602 Constitution of the United States as a resident of a facility. 1603 Every resident of a facility shall have the right to: 1604 (k) At least 30 45 days' notice of relocation or 1605 termination of residency from the facility unless, for medical 1606 reasons, the resident is certified by a physician to require an 1607 emergency relocation to a facility providing a more skilled 1608 level of care or the resident engages in a pattern of conduct 1609 that is harmful or offensive to other residents. In the case of 1610 a resident who has been adjudicated mentally incapacitated, the 1611 guardian shall be given at least 30 45 days' notice of a 1612 nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a 1613 1614 facility to terminate the residency of an individual without 1615 notice as provided herein, the facility shall show good cause in 1616 a court of competent jurisdiction. 1617 (3) (a) The agency shall conduct a survey to determine general compliance with facility standards and compliance with 1618 residents' rights as a prerequisite to initial licensure or 1619 1620 licensure renewal. 1621 (b) In order to determine whether the facility is 1622 adequately protecting residents' rights, the biennial survey 1623 shall include private informal conversations with a sample of 1624 residents and consultation with the ombudsman council in the

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1625	planning and service area in which the facility is located to
1626	discuss residents' experiences within the facility.
1627	(c) During any calendar year in which no survey is
1628	conducted, the agency shall conduct at least one monitoring
1629	visit of each facility cited in the previous year for a class I
1630	or class II violation, or more than three uncorrected class III
1631	violations.
1632	(d) The agency may conduct periodic followup inspections as
1633	necessary to monitor the compliance of facilities with a history
1634	of any class I, class II, or class III violations that threaten
1635	the health, safety, or security of residents.
1636	(e) The agency may conduct complaint investigations as
1637	warranted to investigate any allegations of noncompliance with
1638	requirements required under this part or rules adopted under
1639	this part.
1640	(3)(4) The administrator shall ensure that facility shall
1641	not hamper or prevent residents may exercise from exercising
1642	their rights as specified in this section.
1643	(4) (5) <u>A staff member</u> No facility or employee of a facility
1644	may <u>not</u> serve notice upon a resident to leave the premises or
1645	take any other retaliatory action against any person who:
1646	(a) Exercises any right set forth in this section.
1647	(b) Appears as a witness in any hearing, inside or outside
1648	the facility.
1649	(c) Files a civil action alleging a violation of the
1650	provisions of this part or notifies a state attorney or the
1651	Attorney General of a possible violation of such provisions.
1652	(5) (6) An administrator may not terminate Any facility
1653	which terminates the residency of an individual who participated

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588-03820A-1120111458c11654in activities specified in subsection (4)(5) shall show good1655cause in a court of competent jurisdiction.

1656 (6) (7) Any person who submits or reports a complaint 1657 concerning a suspected violation of the provisions of this part 1658 or concerning services and conditions in facilities, or who 1659 testifies in any administrative or judicial proceeding arising 1660 from such a complaint, shall have immunity from any civil or 1661 criminal liability therefor, unless such person has acted in bad 1662 faith or with malicious purpose or the court finds that there 1663 was a complete absence of a justiciable issue of either law or 1664 fact raised by the losing party.

1665 Section 24. Paragraphs (a), (d), (h), (i), (j), and (l) of 1666 subsection (1) and subsection (5) of section 429.41, Florida 1667 Statutes, are amended to read:

1668

429.41 Rules establishing standards.-

1669 (1) It is the intent of the Legislature that rules 1670 published and enforced pursuant to this section shall include 1671 criteria by which a reasonable and consistent quality of 1672 resident care and quality of life may be ensured and the results 1673 of such resident care may be demonstrated. Such rules shall also 1674 ensure a safe and sanitary environment that is residential and 1675 noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and 1676 1677 preferences of residents to enhance the quality of life in a facility. The agency, in consultation with the department, may 1678 1679 adopt rules to administer the requirements of part II of chapter 1680 408. In order to provide safe and sanitary facilities and the 1681 highest quality of resident care accommodating the needs and 1682 preferences of residents, the department, in consultation with

