

LEGISLATIVE ACTION

Senate House

Floor: 1/AD/2R Floor: SENA1/RC 03/09/2012 03:56 PM 03/09/2012 08:47 PM

Senators Storms, Rich, and Garcia moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 394.4574, Florida Statutes, is amended to read:

394.4574 Department responsibilities for a mental health resident who resides in an assisted living facility that holds a limited mental health license.-

(1) The term "mental health resident," for purposes of this section, means an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security

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income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.

- (2) The department must ensure that:
- (a) A mental health resident has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be provided to the administrator of the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident if it was completed within 90 days prior to admission to the facility.
- (b) A cooperative agreement, as required in s. 429.0751 429.075, is developed between the mental health care services provider that serves a mental health resident and the administrator of the assisted living facility with a limited mental health license in which the mental health resident is living. The cooperative agreement must provide detailed information concerning case management services; access to consumer-operated drop-in centers; reliable access to services during evenings, weekends, and holidays which avoids the use of hospital emergency departments except in emergencies; supervision of clinical needs of the residents; and access to emergency psychiatric care. Any entity that provides Medicaid prepaid health plan services shall ensure the appropriate

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coordination of health care services with an assisted living facility in cases where a Medicaid recipient is both a member of the entity's prepaid health plan and a resident of the assisted living facility. If the entity is at risk for Medicaid targeted case management and behavioral health services, the entity shall inform the assisted living facility of the procedures to follow should an emergent condition arise.

- (c) The community living support plan, as defined in s. 429.02, has been prepared by a mental health resident and a mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. The plan must be provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives. The support plan and the agreement may be in one document.
- (d) The assisted living facility with a limited mental health license is provided with documentation that the individual meets the definition of a mental health resident.
- (e) The mental health services provider assigns a case manager to each mental health resident who lives in an assisted living facility with a limited mental health license. The case manager is responsible for coordinating the development of and implementation of the community living support plan defined in s. 429.02. The plan must be updated as needed, but at least annually to ensure that the ongoing needs of the resident are addressed. The community living support plan must include a detailed description of how the clinical needs of the resident will be supervised, how often the case manager will see the resident, and how the resident may access the case manager, and



must identify conditions indicative of a change in the condition of the resident which might warrant changes in clinical supervision or which might prompt the assisted living facility to contact the case manager on behalf of the resident and the steps that will be taken to ensure that the resident receives appropriate emergency psychiatric care through the mental health provider. Each case manager shall keep a record of the date and time of any face-to-face interaction with the mental health resident and make the record available to the department for inspection. The record must be retained for 2 years after the date of the most recent interaction.

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The department shall adopt rules to implement the community living support plans and cooperative agreements established under this section.

- (f) There is adequate and consistent monitoring and enforcement of community living support plans and cooperative agreements by the department.
- (3) Medicaid prepaid health plans shall ensure the appropriate coordination of health care services with an assisted living facility when a Medicaid recipient is both a member of the entity's prepaid health plan and a resident of the assisted living facility. If the Medicaid prepaid plan is responsible for Medicaid targeted case management and behavioral health services, the plan shall inform the assisted living facility of the procedures to follow should an emergency condition arise.
- (4) The department shall include in contracts with mental health service providers provisions that require the service

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provider to assign a case manager for a mental health resident, prepare a community living support plan, enter into a cooperative agreement with the assisted living facility, and otherwise comply with the provisions of this section. The department shall establish and impose contract penalties for mental health service providers under contract with the department which fail to comply with this section.

- (5) The Agency for Health Care Administration shall include in contracts with Medicaid prepaid health plans provisions that require the mental health service provider to prepare a community living support plan, enter into a cooperative agreement with the assisted living facility, and otherwise comply with the provisions of this section. The agency shall also establish and impose contract penalties for Medicaid prepaid health plans that fail to comply with the provisions of this section.
- (6) The department shall enter into an interagency agreement with the Agency for Health Care Administration which delineates their respective responsibilities and procedures for enforcing the requirements of this section with respect to assisted living facilities and mental health service providers.
- (7) The Secretary of Children and Family Services, in consultation with the Agency for Health Care Administration, shall annually require each district administrator to develop, with community input, detailed plans that demonstrate how the district will ensure the provision of state-funded mental health and substance abuse treatment services to residents of assisted living facilities that hold a limited mental health license. These plans must be consistent with the substance abuse and

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mental health district plan developed pursuant to s. 394.75 and must address case management services; access to consumeroperated drop-in centers; access to services during evenings, weekends, and holidays; supervision of the clinical needs of the residents; and access to emergency psychiatric care.

Section 2. Subsection (1) of section 395.002, Florida Statutes, is amended to read:

395.002 Definitions.—As used in this chapter:

(1) "Accrediting organizations" means national accreditation organizations that are approved by the Centers for Medicare and Medicaid Services and whose standards incorporate comparable licensure regulations required by the state the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities, and the Accreditation Association for Ambulatory Health Care, Inc.

Section 3. Section 395.1051, Florida Statutes, is amended to read:

395.1051 Duty to notify patients.

- (1) An appropriately trained person designated by each licensed facility shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section does shall not constitute an acknowledgment or admission of liability and may not, nor can it be introduced as evidence.
- (2) A hospital must provide notice to all obstetrical physicians with privileges at the hospital at least 120 days

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before the hospital closes an obstetrics department or ceases to provide obstetrical services.

Section 4. Subsection (2) of section 400.0078, Florida Statutes, is amended to read:

400.0078 Citizen access to State Long-Term Care Ombudsman Program services.-

- (2) Every resident or representative of a resident shall receive, Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding:
- (a) 1. The purpose of the State Long-Term Care Ombudsman Program; -
- 2. The statewide toll-free telephone number for receiving complaints; -
- 3. The residents' rights under s. 429.28, including information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any of these rights; and
- 4. Other relevant information regarding how to contact the program.
- (b) Residents or their representatives must be furnished additional copies of this information upon request.
- Section 5. Subsection (3) of section 408.05, Florida Statutes, is amended to read:
- 408.05 Florida Center for Health Information and Policy Analysis.-
- (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.-The agency shall collect, compile, analyze, and distribute In order to produce comparable and uniform health information and

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statistics. Such information shall be used for developing the development of policy recommendations, evaluating program and provider performance, and facilitating the independent and collaborative quality improvement activities of providers, payors, and others involved in the delivery of health services. The agency shall perform the following functions:

- (a) Coordinate the activities of state agencies involved in the design and implementation of the comprehensive health information system.
- (b) Undertake research, development, and evaluation respecting the comprehensive health information system.
- (c) Review the statistical activities of state agencies to ensure that they are consistent with the comprehensive health information system.
- (d) Develop written agreements with local, state, and federal agencies for the sharing of health-care-related data or using the facilities and services of such agencies. State agencies, local health councils, and other agencies under state contract shall assist the center in obtaining, compiling, and transferring health-care-related data maintained by state and local agencies. Written agreements must specify the types, methods, and periodicity of data exchanges and specify the types of data that will be transferred to the center.
- (e) Establish by rule the types of data collected, compiled, processed, used, or shared. Decisions regarding center data sets should be made based on consultation with the State Consumer Health Information and Policy Advisory Council and other public and private users regarding the types of data which should be collected and their uses. The center shall establish

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standardized means for collecting health information and statistics under laws and rules administered by the agency.

- (f) Establish minimum health-care-related data sets which are necessary on a continuing basis to fulfill the collection requirements of the center and which shall be used by state agencies in collecting and compiling health-care-related data. The agency shall periodically review ongoing health care data collections of the Department of Health and other state agencies to determine if the collections are being conducted in accordance with the established minimum sets of data.
- (q) Establish advisory standards to ensure the quality of health statistical and epidemiological data collection, processing, and analysis by local, state, and private organizations.
- (h) Prescribe standards for the publication of health-carerelated data reported pursuant to this section which ensure the reporting of accurate, valid, reliable, complete, and comparable data. Such standards should include advisory warnings to users of the data regarding the status and quality of any data reported by or available from the center.
- (i) Prescribe standards for the maintenance and preservation of the center's data. This should include methods for archiving data, retrieval of archived data, and data editing and verification.
- (j) Ensure that strict quality control measures are maintained for the dissemination of data through publications, studies, or user requests.
- (k) Develop, in conjunction with the State Consumer Health Information and Policy Advisory Council, and implement a long-

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range plan for making available health care quality measures and financial data that will allow consumers to compare health care services. The health care quality measures and financial data the agency must make available shall include, but is not limited to, pharmaceuticals, physicians, health care facilities, and health plans and managed care entities. The agency shall update the plan and report on the status of its implementation annually. The agency shall also make the plan and status report available to the public on its Internet website. As part of the plan, the agency shall identify the process and timeframes for implementation, any barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to eliminate the barriers. As preliminary elements of the plan, the agency shall:

1. Make available patient-safety indicators, inpatient quality indicators, and performance outcome and patient charge data collected from health care facilities pursuant to s. 408.061(1)(a) and (2). The terms "patient-safety indicators" and "inpatient quality indicators" shall be as defined by the Centers for Medicare and Medicaid Services, the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states. The agency shall determine which conditions, procedures, health care quality measures, and patient charge data to disclose based upon input from the council. When determining which conditions and procedures are to be disclosed, the council and the agency shall

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consider variation in costs, variation in outcomes, and magnitude of variations and other relevant information. When determining which health care quality measures to disclose, the agency:

- a. Shall consider such factors as volume of cases; average patient charges; average length of stay; complication rates; mortality rates; and infection rates, among others, which shall be adjusted for case mix and severity, if applicable.
- b. May consider such additional measures that are adopted by the Centers for Medicare and Medicaid Studies, National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, or a similar national entity that establishes standards to measure the performance of health care providers, or by other states.