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588-03820A-11 20111458c1 1683 the agency, the Department of Children and Family Services, and 1684 the Department of Health, shall adopt rules, policies, and 1685 procedures to administer this part, which must include 1686 reasonable and fair minimum standards in relation to: 1687 (a) The requirements for and maintenance of facilities, not 1688 in conflict with the provisions of chapter 553, relating to 1689 plumbing, heating, cooling, lighting, ventilation, living space, 1690 and other housing conditions, which will ensure the health, 1691 safety, and comfort of residents and protection from fire 1692 hazard, including adequate provisions for fire alarm and other 1693 fire protection suitable to the size of the structure. Uniform 1694 firesafety standards shall be established and enforced by the 1695 State Fire Marshal in cooperation with the agency, the 1696 department, and the Department of Health. 1697 1. Evacuation capability determination.-1698 a. The provisions of the National Fire Protection 1699 Association, NFPA 101A, Chapter 5, 1995 edition, shall be used 1700 for determining the ability of the residents, with or without staff assistance, to relocate from or within a licensed facility 1701 1702 to a point of safety as provided in the fire codes adopted 1703 herein. An evacuation capability evaluation for initial 1704 licensure shall be conducted within 6 months after the date of 1705 licensure. For existing licensed facilities that are not 1706 equipped with an automatic fire sprinkler system, the 1707 administrator shall evaluate the evacuation capability of 1708 residents at least annually. The evacuation capability 1709 evaluation for each facility not equipped with an automatic fire 1710 sprinkler system shall be validated, without liability, by the 1711 State Fire Marshal, by the local fire marshal, or by the local

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1712	authority having jurisdiction over firesafety, before the
1713	license renewal date. If the State Fire Marshal, local fire
1714	marshal, or local authority having jurisdiction over firesafety
1715	has reason to believe that the evacuation capability of a
1716	facility as reported by the administrator may have changed, it
1717	may, with assistance from the facility administrator, reevaluate
1718	the evacuation capability through timed exiting drills.
1719	Translation of timed fire exiting drills to evacuation
1720	capability may be determined:
1721	(I) Three minutes or less: prompt.
1722	(II) More than 3 minutes, but not more than 13 minutes:
1723	slow.
1724	(III) More than 13 minutes: impractical.
1725	b. The Office of the State Fire Marshal shall provide or
1726	cause the provision of training and education on the proper
1727	application of Chapter 5, NFPA 101A, 1995 edition, to its
1728	employees, to staff of the Agency for Health Care Administration
1729	who are responsible for regulating facilities under this part,
1730	and to local governmental inspectors. The Office of the State
1731	Fire Marshal shall provide or cause the provision of this
1732	training within its existing budget, but may charge a fee for
1733	this training to offset its costs. The initial training must be
1734	delivered within 6 months after July 1, 1995, and as needed
1735	thereafter.
1736	c. The Office of the State Fire Marshal, in cooperation
1737	with provider associations, shall provide or cause the provision
1738	of a training program designed to inform facility operators on
1739	how to properly review bid documents relating to the

1740 installation of automatic fire sprinklers. The Office of the

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588-03820A-11 20111458c1 1741 State Fire Marshal shall provide or cause the provision of this training within its existing budget, but may charge a fee for 1742 1743 this training to offset its costs. The initial training must be 1744 delivered within 6 months after July 1, 1995, and as needed 1745 thereafter. 1746 d. The administrator of a licensed facility shall sign an 1747 affidavit verifying the number of residents occupying the 1748 facility at the time of the evacuation capability evaluation. 2. Firesafety requirements.-1749 1750 a. Except for the special applications provided herein, 1751 effective January 1, 1996, the provisions of the National Fire 1752 Protection Association, Life Safety Code, NFPA 101, 1994 1753 edition, Chapter 22 for new facilities and Chapter 23 for 1754 existing facilities shall be the uniform fire code applied by 1755 the State Fire Marshal for assisted living facilities, pursuant 1756 to s. 633.022. 1757 b. Any new facility, regardless of size, that applies for a license on or after January 1, 1996, must be equipped with an 1758 automatic fire sprinkler system. The exceptions as provided in 1759 1760 s. 22-2.3.5.1, NFPA 101, 1994 edition, as adopted herein, apply 1761 to any new facility housing eight or fewer residents. On July 1, 1762 1995, local governmental entities responsible for the issuance 1763 of permits for construction shall inform, without liability, any 1764 facility whose permit for construction is obtained prior to January 1, 1996, of this automatic fire sprinkler requirement. 1765 1766 As used in this part, the term "a new facility" does not mean an 1767 existing facility that has undergone change of ownership.