When determining which patient charge data to disclose, the agency shall include such measures as the average of undiscounted charges on frequently performed procedures and preventive diagnostic procedures, the range of procedure charges from highest to lowest, average net revenue per adjusted patient day, average cost per adjusted patient day, and average cost per admission, among others.

2. Make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to chapter 627 or chapter 641. The agency shall determine which health care quality measures and member and subscriber cost data to disclose, based upon input from the council. When determining which data to disclose, the agency shall consider information

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that may be required by either individual or group purchasers to assess the value of the product, which may include membership satisfaction, quality of care, current enrollment or membership, coverage areas, accreditation status, premium costs, plan costs, premium increases, range of benefits, copayments and deductibles, accuracy and speed of claims payment, credentials of physicians, number of providers, names of network providers, and hospitals in the network. Health plans shall make available to the agency any such data or information that is not currently reported to the agency or the office.

- 3. Determine the method and format for public disclosure of data reported pursuant to this paragraph. The agency shall make its determination based upon input from the State Consumer Health Information and Policy Advisory Council. At a minimum, the data shall be made available on the agency's Internet website in a manner that allows consumers to conduct an interactive search that allows them to view and compare the information for specific providers. The website must include such additional information as is determined necessary to ensure that the website enhances informed decisionmaking among consumers and health care purchasers, which shall include, at a minimum, appropriate quidance on how to use the data and an explanation of why the data may vary from provider to provider.
- 4. Publish on its website undiscounted charges for no fewer than 150 of the most commonly performed adult and pediatric procedures, including outpatient, inpatient, diagnostic, and preventative procedures.
- (1) Assist quality improvement collaboratives by releasing information to the providers, payors, or entities representing

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and working on behalf of providers and payors. The agency shall release such data, which is deemed necessary for the administration of the Medicaid program, to quality improvement collaboratives for evaluation of the incidence of potentially preventable events.

Section 6. Paragraph (c) of subsection (4) of section 409.212, Florida Statutes, is amended to read:

- 409.212 Optional supplementation.-
- (4) In addition to the amount of optional supplementation provided by the state, a person may receive additional supplementation from third parties to contribute to his or her cost of care. Additional supplementation may be provided under the following conditions:
- (c) The additional supplementation shall not exceed four two times the provider rate recognized under the optional state supplementation program.
- Section 7. Section 409.986, Florida Statutes, is created to read:
 - 409.986 Quality adjustments to Medicaid rates. -
 - (1) As used in this section, the term:
- (a) "Expected rate" means the risk-adjusted rate for each provider that accounts for the severity of illness, diagnosis related groups, and the age of a patient.
- (b) "Hospital-acquired infections" means infections not present and without evidence of incubation at the time of admission to a hospital.
- (c) "Observed rate" means the actual number for each provider of potentially preventable events divided by the number of cases in which potentially preventable events may have



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- (d) "Potentially preventable admission" means an admission of a person to a hospital that might have reasonably been prevented with adequate access to ambulatory care or health care coordination.
- (e) "Potentially preventable ancillary service" means a health care service provided or ordered by a physician or other health care provider to supplement or support the evaluation or treatment of a patient, including a diagnostic test, laboratory test, therapy service, or radiology service, that may not be reasonably necessary for the provision of quality health care or treatment.
- (f) "Potentially preventable complication" means a harmful event or negative outcome with respect to a person, including an infection or surgical complication, that:
 - 1. Occurs after the person's admission to a hospital; and
- 2. May have resulted from the care, lack of care, or treatment provided during the hospital stay rather than from a natural progression of an underlying disease.
- (g) "Potentially preventable emergency department visit" means treatment of a person in a hospital emergency room or freestanding emergency medical care facility for a condition that does not require or should not have required emergency medical attention because the condition can or could have been treated or prevented by a physician or other health care provider in a nonemergency setting.
- (h) "Potentially preventable event" means a potentially preventable admission, a potentially preventable ancillary service, a potentially preventable complication, a potentially

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preventable emergency department visit, a potentially preventable readmission, or a combination of those events.

- (i) "Potentially preventable readmission" means a return hospitalization of a person within 15 days that may have resulted from deficiencies in the care or treatment provided to the person during a previous hospital stay or from deficiencies in posthospital discharge followup. The term does not include a hospital readmission necessitated by the occurrence of unrelated events after the discharge. The term includes the readmission of a person to a hospital for:
- 1. The same condition or procedure for which the person was previously admitted;
- 2. An infection or other complication resulting from care previously provided; or
- 3. A condition or procedure that indicates that a surgical intervention performed during a previous admission was unsuccessful in achieving the anticipated outcome.
- (j) "Quality improvement collaboration" means a structured process involving multiple providers and subject matter experts to focus on a specific aspect of quality care in order to analyze past performance and plan, implement, and evaluate specific improvement methods.
- (2) The agency shall establish and implement methodologies to adjust Medicaid payment rates for hospitals, nursing homes, and managed care plans based on evidence of improved patient outcomes. Payment adjustments shall be dependent on consideration of specific outcome measures for each provider category, documented activities by providers to improve performance, and evidence of significant improvement over time.

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Measurement of outcomes shall include appropriate risk adjustments, exclude cases that cannot be determined to be preventable, and waive adjustments for providers with too few cases to calculate reliable rates.

- (a) Performance-based payment adjustments may be made up to 1 percent of each qualified provider's rate for hospital inpatient services, hospital outpatient services, nursing home care, and the plan-specific capitation rate for prepaid health plans. Adjustments for activities to improve performance may be made up to 0.25 percent based on evidence of a provider's engagement in activities specified in this section.
- (b) Outcome measures shall be established for a base year, which may be state fiscal year 2010-2011 or a more recent 12month period.
- (3) Methodologies established pursuant to this section shall use existing databases, including Medicaid claims, encounter data compiled pursuant to s. 409.9122(14), and hospital discharge data compiled pursuant to s. 408.061(1)(a). To the extent possible, the agency shall use methods for determining outcome measures in use by other payors.
- (4) The agency shall seek any necessary federal approval for the performance payment system and implement the system in the 2015-2016 state fiscal year.
- (5) The agency may appoint a technical advisory panel for each provider category in order to solicit advice and recommendations during the development and implementation of the performance payment system.
- (6) The performance payment system for hospitals shall apply to general hospitals as defined in s. 395.002. The outcome

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measures used to allocate positive payment adjustments shall consist of one or more potentially preventable events such as potentially preventable readmissions and potentially preventable complications.

- (a) For each 12-month period after the base year, the agency shall determine the expected rate and the observed rate for specific outcome indicators for each hospital. The difference between the expected and observed rates shall be used to establish a performance rate for each hospital. Hospitals shall be ranked based on performance rates.
- (b) For at least the first three rate-setting periods after the performance payment system is implemented, a positive payment adjustment shall be made to hospitals in the top 10 percentiles, based on their performance rates, and the 10 hospitals with the best year-to-year improvement among those hospitals that did not rank in the top 10 percentiles. After the third period of performance payment, the agency may replace the criteria specified in this subsection with quantified benchmarks for determining which providers qualify for positive payment adjustments.
- (c) Quality improvement activities that may earn positive payment adjustments include:
- 1. Complying with requirements that reduce hospitalacquired infections pursuant to s. 395.1055(1)(b); or
- 2. Actively engaging in a quality improvement collaboration that focuses on reducing potentially preventable admissions, potentially preventable readmissions, or hospital-acquired infections.
 - (7) The performance payment system for skilled nursing

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facilities shall apply to facilities licensed pursuant to part II of chapter 400 with current Medicaid provider service agreements. The agency, after consultation with the technical advisory panel established in subsection (5), shall select outcome measures to be used to allocate positive payment adjustments. The outcome measures shall be consistent with the federal Quality Assurance and Performance Improvement requirements and include one or more of the following clinical care areas: pressure sores, falls, or hospitalizations.

- (a) For each 12-month period after the base year, the agency shall determine the expected rate and the observed rate for specific outcome indicators for each skilled nursing facility. The difference between the expected and observed rates shall be used to establish a performance rate for each skilled nursing facility. Facilities shall be ranked based on performance rates.
- (b) For at least the first three rate-setting periods after the performance payment system is implemented, a positive payment adjustment shall be made to facilities in the top three percentiles, based on their performance rates, and the 10 facilities with the best year-to-year improvement among facilities that did not rank in the top three percentiles. After the third period of performance payment, the agency may replace the criteria specified in this subsection with quantified benchmarks for determining which facilities qualify for positive payment adjustments.
- (c) Quality improvement activities that may earn positive payment adjustments include:
 - 1. Actively engaging in a comprehensive fall-prevention



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- 2. Actively engaging in a quality improvement collaboration that focuses on reducing potentially preventable hospital admissions or reducing the percentage of residents with pressure ulcers that are new or worsened.
- (8) A performance payment system shall apply to all managed care plans. The outcome measures used to allocate positive payment adjustments shall consist of one or more potentially preventable events, such as potentially preventable initial hospital admissions, potentially preventable emergency department visits, or potentially preventable ancillary services.
- (a) For each 12-month period after the base year, the agency shall determine the expected rate and the observed rate for specific outcome indicators for each managed care plan. The difference between the expected and observed rates shall be used to establish a performance rate for each plan. Managed care plans shall be ranked based on performance rates.
- (b) For at least the first three rate-setting periods after the performance payment system is implemented, a positive payment adjustment shall be made to the top 10 managed care plans. After the third period during which the performance payment system is implemented, the agency may replace the criteria specified in this subsection with quantified benchmarks for determining which plans qualify for positive payment adjustments.
- (9) Payment adjustments made pursuant to this section may not result in expenditures that exceed the amounts appropriated in the General Appropriations Act for hospitals, nursing homes,



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Section 8. Paragraph (a) of subsection (1) of section 415.1034, Florida Statutes, is amended to read:

415.1034 Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death.-

- (1) MANDATORY REPORTING.-
- (a) Any person, including, but not limited to, any:
- 1. A physician, osteopathic physician, medical examiner, chiropractic physician, nurse, paramedic, emergency medical technician, or hospital personnel engaged in the admission, examination, care, or treatment of vulnerable adults;
- 2. A health professional or mental health professional other than one listed in subparagraph 1.;
- 3. A practitioner who relies solely on spiritual means for healing;
- 4. Nursing home staff; assisted living facility staff; adult day care center staff; adult family-care home staff; social worker; or other professional adult care, residential, or institutional staff;
- 5. A state, county, or municipal criminal justice employee or law enforcement officer;
- 6. An employee of the Department of Business and Professional Regulation conducting inspections of public lodging establishments under s. 509.032;
- 7. A Florida advocacy council member or long-term care ombudsman council member; or
- 8. A bank, savings and loan, or credit union officer, trustee, or employee; or,
 - 9. An employee or agent of a state or local agency who has



regulatory responsibilities over state-licensed facilities, or who provides services to persons residing in a state-licensed facility,

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who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited must shall immediately report such knowledge or suspicion to the central abuse hotline.

Section 9. Subsections (5), (7), (8), and (11) of section 429.02, Florida Statutes, are amended, present subsections (6) through (14) of that section are redesignated as subsections (7) through (15), respectively, present subsections (15) through (26) of that section are redesignated as subsections (17) through (28), respectively, and new subsections (6) and (16) are added to that section, to read:

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

- (5) "Assisted living facility" $\underline{\text{or "facility"}}$ means any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged, or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.
- (6) "Board" means the Board of Long Term Care Administrators established under s. 468.1665.
- (8) (7) "Community living support plan" means a written document prepared by a mental health resident and the resident's mental health case manager in consultation with the

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administrator of an assisted living facility with a limited mental health license or the administrator's designee. A copy must be provided to the administrator. The plan must include information about the supports, services, and special needs of the resident which enable the resident to live in the assisted living facility and a method by which facility staff can recognize and respond to the signs and symptoms particular to that resident which indicate the need for professional services.

(9) (8) "Cooperative agreement" means a written statement of understanding between a mental health care provider and the administrator of the assisted living facility with a limited mental health license in which a mental health resident is living. The agreement must specify directions for accessing emergency and after-hours care for the mental health resident. A single cooperative agreement may service all mental health residents who are clients of the same mental health care provider.

(12) (11) "Extended congregate care" means acts beyond those authorized in subsection (18) which subsection (16) that may be performed pursuant to part I of chapter 464 by persons licensed thereunder while carrying out their professional duties, and other supportive services which may be specified by rule. The purpose of such services is to enable residents to age in place in a residential environment despite mental or physical limitations that might otherwise disqualify them from residency in a facility licensed under this part.

- (16) "Mental health surveyor" means a person:
- (a) Licensed under chapter 458, chapter 459, chapter 464, chapter 490, or chapter 491 who provides mental health services

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as defined under s. 394.67 or has received training approved by the agency;

- (b) Who has a baccalaureate degree with a concentration in mental health from an accredited college or university and at least 5 years of experience providing services that improve an individual's mental health or that treat mental illness; or
- (c) Who is a surveyor employed by the agency and has received training approved by the agency that enables the individual to effectively perform surveys of facilities with a mental health resident to ensure the mental health residents are receiving services consistent with the community living support plan.

Section 10. Subsection (1) and paragraphs (b) and (c) of subsection (3) of section 429.07, Florida Statutes, are amended, to read:

429.07 License required; fee.-

- (1) The requirements of part II of chapter 408 apply to the provision of services that require licensure pursuant to this part and part II of chapter 408 and to entities licensed by or applying for such licensure from the agency pursuant to this part. A license issued by the agency is required in order to operate an assisted living facility in this state. Effective July 1, 2013, an assisted living facility may not operate in this state unless the facility is under the management of an assisted living facility administrator licensed pursuant to part II of chapter 468.
- (3) In addition to the requirements of s. 408.806, each license granted by the agency must state the type of care for which the license is granted. Licenses shall be issued for one

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or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited mental health.

- (b) An extended congregate care license shall be issued to facilities providing, directly or through contract, services beyond those authorized in paragraph (a), including services performed by persons licensed under part I of chapter 464 and supportive services, as defined by rule, to persons who would otherwise be disqualified from continued residence in a facility licensed under this part.
- 1. In order for extended congregate care services to be provided, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of the facility. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. The notification of approval or the denial of the request shall be made in accordance with part II of chapter 408. Existing facilities qualifying to provide extended congregate care services must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:
 - a. A class I or class II violation;
- b. Three or more repeat or recurring class III violations of identical or similar resident care standards from which a

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pattern of noncompliance is found by the agency;

- c. Three or more class III violations that were not corrected in accordance with the corrective action plan approved by the agency;
- d. Violation of resident care standards which results in requiring the facility to employ the services of a consultant pharmacist or consultant dietitian;
- e. Denial, suspension, or revocation of a license for another facility licensed under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or
- f. Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings.
- 2. A facility that is licensed to provide extended congregate care services must shall maintain a written progress report on each person who receives services which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least once a year quarterly to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive a monitoring visit during the licensure cycle one of the required yearly monitoring visits for

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a facility that has been licensed for at least 24 months to provide extended congregate care services, if, during the inspection, the registered nurse determines that extended congregate care services are being provided appropriately, and if the facility has no:

- a. Class I or class II violations and no uncorrected class III violations; -
- b. Citations for licensure violation which resulted from referrals by the ombudsman to the agency; or
- c. Citations for a licensure violation which resulted from complaints to the agency. The agency must first consult with the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been made and substantiated about the quality of services or care. The agency may not waive one of the required yearly monitoring visits if complaints have been made and substantiated.
- 3. A facility that is licensed to provide extended congregate care services must:
- a. Demonstrate the capability to meet unanticipated resident service needs.
- b. Offer a physical environment that promotes a homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space as defined by rule.
- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency.
- d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to

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permit residents to age in place, so that moves due to changes in functional status are minimized or avoided.

- e. Allow residents or, if applicable, a resident's representative, designee, surrogate, quardian, or attorney in fact to make a variety of personal choices, participate in developing service plans, and share responsibility in decisionmaking.
 - f. Implement the concept of managed risk.
- g. Provide, directly or through contract, the services of a person licensed under part I of chapter 464.
- h. In addition to the training mandated in s. 429.52, provide specialized training as defined by rule for facility staff.
- 4. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and retention.
- 5. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a

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facility with a standard license, if the individual is determined appropriate for admission to the extended congregate care facility.

- 6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(4) and the facility must develop a preliminary service plan for the individual.
- 7. If When a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility must shall make arrangements for relocating the person in accordance with s. 429.28(1)(k).
- 8. Failure to provide extended congregate care services may result in denial of extended congregate care license renewal.
- (c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.
- 1. In order for limited nursing services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with part II of chapter 408. Existing facilities qualifying to provide limited nursing services shall have maintained a standard license and may not have been subject

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

- 2. Facilities that are licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services, which report describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse representing the agency shall visit such facilities at least once twice a year to monitor residents who are receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this part, part II of chapter 408, and related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that inspects such facility. The agency may waive a monitoring visit during the licensure cycle for a facility that has been licensed for at least 24 months to provide limited nursing services if the facility has no:
- a. Class I or class II violations and no uncorrected class III violations;
- b. Citations for licensure violation which resulted from referrals by the ombudsman to the agency; or
- c. Citations for a licensure violation which resulted from complaints to the agency.
- 3. A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer

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meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed to provide extended congregate care services.

Section 11. Section 429.075, Florida Statutes, is amended to read:

429.075 Limited mental health license.—In order to provide services to three or more mental health residents, an assisted living facility that serves three or more mental health residents must obtain a limited mental health license.

- (1) To obtain a limited mental health license, a facility:
- (a) Must hold and maintain a standard license as an assisted living facility; and,
- (b) Must not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:
- 1. One or more class I violations imposed by final agency action;
- 2. Two or more class II violations imposed by final agency action;
- 3. Three or more class III violations that were not corrected in accordance with s. 408.811(4);
- 4. Three or more class III violations that were not corrected in accordance within the time specified by the agency for correction;
- 5. Denial, suspension, or revocation of a license for another facility licensed under this part in which the applicant had at least a 25 percent ownership interest; or

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- 6. Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings. any current uncorrected deficiencies or violations, and must ensure that,
- (2) Within 3 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This training shall be created in accordance with s. 429.52 or approved by the Department of Children and Family Services. A training provider may charge a reasonable fee for the training. Such designation
- (3) Application for a limited mental health license may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of agency approval or denial of such license must request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training will be provided by or approved by the Department of Children and Family Services.
- (4) (2) Facilities licensed to provide services to mental health residents shall provide appropriate supervision and staffing to provide for the health, safety, and welfare of such residents.
- (3) A facility that has a limited mental health license must:
- (a) Have a copy of each mental health resident's community living support plan and the cooperative agreement with the mental health care services provider. The support plan and the



agreement may be combined.

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- (b) Have documentation that is provided by the Department of Children and Family Services that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility with a limited mental health license.
- (c) Make the community living support plan available for inspection by the resident, the resident's legal quardian, the resident's health care surrogate, and other individuals who have a lawful basis for reviewing this document.
- (d) Assist the mental health resident in carrying out the activities identified in the individual's community living support plan.
- (4) A facility with a limited mental health license may enter into a cooperative agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager.
- (5) Effective January 1, 2013, a mental health surveyor shall serve as part of the team that inspects a facility with mental health residents, and may conduct the inspection without other agency representatives. The role of the mental health surveyor is to determine the facility's compliance in meeting obligations specified in the cooperative agreement pursuant to s. 394.4574. The agency shall enter into an interagency agreement with the Department of Children and Family Services to receive from the contracted community agencies reports concerning compliance with the requirements of cooperative agreements and community support plans under s. 394.4574 applicable to a licensed facility, and whether the mental health

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residents are receiving the services required under those documents while residing in the licensed facility. Monitoring visits shall occur at least twice a year. The agency may waive a monitoring visit for a facility that has been licensed for at least 24 months to provide limited mental health services if the mental health surveyor determines the cooperative agreements and community support plans are in compliance with applicable requirements and the mental health residents are receiving the appropriate services under those documents while residing in the licensed facility and the facility has no:

- (a) Class I or class II violations and no uncorrected class III violations;
- (b) Citations for a licensure violation which resulted from referrals by the ombudsman to the agency; or
- (c) Citations for a licensure violation which resulted from complaints to the agency.