1768c. Notwithstanding any provision of s. 633.022 or of the1769National Fire Protection Association, NFPA 101A, Chapter 5, 1995

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588-03820A-11 20111458c1 1770 edition, to the contrary, any existing facility housing eight or 1771 fewer residents is not required to install an automatic fire 1772 sprinkler system, nor to comply with any other requirement in 1773 Chapter 23, NFPA 101, 1994 edition, that exceeds the firesafety 1774 requirements of NFPA 101, 1988 edition, that applies to this 1775 size facility, unless the facility has been classified as 1776 impractical to evacuate. Any existing facility housing eight or 1777 fewer residents that is classified as impractical to evacuate 1778 must install an automatic fire sprinkler system within the 1779 timeframes granted in this section.

d. Any existing facility that is required to install an
automatic fire sprinkler system under this paragraph need not
meet other firesafety requirements of Chapter 23, NFPA 101, 1994
edition, which exceed the provisions of NFPA 101, 1988 edition.
The mandate contained in this paragraph which requires certain
facilities to install an automatic fire sprinkler system
supersedes any other requirement.

e. This paragraph does not supersede the exceptions grantedin NFPA 101, 1988 edition or 1994 edition.

1789 f. This paragraph does not exempt <u>a facility facilities</u> 1790 from other firesafety provisions adopted under s. 633.022 and 1791 local building code requirements in effect before July 1, 1995.

1792 g. A local government may charge fees only in an amount not 1793 to exceed the actual expenses incurred by local government 1794 relating to the installation and maintenance of an automatic 1795 fire sprinkler system in an existing and properly licensed 1796 assisted living facility structure as of January 1, 1996.

1797 h. If a licensed facility undergoes major reconstruction or 1798 addition to an existing building on or after January 1, 1996,

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588-03820A-11 20111458c1 1799 the entire building must be equipped with an automatic fire sprinkler system. Major reconstruction of a building means 1800 1801 repair or restoration that costs in excess of 50 percent of the 1802 value of the building as reported on the tax rolls, excluding 1803 land, before reconstruction. Multiple reconstruction projects 1804 within a 5-year period the total costs of which exceed 50 1805 percent of the initial value of the building at the time the 1806 first reconstruction project was permitted are to be considered 1807 as major reconstruction. Application for a permit for an 1808 automatic fire sprinkler system is required upon application for 1809 a permit for a reconstruction project that creates costs that go 1810 over the 50 percent 50-percent threshold. 1811 i. Any facility licensed before January 1, 1996, that is

required to install an automatic fire sprinkler system shall ensure that the installation is completed within the following timeframes based upon evacuation capability of the facility as determined under subparagraph 1.:

1816

1817

1818

1819

(I) Impractical evacuation capability, 24 months.

(II) Slow evacuation capability, 48 months.

(III) Prompt evacuation capability, 60 months.

1820 The beginning date from which the deadline for the automatic 1821 fire sprinkler installation requirement must be calculated is 1822 upon receipt of written notice from the local fire official that 1823 an automatic fire sprinkler system must be installed. The local 1824 fire official shall send a copy of the document indicating the 1825 requirement of a fire sprinkler system to the Agency for Health 1826 Care Administration.