Section 12. Section 429.0751, Florida Statutes, is created to read:

- 429.0751 Mental health residents.—An assisted living facility that has one or more mental health residents must:
- (1) Enter into a cooperative agreement with the mental health care service provider responsible for providing services to the mental health resident, including a mental health care service provider responsible for providing private pay services to the mental health resident, to ensure coordination of care.
- (2) Consult with the mental health case manager and the mental health resident in developing a community living support plan and maintaining a copy of each mental health resident's community living support plan.

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- (3) Make the community living support plan available for inspection by the resident, the resident's legal guardian, the resident's health care surrogate, and other individuals who have a lawful basis for reviewing this document.
- (4) Assist the mental health resident in carrying out the activities identified in the individual's community living support plan.
- (5) Have documentation that is provided by the Department of Children and Family Services which indicates that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility.

Section 13. Subsection (4) of section 429.14, Florida Statutes, is amended to read:

429.14 Administrative penalties.-

- (4) The agency shall deny or revoke the license of an assisted living facility that:
- (a) Has two or more class I violations and had a class I or class II violation from separate monitoring visits, surveys, or investigations that are similar or identical to violations identified by the agency during a survey, inspection, monitoring visit, or complaint investigation occurring within the previous 2 years; or.
- (b) Commits a class I violation that causes the death of a resident or an intentional or negligent act that, based on a court's findings, caused the death of a resident.

Section 14. Section 429.176, Florida Statutes, is amended to read:

- 429.176 Notice of change of Administrator; managers.-
- (1) An administrator may be responsible for up to three

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assisted living facilities if all three assisted living facilities have identical controlling interests as defined in s. 408.803 and are located within 50 miles of each other. If an administrator is responsible for more than one assisted living facility, a manager must be appointed for each facility to assume responsibility for the facility during the administrator's absence. The manager must be reported to the agency within 10 days after appointment.

- (2) If, during the period for which a license is issued, the owner changes administrators, the administrator changes, the licensee owner must notify the agency of the change and the name and license number of the new administrator within 10 days after the change and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52.
- (3) If an administrator leaves the employment of an assisted living facility, and a licensed administrator is not named as required in subsection (2), the assisted living facility must notify the agency within 2 days after the administrator's departure and may operate for up to 3 months with a manager who will assume responsibility for the operation of the facility during that period. The manager must have completed the 40-hour administrator core training and successfully passed the examination described in s. 429.52(6) with a score of 80 percent.
- (4) A manager of a facility who assumes responsibility for the operation of the facility during the absence of an administrator in accordance with subsection (1) must have completed the 40-hour administrator core training and

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successfully passed the examination described in s. 429.52(6) with a score of 80 percent within 30 days after being employed as, or becoming, a facility manager.

Section 15. Paragraphs (a) and (b) of subsection (2) of section 429.178, Florida Statutes, are amended to read:

429.178 Special care for persons with Alzheimer's disease or other related disorders.-

- (2)(a) Staff, including an administrator, An individual who is employed by a facility that provides special care for residents who have with Alzheimer's disease or other related disorders, and who has regular contact with such residents, must complete up to 4 hours of initial dementia-specific training developed or approved by the department. The training must shall be completed within 3 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g).
- (b) A direct caregiver who is employed by a facility that provides special care for residents who have with Alzheimer's disease or other related disorders, and who provides direct care to such residents, must complete the required initial training required in paragraph (a) and 4 additional hours of training developed or approved by the department. The training must shall be completed within 6 9 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g).

Section 16. Subsection (2) of section 429.19, Florida Statutes, is amended to read:

- 429.19 Violations; imposition of administrative fines; grounds.-
- (2) Each violation of this part and adopted rules shall be classified according to the nature of the violation and the

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gravity of its probable effect on facility residents as provided in s. 408.813.

- (a) The agency shall indicate the classification on the written notice of the violation as follows:
- 1. (a) Class "I" violations are defined in s. 408.813. the agency shall issue a citation regardless of correction and impose an administrative fine for a cited class I violation in an amount not less than \$5,000 and not exceeding \$10,000 for each violation.
- 2.(b) Class "II" violations are defined in s. 408.813. the agency shall issue a citation regardless of correction and impose an administrative fine for a cited class II violation in an amount not less than \$1,000 and not exceeding \$5,000 for each violation.
- 3.(c) Class "III" violations are defined in s. 408.813. the agency shall impose an administrative fine for a cited class III violation in an amount not less than \$500 and not exceeding \$1,000 for each violation.
- 4. (d) Class "IV" violations are defined in s. 408.813. the agency shall impose an administrative fine for a cited class IV violation in an amount not less than \$100 and not exceeding \$200 for each violation.
- (b) In lieu of the penalties provided in paragraph (a), the agency shall impose a \$10,000 penalty for a violation that results in the death of a resident. This administrative fine is in addition to the penalty provided in paragraph (4) of s. 429.14.
- (c) Notwithstanding paragraph (a), if the assisted living facility is cited for a class I or class II violation and within

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24 months the facility is cited for another class I or class II violation, the agency shall double the fine for the subsequent violation if the violation is in the same class as the previous violation.

Section 17. Section 429.195, Florida Statutes, is amended to read:

429.195 Rebates prohibited; penalties.-

- (1) It is unlawful for any assisted living facility licensed under this part to contract or promise to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement in any form whatsoever with any person, health care provider, or health care facility as provided in s. 817.505 physician, surgeon, organization, agency, or person, either directly or indirectly, for residents referred to an assisted living facility licensed under this part. A facility may employ or contract with persons to market the facility, provided the employee or contract provider clearly indicates that he or she represents the facility. A person or agency independent of the facility may provide placement or referral services for a fee to individuals seeking assistance in finding a suitable facility; however, any fee paid for placement or referral services must be paid by the individual looking for a facility, not by the facility.
 - (2) This section does not apply to:
- (a) Any individual employed by the assisted living facility or with whom the facility contracts to market the facility if the individual clearly indicates that he or she works with or for the facility.
 - (b) Payments by an assisted living facility to a referral

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service that provides information, consultation, or referrals to consumers to assist them in finding appropriate care or housing options for seniors or disabled adults, if such referred consumers are not Medicaid recipients.

- (c) A resident of an assisted living facility who refers to the assisted living facility a friend, family member, or other individual with whom the resident has a personal relationship, in which case the assisted living facility may provide a monetary reward to the resident for making such referral.
- (3) (2) A violation of this section shall be considered patient brokering and is punishable as provided in s. 817.505.

Section 18. Paragraph (j) is added to subsection (3) of section 817.505, Florida Statutes, to read:

817.505 Patient brokering prohibited; exceptions; penalties.-

- (3) This section shall not apply to:
- (j) Any payment permitted under s. 429.195(2).

Section 19. Section 429.231, Florida Statutes, is created to read:

- 429.231 Advisory council, membership, duties.-
- (1) The department shall establish an advisory council to review the facts and circumstances of unexpected deaths in assisted living facilities and of elopements that result in harm to a resident. The purpose of this review is to:
- (a) Achieve a greater understanding of the causes and contributing factors of the unexpected deaths and elopements.
- (b) Identify any gaps, deficiencies, or problems in the delivery of services to the residents.
 - (2) Based on the review, the advisory council shall make



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- (a) Industry best practices that could be used to prevent unexpected deaths and elopements.
- (b) Training and educational requirements for employees and administrators of assisted living facilities.
- (c) Changes in the law, rules, or other policies to prevent unexpected deaths and elopements.
- (3) The advisory council shall prepare an annual statistical report on the incidence and causes of unexpected deaths in assisted living facilities and of elopements that result in harm to residents during the prior calendar year. The advisory council shall submit a copy of the report by December 31 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report may make recommendations for state action, including specific policy, procedural, regulatory, or statutory changes, and any other recommended preventive action.
- (4) The advisory council shall consist of the following members:
- (a) The Secretary of Elderly Affairs, or a designee, who shall be the chair.
- (b) The Secretary of Health Care Administration, or a designee.
- (c) The Secretary of Children and Family Services, or a designee.
 - (d) The State Long-Term Care Ombudsman, or a designee.
 - (e) The following persons who are selected by the Governor:
- 1. An owner or administrator of an assisted living facility with fewer than 17 beds.

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- 1145 2. An owner or administrator of an assisted living facility 1146 with 17 or more beds.
 - 3. An owner or administrator or an assisted living facility with a limited mental health license.
 - 4. A representative from each of three statewide associations that represent assisted living facilities.
 - 5. A resident of an assisted living facility.
 - (5) The advisory council shall meet at least twice each calendar year or at the call of the chair. The chair may appoint ad hoc committees as necessary to carry out the duties of the council.
 - (6) The members of the advisory council selected by the Governor shall be appointed to staggered terms of office which may not exceed 2 years. Members are eligible for reappointment.
 - (7) Members of the advisory council shall serve without compensation but are entitled to reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.
 - Section 20. Effective October 1, 2012, subsections (1) and (2) of section 429.28, Florida Statutes, are amended to read: 429.28 Resident bill of rights.-
 - (1) A No resident of a facility may not shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
 - (a) Live in a safe and decent living environment, free from abuse and neglect.

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- (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
- (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
- (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
- (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
- (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
- (g) Share a room with his or her spouse if both are residents of the facility.
- (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.

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- (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
- (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
- (k) At least 30 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the quardian shall be given at least 30 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. A resident or the resident's legal guardian or representative may file a grievance with the facility pursuant to s. 429.281 in response to receiving a notice of relocation or termination of residency from the facility. If a grievance is filed, the effective date of the relocation or termination or residency is extended at least 15 days. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
- (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference,

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coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

(2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The This notice must shall include the name, address, and telephone numbers of the local ombudsman council and central abuse hotline and, if when applicable, Disability Rights Florida the Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council, where complaints may be lodged. The notice must state that the names or identities of the complainants or residents involved in a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council are confidential unless the resident authorizes disclosure in order for the ombudsman to attempt to resolve the complaint. The facility must ensure a resident's access to a telephone to call the local ombudsman council, central abuse hotline, Disability Rights Florida Advocacy Center for Persons with Disabilities, Inc., and the Florida local advocacy council.

Section 21. Effective October 1, 2012, section 429.281, Florida Statutes, is created to read:

429.281 Grievances for resident relocation or termination of residency.-



1261 (1) As used in this section, the term: 1262 (a) "Relocation" means to move a resident from one facility 1263 to another facility that is responsible for the resident's care. (b) "Termination of residency" means the release of a 1264 1265 resident from a facility that ceases to be responsible for the 1266 resident's care. 1267 (2) Each facility licensed under this part must comply with 1268 s. 429.28(1)(k) when a decision is made to relocate or terminate 1269 the residency of a resident. (3) Except as provided in s. 429.28(1)(k), at least 30 days 1270 1271 before a proposed relocation or termination of residency, the 1272 facility must provide advance notice of the proposed relocation 1273 or termination of residency to the resident and to a family 1274 member, if known, or the resident's legal guardian or 1275 representative. 1276 (4) The notice must be in writing and contain at a minimum, 1277 the following: 1278 (a) The date on which the notice is provided to the 1279 resident or resident's legal quardian or representative; 1280 (b) The effective date of the relocation or termination of 1281 residency if the resident: 1282 1. Does not file a grievance; and 1283 2. Files a grievance, which may not be less than 15 days after the effective date if a grievance is not filed; 1284 1285 (c) Information about the facility's procedures for filing 1286 a grievance which is presented in a concise, straightforward 1287 manner and is written at an eighth-grade reading level; 1288 (d) Information about how to seek assistance from the local

long-term care ombudsman council for a grievance;



1290 (e) The location to which the resident is being relocated, 1291 if known; and 1292 (f) The reason that the resident is being relocated or the 1293 residency is being terminated, along with a supporting 1294 explanation. 1295 (5) A resident may be relocated or have his or her 1296 residency terminated by the facility only if: 1297 (a) The resident's needs cannot be met in the facility; 1298 (b) The resident no longer needs the services provided by 1299 the facility; 1300 (c) The health or safety of individuals in the facility is 1301 endangered by the resident; 1302 (d) The resident, resident's family, or resident's visitors 1303 cause disruption in the facility's normal environment; 1304 (e) The contract for residency between the resident and the 1305 facility has expired; or 1306 (f) The resident has failed, after reasonable and 1307 appropriate notice, to pay. 1308 (6) A resident is entitled to challenge a facility's 1309 proposed relocation or termination of residency through the 1310 facility's grievance procedure. The grievance must be filed 1311 within 15 days after receipt of the notice of relocation or 1312 termination of residency. If the resident files a grievance, the 1313 resident may not be required to leave the facility until at 1314 least 45 days after the notice of proposed relocation or 1315 termination of residency is received by the resident or the 1316 resident's legal quardian or representative. 1317 (7) A resident may request that the local long-term care

ombudsman council review any notice of relocation or termination

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of residency given to the resident. If requested, the local long-term care ombudsman council shall assist the resident, or the resident's legal guardian or representative, with filing a grievance and completing the grievance process.

- (8) Unless an emergency relocation is necessary as provided in this section, the facility may not impede the resident's right to remain in the facility, and the resident may remain in the facility until the outcome of the grievance, which must be completed within 45 days after receipt of the notice of relocation or termination of residency, unless both the facility and the resident, or the resident's legal guardian or representative, agree to extend the deadline for the conclusion of the grievance process. The facility must ensure that responsible representatives of the facility are reasonably available to participate in the grievance process.
- (9) This section applies to relocations or terminations of residency which are initiated by the assisted living facility, and does not apply to those initiated by the resident or by the resident's physician, legal guardian, or representative.
- (10) This section does not affect the rights the resident has to seek civil remedies.

Section 22. Section 429.34, Florida Statutes, is amended to read:

- 429.34 Right of entry and inspection.
- (1) In addition to the requirements of s. 408.811, a any duly designated officer or employee of the department, the Department of Children and Family Services, the Medicaid Fraud Control Unit of the Office of the Attorney General, the state or local fire marshal, or a member of the state or local long-term

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care ombudsman council may shall have the right to enter unannounced upon and into the premises of any facility licensed pursuant to this part in order to determine the state of compliance with the provisions of this part, part II of chapter 408, and applicable rules. Data collected by the state or local long-term care ombudsman councils or the state or local advocacy councils may be used by the agency in investigations involving violations of regulatory standards.

- (2) In accordance with s. 408.811, every 24 months the agency shall conduct at least one unannounced inspection to determine compliance with this part, part II of chapter 408, and applicable rules. If the assisted living facility is accredited by the Joint Commission, the Council on Accreditation, or the Commission on Accreditation of Rehabilitation Facilities, the agency may conduct unannounced inspections less frequently, but in no event less than once every 5 years.
- (a) Two additional inspections shall be conducted every 6 months for the next year if the assisted living facility has been cited for a class I violation or two or more class II violations arising from separate inspections within a 6-month period. In addition to any fines imposed on an assisted living facility under s. 429.19, the agency shall assess a fee of \$69 per bed for each of the additional two inspections, not to exceed \$12,000 per inspection.
- (b) The agency shall verify through subsequent inspections that any violation identified during an inspection is corrected. However, the agency may verify the correction of a class III or class IV violation unrelated to resident rights or resident care without reinspection if the facility submits adequate written

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documentation that the violation has been corrected.

- (3) The agency is designated the central agency for tracking complaints that involve potential licensure violations to ensure a timely response to allegations regarding facilities and the initiation of licensure enforcement action, if warranted. Any other state agency regulating, or providing services to residents of, assisted living facilities, including the department, the Agency for Persons with Disabilities, the Department of Health, the Long-Term Care Ombudsman Council, and the Department of Children and Family Services, must report any allegations or complaints that have been substantiated or are likely to have occurred to the agency within 2 business days if the report reflects serious and immediate risk to residents. All other referrals must be made within 10 business days.
- (4) The agency shall have lead surveyors in each field office who specialize in assessing assisted living facilities. The lead surveyors shall provide initial and ongoing training to surveyors who will be inspecting and monitoring facilities. The lead surveyors shall ensure that consistent inspection and monitoring assessments are conducted.
- (5) The agency shall have one statewide lead surveyor who specializes in assisted living facility inspections. The lead surveyor shall coordinate communication between lead surveyors of assisted living facilities throughout the state and ensure statewide consistency in applying facility inspection laws and rules.
- Section 23. Paragraph (1) of subsection (1) and subsections (2) and (5) of section 429.41, Florida Statutes, are amended to read:

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429.41 Rules establishing standards.-

- (1) It is the intent of the Legislature that rules published and enforced pursuant to this section shall include criteria by which a reasonable and consistent quality of resident care and quality of life may be ensured and the results of such resident care may be demonstrated. Such rules shall also ensure a safe and sanitary environment that is residential and noninstitutional in design or nature. It is further intended that reasonable efforts be made to accommodate the needs and preferences of residents to enhance the quality of life in a facility. The agency, in consultation with the department, may adopt rules to administer the requirements of part II of chapter 408. In order to provide safe and sanitary facilities and the highest quality of resident care accommodating the needs and preferences of residents, the department, in consultation with the agency, the Department of Children and Family Services, and the Department of Health, shall adopt rules, policies, and procedures to administer this part, which must include reasonable and fair minimum standards in relation to:
- (1) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills. Each calendar year, the agency shall observe the elopement drills of 10 percent of the licensed facilities in the state. The facilities must be randomly selected by the agency and the elopement drills must coincide with an inspection or survey conducted by the agency. If an agency employee observes an elopement drill that does not meet

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licensure standards, the agency shall cite violations in accordance with s. 429.19(2).

- (2) In adopting any rules pursuant to this part, the department, in conjunction with the agency, shall make distinct standards for facilities based upon facility size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and the staffing characteristics of the facility. Rules developed pursuant to this section may shall not restrict the use of shared staffing and shared programming in facilities that are part of retirement communities that provide multiple levels of care and otherwise meet the requirements of law and rule. Except for uniform firesafety standards, the department shall adopt by rule separate and distinct standards for facilities with 16 or fewer beds and for facilities with 17 or more beds. The standards for facilities with 16 or fewer beds must shall be appropriate for a noninstitutional residential environment if $_{T}$ provided that the structure is no more than two stories in height and all persons who cannot exit the facility unassisted in an emergency reside on the first floor. The department, in conjunction with the agency, may make other distinctions among types of facilities as necessary to enforce the provisions of this part. If Where appropriate, the agency shall offer alternate solutions for complying with established standards, based on distinctions made by the department and the agency relative to the physical characteristics of facilities and the types of care offered therein.
- (5) In order to allocate resources efficiently, the agency shall conduct may use an abbreviated biennial standard licensure

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inspection that consists of a review of key quality-of-care standards in lieu of a full inspection in a facility that has a good record of past performance. However, a full inspection must be conducted in a facility that has a history of class I or class II violations, uncorrected class III violations, confirmed ombudsman council complaints that resulted in a citation for licensure, or confirmed licensure complaints which resulted in a citation for a licensure violation, within the previous licensure period immediately preceding the inspection or if a potentially serious problem is identified during the abbreviated inspection. The agency, in consultation with the department, shall develop the key quality-of-care standards with input from the State Long-Term Care Ombudsman Council and representatives of provider groups for incorporation into its rules.