1827

j. It is recognized that the installation of an automatic

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1828 fire sprinkler system may create financial hardship for some 1829 facilities. The appropriate local fire official shall, without 1830 liability, grant two 1-year extensions to the timeframes for 1831 installation established herein, if an automatic fire sprinkler 1832 installation cost estimate and proof of denial from two 1833 financial institutions for a construction loan to install the 1834 automatic fire sprinkler system are submitted. However, for any 1835 facility with a class I or class II, or a history of uncorrected 1836 class III, firesafety deficiencies, an extension must not be 1837 granted. The local fire official shall send a copy of the 1838 document granting the time extension to the Agency for Health 1839 Care Administration.

1840 k. A facility owner whose facility is required to be 1841 equipped with an automatic fire sprinkler system under Chapter 1842 23, NFPA 101, 1994 edition, as adopted herein, must disclose to 1843 any potential buyer of the facility that an installation of an 1844 automatic fire sprinkler requirement exists. The sale of the 1845 facility does not alter the timeframe for the installation of 1846 the automatic fire sprinkler system.

1847 1. An existing facility facilities required to install an 1848 automatic fire sprinkler system as a result of construction-type 1849 restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted 1850 herein, or evacuation capability requirements shall be notified 1851 by the local fire official in writing of the automatic fire 1852 sprinkler requirement, as well as the appropriate date for final 1853 compliance as provided in this subparagraph. The local fire 1854 official shall send a copy of the document to the Agency for 1855 Health Care Administration.

1856

m. Except in cases of life-threatening fire hazards, if an

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1857	existing facility experiences a change in the evacuation
1858	capability, or if the local authority having jurisdiction
1859	identifies a construction-type restriction, such that an
1860	automatic fire sprinkler system is required, it shall be
1861	afforded time for installation as provided in this subparagraph.
1862	
1863	Facilities that are fully sprinkled and in compliance with other
1864	firesafety standards are not required to conduct more than one
1865	of the required fire drills between the hours of 11 p.m. and 7 $$
1866	a.m., per year. In lieu of the remaining drills, staff
1867	responsible for residents during such hours may be required to
1868	participate in a mock drill that includes a review of evacuation
1869	procedures. Such standards must be included or referenced in the
1870	rules adopted by the State Fire Marshal. Pursuant to s.
1871	633.022(1)(b), the State Fire Marshal is the final
1872	administrative authority for firesafety standards established
1873	and enforced pursuant to this section. All licensed facilities
1874	must have an annual fire inspection conducted by the local fire
1875	marshal or authority having jurisdiction.
1876	3. Resident elopement requirementsFacilities are required
1877	to conduct a minimum of two resident elopement prevention and
1878	response drills per year. All administrators and direct care

1879 staff must participate in the drills which shall include a 1880 review of procedures to address resident elopement. Facilities 1881 must document the implementation of the drills and ensure that 1882 the drills are conducted in a manner consistent with the 1883 facility's resident elopement policies and procedures.

(d) All sanitary conditions within the facility and itssurroundings which will ensure the health and comfort of

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1886	residents. To ensure that inspections are not duplicative, the
1887	rules must clearly delineate the responsibilities of the agency
1888	regarding agency's licensure and survey inspections staff, the
1889	county health departments regarding food safety and sanitary
1890	inspections, and the local fire marshal regarding firesafety
1891	inspections authority having jurisdiction over firesafety and
1892	ensure that inspections are not duplicative. The agency may
1893	collect fees for food service inspections conducted by the
1894	county health departments and transfer such fees to the
1895	Department of Health.
1896	(h) The care and maintenance of residents, which must
1897	include, but is not limited to:
1898	1. The supervision of residents;
1899	2. The provision of personal services;
1900	3. The provision of, or arrangement for, social and leisure
1901	activities;
1902	4. The arrangement for appointments and transportation to
1903	appropriate medical, dental, nursing, or mental health services,
1904	as needed by residents;
1905	5. The management of medication;
1906	6. The <u>food service</u> nutritional needs of residents; <u>and</u>
1907	7. Resident records <u>.; and</u>
1908	8. Internal risk management and quality assurance.
1909	(i) Facilities holding <u>an</u> a limited nursing, extended
1910	congregate care $_{m{ au}}$ or limited mental health license.
1911	(j) The establishment of specific criteria to define
1912	appropriateness of resident admission and continued residency in
1913	a facility holding a standard, limited nursing, extended
1914	congregate care, and limited mental health license.