Section 24. Subsection (1) of section 429.49, Florida Statutes, is amended to read:

429.49 Resident records; penalties for alteration.-

(1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the first second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 25. Section 429.515, Florida Statutes, is created to read:

429.515 Preservice orientation.-

(1) Each employee, including an administrator, of an assisted living facility who is newly hired on or after July 1, 2012, must attend a preservice orientation provided by the facility which covers topics that will enable the employee to



relate and respond to the residents of the facility. The orientation must be at least 2 hours in duration, be available in English and, if the employee is not fluent in English but is fluent in Spanish, Spanish, and, at a minimum, cover the following topics:

- (a) Care of persons who have Alzheimer's disease or other related disorders.
 - (b) Deescalation techniques.
 - (c) Aggression control.
 - (d) Elopement prevention.
 - (e) Behavior management.
- (2) Upon completion of the preservice orientation, the administrator or owner of the facility must sign an affidavit, under penalty of perjury, stating that the employee completed the preservice orientation. The administrator of the facility must maintain the signed affidavit in the employee's work file.

Section 26. Section 429.52, Florida Statutes, is amended to read:

(Substantial rewording of section. See

s. 429.52, F.S., for present text.)

429.52 Training; examination; tutorial; continuing

education.-1514

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(1) Staff, other than administrators, hired on or after January 1, 2013, who provide regular or direct care to residents must complete a 20-hour staff training curriculum, and an interactive online tutorial that demonstrates an understanding of the training. The training and tutorial must be completed within 90 days after employment and is in addition to the preservice orientation required under s. 429.515. The department

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may grant an exemption from the applicable hours to nurses, certified nursing assistants, or home health aides who can demonstrate completion of training that is substantially similar to all or portions of the staff training curriculum.

- (2) Staff, other than administrators, providing regular or direct care to residents must participate in a minimum of 4 hours of continuing education every 2 years. The continuing education may be offered through online courses. Continuing education hours completed for specialty licenses and facilities that serve mental health residents pursuant to subsection (8) may count toward completion of the continuing education hours required under this subsection.
- (3) A certificate must be provided to each person upon completion of the training required in this section. A copy of the certificate must be maintained in the employee's work file.
- (4) A person who can document that he or she has completed the training and continuing education required by this section is not required to retake the training or continuing education for the applicable 2-year cycle upon employment with a different facility if the break in employment does not exceed 6 months.
- (5) The department, in consultation with stakeholders, the agency, the Department of Children and Family Services, the Department of Health, and their agents, shall develop the following:
- (a) Assisted living facility administrator core training that includes at least 40 hours of training. The curriculum, at a minimum, must cover the following topics:
- 1. State law and rules relating to assisted living facilities.

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- 1551 2. Resident rights and the identification and reporting of 1552 abuse, neglect, and exploitation.
 - 3. The special needs of elderly persons, persons who have mental illness, and persons who have developmental disabilities and how to meet those needs.
 - 4. Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food.
 - 5. Medication management, recordkeeping, and proper techniques for assisting residents who self-administer medication.
 - 6. Firesafety requirements, including procedures for fire evacuation drills and other emergency procedures.
 - 7. The care of persons who have Alzheimer's disease and related disorders.
 - 8. Elopement prevention.
 - 9. Aggression and behavior management, deescalation techniques, and proper protocols and procedures relating to the Baker Act as provided in part I of chapter 394.
 - 10. Do-not-resuscitate orders.
 - 11. Infection control.
 - 12. Admission and continued residency.
 - 13. Phases of care and interacting with residents.
 - 14. Best practices in the industry.
- 1574 15. Business operations, including, but not limited to, 1575 human resources, financial management, and supervision of staff.
 - (b) A continuing education curriculum of 16 hours for licensed assisted living facility administrators and managers when the administrator is responsible for more than one facility. Continuing education must include topics similar to

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those of the core training in paragraph (a), and may include additional subject matter that enhances the knowledge, skills, and abilities of assisted living facility administrators, as adopted by rule.

- (c) Specialty training, continuing education, examinations, and tutorials for the requirements in subsection (8).
- (6) The department, in consultation with the agency, the Department of Children and Family Services, the Department of Health, and their agents, shall develop an assisted living facility administrator examination that tests the applicant's knowledge and training of the core training topics listed in subsection (5) and an examination covering the continuing education topics developed under that subsection.
- (7) The department, in consultation with stakeholders, the agency, and the Department of Children and Family Services shall develop the standardized staff training curriculum and continuing education required under subsections (1) and (2). The curriculum must include at least 20 hours of inservice training, with at least 1 hour of training per topic, covering at least the following topics:
 - (a) Reporting major incidents.
 - (b) Reporting adverse incidents.
- (c) Facility emergency procedures, including chain-ofcommand and staff member roles relating to emergency evacuation.
 - (d) Resident rights in an assisted living facility.
- (e) Recognizing and reporting resident abuse, neglect, and exploitation.
 - (f) Resident behavior and needs.
 - (g) Providing assistance with the activities of daily



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- (h) Infection control.
- (i) Aggression and behavior management and deescalation techniques.
- (8) Additional specialty training and continuing education for assisted living facility staff and administrators is required as follows:
- (a) If a facility holds an extended congregate care license:
- 1. The administrator and manager, if the administrator is responsible for more than one facility, must complete a minimum of 4 hours of courses that train and educate administrators and managers on the special needs and care of residents requiring extended congregate care within 90 days after employment or after the facility receives an extended congregate care license. Administrators and managers are required to complete 4 hours of continuing education on relevant topics every 2 years.
- 2. Staff who provides regular and direct care to residents receiving extended congregate care services must complete a minimum of 2 hours of courses that train and educate staff on the special needs and care of those requiring limited nursing services. The training must be completed within 90 days after employment or after the facility receives a limited nursing services license. Staff is also required to complete 2 hours of continuing education on relevant topics every 2 years.
 - (b) If a facility holds a limited nursing services license:
- 1. The administrator and manager, if the administrator is responsible for more than one facility, must complete a minimum of 4 hours of courses that train and educate administrators on

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the special needs and care of those residents requiring limited nursing services within 90 days after employment or after the facility receives a limited nursing services license.

- 2. Staff providing regular and direct care to residents receiving limited nursing services must complete a minimum of 2 hours of courses that train and educate staff on the special needs and care of those requiring limited nursing services. The training must be completed within 90 days after employment or after the facility receives a limited nursing services license.
- (c) 1. The administrator, and manager if the administrator is responsible for more than one facility, must complete a minimum of 8 hours of courses that train and educate administrators and managers on the special needs and care of mental health residents within 90 days after employment, the facility receives a mental health license, or begins caring for a mental health resident. Administrators and managers are required to complete 4 hours of continuing education on relevant topics every 2 years. An administrator and manager, if the administrator is responsible for more than one facility, must pass an examination related to the administrator's training with a minimum score of 80 percent. An administrator and manager must complete an online interactive tutorial related to the continuing education in order to demonstrate an understanding of the material and receive a certificate of completion.
- 2. Staff who provide regular or direct care to mental health residents must complete a minimum of 6 hours of department-approved mental health training within 90 days after beginning employment, after the facility begins serving a mental health resident, or after the facility receives a limited mental

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health license. Staff must also complete 4 hours of continuing education every 2 years that enhances the ability to care for mental health residents. A staff member must complete an online interactive tutorial related to the training and continuing education in order to demonstrate an understanding of the material and receive a certificate of completion. A staff member who does not complete the initial training tutorial within the 90 days may not provide regular or direct care to mental health residents until he or she successfully completes the tutorial.

- (d) Staff, including administrators, who prepare or serve food must receive a minimum of 1 hour of inservice training in safe food handling practices within 30 days after beginning employment.
- (e) Staff, including administrators, must receive at least 1 hour of inservice training on the facility's resident elopement response policies and procedures within 30 days after beginning employment.
- 1. A copy of the facility's resident elopement response policies and procedures must be provided to staff and the administrator.
- 2. Staff members and the administrator must demonstrate understanding and competency in the implementation of the elopement response policies and procedures.
- (f) Staff, including the administrator, involved with the management of medications and the assistance with selfadministration of medications under s. 429.256 must complete a minimum of 4 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff member. The department shall establish by rule the minimum

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requirements of this training, including continuing education requirements.

- (9) Other facility staff members shall participate in training relevant to their job duties and as specified by rule.
- (10) The department, in consultation with a panel of at least three mental health professionals, the agency, and the Department of Children and Family Services, and their agents shall develop a limited mental health curriculum, examination, and on-line interactive tutorial.
- (11) The agency or department may require or cause to be provided the training or education of staff of an assisted living facility beyond that which is required under this part if the agency or department determines that there are problems in a facility which could be reduced through specific staff training or education.
- (12) Existing curricula, examinations, and tutorials may be used, modified, or enhanced as appropriate. To the extent funding is available, the department may contract for assistance with the development, review, updating of the training, examinations, and on-line tutorials required under this section.

All training, examinations, and tutorials must be developed and offered in English and Spanish, and must be reviewed at least annually and updated as needed to reflect changes in the law, rules, and best practices. The participant or the participant's employer shall pay any fee associated with the training, continuing education, tutorial, or examination.

Section 27. Section 429.522, Florida Statutes, is created to read:

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429.522 Assisted living training providers; certification.-(1) Effective January 1, 2013, an individual seeking to provide assisted living training in this state must be certified by the department. The applicant must provide the department with proof of completion of the minimum core training requirements, successful passage of the assisted living facility administrator examination, and proof of compliance with continuing education requirements for assisted living facility administrators since completion of core training.

- (2) A person seeking to be certified as a trainer must also:
- (a) Provide proof of completion of a 4-year baccalaureate degree from an accredited college or university and must have worked in a management position in an assisted living facility for 3 years after obtaining certification in core training courses;
- (b) Have worked in a management position in an assisted living facility for 5 years after being core certified and have 1 year of teaching experience as an educator or staff trainer for persons who work in assisted living facilities or other long-term care settings;
- (c) Have been previously employed as a trainer of core training courses for the department;
- (d) Have at least 5 years of employment with the agency as a surveyor of assisted living facilities;
- (e) Have at least 5 years of employment as an educator or staff trainer for persons working in an assisted living facility or another long-term care setting;
 - (f) Have a 4-year baccalaureate degree from an accredited

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college or university and at least 4 years of experience as an educator or staff trainer for persons working in an assisted living facility or another long-term care setting after receiving certification in core courses; or

- (g) Meet other qualification criteria as defined by rule of the department.
 - (3) Training may also be provided by:
 - (a) A Florida College System institution;
- (b) Any nonpublic postsecondary education institution licensed or exempted from licensure pursuant to chapter 1005; or
- (c) A statewide entity which represents and provides technical assistance to assisted living facilities that contracts with the department to provide training. The department may specify minimum trainer qualifications in the contract.
- (4) The department shall provide oversight of the assisted living training providers. The department shall adopt rules to establish requirements for trainer certification and recertification requirements, including continuing education requirements, disciplinary action that may be taken against a trainer, a trainer decertification process, and required electronic reporting of persons who have successfully completed training courses.
- (5) If funding is available, by January 1, 2013, the department shall develop and maintain an electronic database, accessible to the public, which lists all persons holding certification as an assisted living trainer, including any history of violations. Assisted living trainers shall keep a record of individuals who complete training and shall submit the

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record to the department electronically within 24 hours after the completion of a course in order for the department to include the information in the database.

Section 28. Section 429.54, Florida Statutes, is amended to read:

429.54 Collection of information; local subsidy; interagency communication; facility reporting.-

- (1) To enable the department to collect the information requested by the Legislature regarding the actual cost of providing room, board, and personal care in assisted living facilities, the department may is authorized to conduct field visits and audits of facilities as may be necessary. The owners of randomly sampled facilities shall submit such reports, audits, and accountings of cost as the department may require by rule; however, provided that such reports, audits, and accountings may not be more than shall be the minimum necessary to implement the provisions of this subsection section. Any facility selected to participate in the study shall cooperate with the department by providing cost of operation information to interviewers.
- (2) Local governments or organizations may contribute to the cost of care of local facility residents by further subsidizing the rate of state-authorized payment to such facilities. Implementation of local subsidy shall require departmental approval and may shall not result in reductions in the state supplement.
- (3) Subject to the availability of funds, the agency, the department, the Department of Children and Family Services, the Department of Health, and the Agency for Persons with

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Disabilities shall develop or modify electronic systems of communication among state-supported automated systems to ensure that relevant information pertaining to the regulation of assisted living facilities and facility staff is timely and effectively communicated among agencies in order to facilitate the protection of residents.

- (4) All assisted living facilities shall submit electronic reports to the agency twice a year.
- (a) The reports must represent facility data on March 30 and September 30 of each year and be submitted within 15 calendar days. The following information and must be submitted:
 - 1. The number of beds in the facility;
 - 2. The number of occupied beds;
- 3. The number of residents, by age group, younger than 65 years of age, from 65 to 74 years of age, from 75 to 84 years of age, and 85 years of age or older;
- 4. The number of residents who are mental health residents, who are receiving extended congregate care, who are receiving limited nursing services, and who are receiving hospice care;
- 5. If there is a facility waiting list, the number of individuals on the waiting list and the type of services or care they require, if known;
- 6. The number of residents receiving optional state supplementation; and
- 7. The number of residents who are Medicaid recipients and the type of waiver used to fund their assisted living facility certification care.
- (b) The agency must maintain electronically the electronic information submitted and, at a minimum, use the information to

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track trends in resident populations and needs.

(c) Reporting under this subsection begins March 1, 2013, and expires July 1, 2017.

Section 29. The Division of Statutory Revision is requested to rename part II of chapter 468, Florida Statutes, consisting of ss. 468.1635-468.1756, Florida Statutes, as "Nursing Home and Assisted Living Facility Administration."

Section 30. Section 468.1635, Florida Statutes, is amended to read:

468.1635 Purpose. - The sole legislative purpose for enacting this part chapter is to ensure that every nursing home administrator and assisted living facility administrator practicing in this state meets minimum requirements for safe practice. It is the legislative intent that nursing home administrators and assisted living facility administrators who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state.

Section 31. Section 468.1645, Florida Statutes, is amended to read:

468.1645 Administrator license required.-

- (1) A No nursing home in the state may not operate in this state unless it is under the management of a nursing home administrator, and effective July 1, 2013, an assisted living facility may not operate in this state unless it is under the management of an assisted living facility administrator who holds a currently valid license, provisional license, or temporary license.
- (2) Nothing in This part, and or in the rules adopted pursuant to this part, do not hereunder shall require an

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administrator of a any facility or institution operated by and for persons who rely exclusively upon treatment by spiritual means through prayer, in accordance with the creed or tenets of any organized church or religious denomination, to be licensed as a nursing home administrator or assisted living facility administrator if the administrator is employed only to administer in such facilities or institutions for the care and treatment of the sick.

Section 32. Section 468.1655, Florida Statutes, is amended to read:

468.1655 Definitions.—As used in this part:

- (1) "Assisted living facility" means a facility licensed under part I of chapter 429.
- (2) "Assisted living facility administrator" means a person who is licensed to engage in the practice of assisted living facility administration in this state under the authority of this part.
- (3) "Assisted living facility administrator certification" means a professional credential awarded by a contracted thirdparty credentialing entity to individuals who demonstrate core competency in the practice of assisted living facility administration and who meet the education, background screening, and other criteria specified by the board for licensure as an assisted living facility administrator.
- (4) (1) "Board" means the Board of Long-Term Care Nursing Home Administrators.
 - (5) "Department" means the Department of Health.
- (6) "Long-term care" means any service provided in facilities licensed under part II of chapter 400 or part I of



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(7) (3) "Nursing home administrator" means a person who is licensed to engage in the practice of nursing home administration in this state under the authority of this part.

- (8) "Practice of assisted living facility administration" means any service requiring education, training, or experience in assisted living facility administration and its application to the planning, organizing, staffing, directing, and controlling of the total management of an assisted living facility. A person is practicing or offering to practice assisted living facility administration if such person:
 - (a) Practices any of the above services.
- (b) Holds himself or herself out as able to perform, or does perform, any form of assisted living facility administration by written or verbal claim, sign, advertisement, letterhead, or card; or in any other way represents himself or herself to be, or implies that he or she is, an assisted living facility administrator.
- (9) (4) "Practice of nursing home administration" means any service requiring education, training, or experience in nursing home administration education, training, or experience and the application of such to the planning, organizing, staffing, directing, and controlling of the total management of a nursing home. A person is practicing or offering shall be construed to practice or to offer to practice nursing home administration if the person who:
 - (a) Practices any of the above services.
- (b) Holds himself or herself out as able to perform, or does perform, any form of nursing home administration by written

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or verbal claim, sign, advertisement, letterhead, or card; or in any other way represents himself or herself to be, or implies that he or she is, a nursing home administrator.

(10) (5) "Nursing home" means an institution or facility licensed as such under part II of chapter 400.

Section 33. Section 468.1665, Florida Statutes, is amended to read:

468.1665 Board of Long-Term Care Nursing Home Administrators; membership; appointment; terms.-

- (1) The Board of Long-Term Care Nursing Home Administrators is created within the department and shall consist of eleven seven members, to be appointed by the Governor and confirmed by the Senate to a term of 4 years or for a term to complete an unexpired vacancy.
- (2) Three members of the board must be licensed nursing home administrators. Three members of the board must be licensed assisted living facility administrators. Two members of the board must be health care practitioners. Three The remaining two members of the board must be laypersons who are not, and have never been, nursing home or assisted living facility administrators or members of any health care profession or occupation, and at least one of these laypersons must be a resident of an assisted living facility. At least one member of the board must be 60 years of age or older.
- (3) Only board members who are nursing home administrators may have a direct financial interest in any nursing home. Only board members who are assisted living facility administrators may have a direct financial interest in any assisted living facility.

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(4) All provisions of chapter 456 relating to activities of regulatory boards shall apply.

Section 34. Section 468.1685, Florida Statutes, is amended to read:

468.1685 Powers and duties of board and department.—It is the function and duty of the board, together with the department, to:

- (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part conferring duties upon the board.
- (2) Develop, impose, and enforce specific standards within the scope of the general qualifications established by this part which must be met by individuals in order to receive licenses as nursing home or assisted living facility administrators. These standards shall be designed to ensure that nursing home and assisted living facility administrators are individuals of good character and otherwise suitable and, by training or experience in the field of $\underline{\text{hea}}$ lth care facility $\underline{\text{institutional}}$ administration, qualified to serve as nursing home or assisted living facility administrators.
- (3) Develop by appropriate techniques, including examinations and investigations, a method for determining whether an individual meets such standards. The board shall contract with one or more third-party credentialing entities for the purpose of certifying assisted living facility administrators. A third-party credentialing entity must be a nonprofit organization that has met nationally recognized standards for developing and administering professional certification programs. The contract must require that a third-



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- (a) Verify that the applicant for licensure as an assisted living facility administrator meets the requirements for licensure under part I of chapter 429 and this part;
- (b) Develop or assist the Department of Elderly Affairs with developing the training and testing materials under s. 429.52 using nationally recognized certification and psychometric standards;
- (c) Maintain an Internet-based database, accessible to the public, of all persons holding an assisted living facility administrator certification; and
- (d) Require and verify continuing education consistent with s. 429.52 and, at least, biennial certification renewal for persons holding an assisted living facility administrator certification.
- (4) Issue licenses to qualified individuals meeting the standards of the board and revoke or suspend licenses previously issued by the board if when the individual holding such license is determined to have failed to conform substantially conform to the requirements of such standards.
- (5) Establish by rule and carry out procedures, by rule, designed to ensure that licensed nursing home or assisted living facility administrators will comply with the standards adopted by the board.
- (6) Receive, investigate, and take appropriate action with respect to any charge or complaint filed with the department to the effect that a licensed nursing home or assisted living facility administrator has failed to comply with the requirements or standards adopted by the board.