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588-03820A-11 20111458c1 1915 (1) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two 1916 1917 resident elopement drills each year. All administrators and 1918 direct care staff shall participate in the drills. Facilities shall document the drills. 1919 1920 (5) Beginning January 1, 2012, the agency shall may use an 1921 abbreviated biennial standard licensure inspection that consists 1922 of a review of key quality-of-care standards in lieu of a full 1923 inspection in a facility that has a good record of past 1924 performance. However, a full inspection must be conducted in a 1925 facility that has a history of class I or class II violations, 1926 uncorrected class III violations, confirmed ombudsman council 1927 complaints, or confirmed licensure complaints, within the 1928 previous licensure period immediately preceding the inspection 1929 or if a potentially serious problem is identified during the

abbreviated inspection. The agency, in consultation with the department, shall develop, maintain, and update the key qualityof-care standards with input from the State Long-Term Care Ombudsman Council and representatives of <u>associations and</u> organizations representing assisted living facilities provider groups for incorporation into its rules.

1936 Section 25. Section 429.42, Florida Statutes, is amended to 1937 read:

1938

429.42 Pharmacy and dietary services.-

(1) Any assisted living facility in which the agency has
documented a class I or class II <u>violation</u> deficiency or
uncorrected class III <u>violations</u> deficiencies regarding
medicinal drugs or over-the-counter preparations, including
their storage, use, delivery, or administration, or dietary

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1944	services, or both, during a biennial survey or a monitoring
1945	visit or an investigation in response to a complaint, shall, in
1946	addition to or as an alternative to any penalties imposed under
1947	s. 429.19, be required to employ the consultant services of a
1948	licensed pharmacist, a licensed registered nurse, or a
1949	registered or licensed dietitian, as applicable. The consultant
1950	shall, at a minimum, provide onsite quarterly consultation until
1951	the inspection team from the agency determines that such
1952	consultation services are no longer required.
1953	(2) A corrective action plan for deficiencies related to
1954	assistance with the self-administration of medication or the
1955	administration of medication must be developed and implemented
1956	by the facility within 48 hours after notification of such
1957	deficiency, or sooner if the deficiency is determined by the
1958	agency to be life-threatening.
1959	(3) The agency shall employ at least two pharmacists
1960	licensed pursuant to chapter 465 among its personnel who
1961	biennially inspect assisted living facilities licensed under
1962	this part, to participate in biennial inspections or consult
1963	with the agency regarding deficiencies relating to medicinal
1964	drugs or over-the-counter preparations.
1965	(2)(4) The department may by rule establish procedures and
1966	specify documentation as necessary to implement this section.
1967	Section 26. Section 429.445, Florida Statutes, is amended
1968	to read:
1969	429.445 Compliance with local zoning requirements.—No
1970	facility licensed under this part may commence any construction
1971	which will expand the size of the existing structure unless the
1972	licensee first submits to the agency proof that such

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2001

588-03820A-11 20111458c1 1973 construction will be in compliance with applicable local zoning 1974 requirements. Facilities with a licensed capacity of less than 1975 15 persons shall comply with the provisions of chapter 419. 1976 Section 27. Section 429.47, Florida Statutes, is amended to 1977 read: 1978 429.47 Prohibited acts; penalties for violation.-1979 (1) While an assisted living a facility is under 1980 construction or is seeking licensure, the owner may advertise to the public prior to obtaining a license. Facilities that are 1981 1982 certified under chapter 651 shall comply with the advertising 1983 provisions of s. 651.095 rather than those provided for in this 1984 subsection. 1985 (2) A freestanding facility shall not advertise or imply 1986 that any part of it is a nursing home. For the purpose of this 1987 subsection, "freestanding facility" means a facility that is not 1988 operated in conjunction with a nursing home to which residents 1989 of the facility are given priority when nursing care is 1990 required. A person who violates this subsection is subject to 1991 fine as specified in s. 429.19. 1992 (2) (3) Any facility that which is affiliated with any 1993 religious organization or which has a name implying religious 1994 affiliation shall include in its advertising whether or not it 1995 is affiliated with any religious organization and, if so, which 1996 organization. 1997 (3) (4) A facility licensed under this part which is not 1998 part of a facility authorized under chapter 651 shall include 1999 the facility's license number as given by the agency in all 2000 advertising. A company or person owning more than one facility

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shall include at least one license number per advertisement. All

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2002	advertising shall include the term "assisted living facility" <u>or</u>
2003	the abbreviation "ALF" before the license number.
2004	Section 28. Subsection (1) of section 429.49, Florida
2005	Statutes, is amended to read:
2006	429.49 Resident records; penalties for alteration
2007	(1) Any person who fraudulently alters, defaces, or
2008	falsifies any medical <u>record</u> or <u>any resident's</u> other record of
2009	an assisted living facility, or causes or procures any such
2010	offense to be committed, commits a misdemeanor of the second
2011	degree, punishable as provided in s. 775.082 or s. 775.083.
2012	Section 29. Subsections (3), (5), and (8) of section
2013	429.52, Florida Statutes, are amended, present subsection (11)
2014	of that section is redesignated as subsection (12), and a new
2015	subsection (11) is added to that section, read:
2016	429.52 Staff training and educational programs; core
2017	educational requirement
2018	(3) Effective January 1, 2004, a new facility administrator
2019	must complete the required training and education, including the
2020	competency test, within a reasonable time after being employed
2021	as an administrator, as determined by the department. Failure to
2022	do so is a violation of this part and subjects the violator to
2023	an administrative fine as prescribed in s. 429.19.
2024	Administrators licensed in accordance with part II of chapter
2025	468 are exempt from this requirement. Other licensed
2026	professionals may be exempted, as determined by the department
2027	by rule.
2028	(5) Staff involved with the management of medications and

2029 assisting with the self-administration of medications under s. 2030 429.256 must complete a minimum of 4 additional hours of

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2031	training provided by a registered nurse, licensed pharmacist, or
2032	department staff and must complete 2 hours of continuing
2033	education training annually. The department shall establish by
2034	rule the minimum requirements of this additional training.
2035	(8) The department shall adopt rules related to these
2036	training requirements, the competency test, necessary
2037	procedures, and competency test fees and shall adopt or contract
2038	with another entity to develop a curriculum, which shall be used
2039	as the minimum core training requirements. The department shall
2040	consult with representatives of stakeholder associations <u>,</u>
2041	organizations representing assisted living facilities, and
2042	agencies in the development of the curriculum.
2043	(11) A training provider certified by the department must
2044	continue to meet continuing education requirements and other
2045	standards as set forth in rules adopted by the department. A
2046	training provider or trainee may be sanctioned pursuant to s.
2047	430.081 for failing to comply with the standards set forth in
2048	the rules.
2049	Section 30. Subsections (1) and (2) of section 429.53,
2050	Florida Statutes, are amended to read:
2051	429.53 Consultation by the agency
2052	(1) The area offices of licensure and certification of the
2053	agency shall provide consultation to the following upon request:
2054	(a) A licensee of a facility.
2055	(b) A person interested in obtaining a license to operate a
2056	facility under this part.
2057	(2) As used in this section, "consultation" includes:
2058	(a) An explanation of the requirements of this part and
2059	rules adopted pursuant thereto;

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2060	(b) An explanation of the license application and renewal
2061	procedures; and
2062	(c) The provision of a checklist of general local and state
2063	approvals required prior to constructing or developing a
2064	facility and a listing of the types of agencies responsible for
2065	such_approvals;
2066	(d) An explanation of benefits and financial assistance
2067	available to a recipient of supplemental security income
2068	residing in a facility;
2069	(c) (e) Any other information which the agency deems
2070	necessary to promote compliance with the requirements of this
2071	part_ ; and
2072	(f) A preconstruction review of a facility to ensure
2073	compliance with agency rules and this part.
2074	Section 31. Section 429.54, Florida Statutes, is repealed.
2075	Section 32. Paragraph (a) of subsection (1) and subsections
2076	(5) and (6) of section 429.71, Florida Statutes, are amended to
2077	read:
2078	429.71 Classification of deficiencies; administrative
2079	fines
2080	(1) In addition to the requirements of part II of chapter
2081	408 and in addition to any other liability or penalty provided
2082	by law, the agency may impose an administrative fine on a
2083	provider according to the following classification:
2084	(a) Class I violations are those conditions or practices
2085	related to the operation and maintenance of an adult family-care
2086	home or to the care of residents which the agency determines
2087	present an imminent danger to the residents or guests of the
2088	adult family-care home facility or a substantial probability

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2089	that death or serious physical or emotional harm would result
2090	therefrom. The condition or practice that constitutes a class I
2091	violation must be abated or eliminated within 24 hours, unless a
2092	fixed period, as determined by the agency, is required for
2093	correction. A class I <u>violation</u> deficiency is subject to an
2094	administrative fine in an amount not less than \$500 and not
2095	exceeding \$1,000 for each violation. A fine may be levied
2096	notwithstanding the correction of the violation deficiency.
2097	(5) As an alternative to or in conjunction with an
2098	administrative action against a provider, the agency may request
2099	a plan of corrective action that demonstrates a good faith
2100	effort to remedy each violation by a specific date, subject to
2101	the approval of the agency.
2102	(5)(6) The department shall set forth, by rule, notice
2103	requirements and procedures for correction of $violations$
2104	deficiencies.
2105	Section 33. Subsection (3) is added to section 429.81,
2106	Florida Statutes, to read:
2107	429.81 Residency agreements
2108	(3) Each residency agreement must specify that the resident
2109	must give the provider a 30 days' written notice of intent to
2110	terminate his or her residency from the adult family-care home.
2111	Section 34. Section 430.081, Florida Statutes, is created
2112	to read:
2113	430.081 Sanctioning of training providers and traineesThe
2114	Department of Elderly Affairs may sanction training providers
2115	and trainees for infractions involving any required training
2116	that the department has the authority to regulate under chapter
2117	400, chapter 429, or chapter 430 in order to ensure that such

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2118	training providers and trainees satisfy specific qualification
2119	requirements and adhere to training curricula that is approved
2120	by the department. Training infractions include, but are not
2121	limited to, falsification of training records, falsification of
2122	training certificates, falsification of a training provider's
2123	qualifications, failure to adhere to the required number of
2124	training hours, failure to use the required curriculum, failure
2125	to maintain the continuing education for the training provider's
2126	recertification, failure to obtain reapproval of a curriculum
2127	when required, providing false or inaccurate information,
2128	misrepresentation of the required materials, and use of a false
2129	identification as a training provider or trainee. Sanctions may
2130	be progressive in nature and may consist of corrective action
2131	measures; suspension or termination from participation as an
2132	approved training provider or trainee, including sitting for any
2133	required examination; and administrative fines not to exceed
2134	\$1,000 per incident. One or more sanctions may be levied per
2135	incident.
2136	Section 35. Paragraph (j) is added to subsection (3) of
2137	section 817.505, Florida Statutes, to read:
2138	817.505 Patient brokering prohibited; exceptions;
2139	penalties
2140	(3) This section shall not apply to:
2141	(j) Any payments by an assisted living facility, as defined
2142	in s. 429.02, which are permitted under s. 429.195(3).
2143	Section 36. Licensure fees adjusted by consumer price index
2144	increases prior to the effective date of this act are not
2145	intended to be reset by this act and may continue to accrue as
2146	authorized by law.

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588-03820A-11 20111458c1 2147 Section 37. This act shall take effect July 1, 2011.

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

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