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- (7) Conduct a continuing study and investigation of nursing homes and assisted living facilities and the administrators of nursing homes and assisted living facilities in order to improve the standards imposed for the licensing of such administrators and the procedures and methods for enforcing such standards with respect to licensed administrators of nursing homes who have been licensed as such.
- (8) Set up procedures by rule for advising and acting together with the department of Health and other boards of other health professions in matters affecting procedures and methods for effectively enforcing the purpose of this part and the administration of chapters 400 and 429.

Section 35. Section 468.1695, Florida Statutes, is amended to read:

468.1695 Licensure by examination; licensure by certification.-

- (1) Any person desiring to be licensed as a nursing home administrator shall apply to the department to take the licensure examination. The examination shall be given at least two times a year and shall include, but not be limited to, questions on the subjects of nursing home administration such as:
 - (a) Applicable standards of nursing home health and safety;
- (b) Federal, state, and local health and safety laws and rules;
 - (c) General administration;
 - (d) Psychology of patient care;
 - (e) Principles of medical care;
 - (f) Personal and social care;



- 2044 (g) Therapeutic and supportive care and services in long-2045 term care;
 - (h) Departmental organization and management;
 - (i) Community interrelationships; and
 - (j) Terminology.

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> The board may, by rule, adopt use of a national examination in lieu of part or all of the examination required by this part.

- (2) The department shall examine each applicant for a nursing home administrator license who the board certifies has completed the application form and remitted an examination fee set by the board not to exceed \$250 and who:
- (a) 1. Holds a baccalaureate degree from an accredited college or university and majored in health care administration or has credit for at least 60 semester hours in subjects, as prescribed by rule of the board, which prepare the applicant for total management of a nursing home; and
- 2. Has fulfilled the requirements of a college-affiliated or university-affiliated internship in nursing home administration or of a 1,000-hour nursing home administrator-intraining program prescribed by the board; or
- (b) 1. Holds a baccalaureate degree from an accredited college or university; and
- 2.a. Has fulfilled the requirements of a 2,000-hour nursing home administrator-in-training program prescribed by the board; or
- b. Has 1 year of management experience allowing for the application of executive duties and skills, including the staffing, budgeting, and directing of resident care, dietary,

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and bookkeeping departments within a skilled nursing facility, hospital, hospice, assisted living facility with a minimum of 60 licensed beds, or geriatric residential treatment program and, if such experience is not in a skilled nursing facility, has fulfilled the requirements of a 1,000-hour nursing home administrator-in-training program prescribed by the board.

- (3) The department shall issue a license to practice nursing home administration to any applicant who successfully completes the examination in accordance with this section and otherwise meets the requirements of this part. The department shall not issue a license to any applicant who is under investigation in this state or another jurisdiction for an offense which would constitute a violation of s. 468.1745 or s. 468.1755. Upon completion of the investigation, the provisions of s. 468.1755 shall apply.
- (4) The board may by rule establish a preceptor certification and recertification fee not to exceed \$100 which shall be remitted by those individuals seeking board approval to act as preceptors in administrator-in-training programs as prescribed by the board. This Said fee may be charged at the time of application for initial certification and at the time of application for recertification. The board may by rule establish a trainee application fee not to exceed \$500 to defray the costs of the board's supervision of the administrator-in-training program, to be remitted by those individuals seeking to undergo a board prescribed administrator-in-training program.
- (5) Any person desiring to be licensed as an assisted living facility administrator must apply to the department, remit a nonrefundable fee set by the board not to exceed \$150,

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and provide proof of a current and valid assisted living facility administrator certification. If the board is unable to contract with a third-party credentialing entity, the department shall verify an applicant's compliance with all requirements for certification and licensure and the submission of a valid assisted living facility administrator certification as a prerequisite for licensure is waived.

- (6) An assisted living facility administrator certification must be issued by a third-party credentialing entity that certifies that the individual:
 - (a) Is at least 21 years old;
- (b) Holds a 4-year baccalaureate degree from an accredited college or university, including completion of coursework in health care, gerontology, or geriatrics; holds a 4-year baccalaureate degree from an accredited college or university and has at least 2 years of experience in direct care in or management of an assisted living facility or nursing home; or holds a 2-year associate degree and has at least 4 years of experience in direct care in an assisted living facility or nursing home;
 - (c) Has completed a least 40 hours of core training;
- (d) Has passed an examination that documents core competencies in the training required for assisted living facility administrators prior to licensure with a minimum score of 80 percent;
- (e) Has completed background screening pursuant to ss. 429.174 and 456.0365; and
- (f) Otherwise meets the requirements of this part and part I of chapter 429.

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- (7) A person who is continuously employed as an assisted living facility administrator, or a nursing home administrator who is employed as a nursing home administrator, between July 1, 2012 and January 1, 2013, is eligible for certification as an assisted living facility administrator without meeting the requirements in subsection (6) if:
- (a) The applicant completed the core training, examination, and continuing education requirements under chapter 429 which were in effect on June 30, 2012; and
- (b) The applicant was not the administrator of an assisted living facility or nursing home that was cited by final agency action for a class I or class II violation within the 2 years before January 1, 2013.
- (8) A person who is at least 21 years old; completes the core training and successfully passes the core training examination between January 1, 2011, and January 1, 2013; has completed background screening for licensure, has been continuously employed by an assisted living facility between January 1, 2011, and January 1, 2013; and has never been employed as an administrator of an assisted living facility is eligible for certification as an assisted living facility administrator without meeting the requirements in subsection (6) if the person submits an application before July 1, 2013.
- (9) A licensed assisted living facility administrator applying for licensure renewal must submit an application, remit a renewal fee of \$150, and demonstrate that he or she has obtained and maintained his or her assisted living facility administrator certification that substantiates that he or she has completed at least 16 hours of general continuing education,

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any specialty training and continuing education required based on licensure of the facility or the resident's served for which the applicant is an administrator, has successfully passed all required examinations, and satisfies all other requirements for licensure renewal under this part and part I of chapter 429.

(10) The board and the department may adopt rules for licensure forms, staggered license expirations dates, prorated licensure fees, and certification to implement the licensure and relicensure of assisted living facility administrators.

Section 36. Subsection (1) of section 468.1705, Florida Statutes, is amended to read:

468.1705 Licensure by endorsement; temporary license.-

- (1) The department shall issue a nursing home administrator license by endorsement to an any applicant who, upon applying to the department and remitting a fee set by the board not to exceed \$500, demonstrates to the board that he or she:
 - (a) Meets one of the following requirements:
- 1. Holds a valid active license to practice nursing home administration in another state of the United States if τ provided that the current requirements for licensure in that state are substantially equivalent to, or more stringent than, current requirements in this state; or
- 2. Meets the qualifications for licensure in s. 468.1695; and
- (b) 1. Has successfully completed a national examination which is substantially equivalent to, or more stringent than, the examination given by the department;
- 2. Has passed an examination on the laws and rules of this state governing the administration of nursing homes; and

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3. Has worked as a fully licensed nursing home administrator for 2 years within the 5-year period immediately preceding the application by endorsement.

Section 37. Section 468.1745, Florida Statutes, is amended to read:

468.1745 Prohibitions; penalties.-

- (1) A No person may not shall:
- (a) Practice nursing home administration unless the person holds an active license to practice nursing home administration.
- (b) Use the name or title "nursing home administrator" if when the person has not been licensed pursuant to this part act.
 - (c) Present as his or her own the license of another.
- (d) Give false or forged evidence to the board or a member thereof for the purpose of obtaining a license.
- (e) Use or attempt to use a nursing home administrator's license or an assisted living facility administrator's license that which has been suspended or revoked.
- (f) Knowingly employ unlicensed persons in the practice of nursing home administration or assisted living facility administration.
- (g) Knowingly conceal information relative to violations of this part.
- (h) Practice assisted living facility administration unless the person holds an active license to practice assisted living facility administration.
- (i) Use the name or title "assisted living facility administrator" if the person has not been licensed pursuant to this part.
 - (2) Any person who violates the provisions of this section

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is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 38. Section 468.1755, Florida Statutes, is amended to read:

468.1755 Disciplinary proceedings.-

- (1) The following acts constitute grounds for denial of a nursing home administrator license, assisted living facility administrator license, or disciplinary action, as specified in s. 456.072(2):
- (a) Violation of any provision of s. 456.072(1) or s. 468.1745(1).
- (b) Attempting to procure a license to practice nursing home administration or assisted living facility administration by bribery, by fraudulent misrepresentation, or through an error of the department or the board.
- (c) Having a license to practice nursing home administration or assisted living facility administration revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
- (d) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which relates to the practice of nursing home administration, assisted living facility administration, or the ability to practice nursing home administration or assisted living facility administration. Any plea of nolo contendere shall be considered a conviction for purposes of this part.
- (e) Making or filing a report or record which the licensee knows to be false, intentionally failing to file a report or

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record required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to impede or obstruct such filing. Such reports or records shall include only those which are signed in the capacity of a licensed nursing home administrator or licensed assisted living facility administrator.

- (f) Authorizing the discharge or transfer of a resident by a nursing home administrator for a reason other than those provided in ss. 400.022 and 400.0255.
- (q) Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form or content.
- (h) Fraud or deceit, negligence, incompetence, or misconduct in the practice of nursing home administration or assisted living facility administration.
- (i) Violation of a lawful order of the board or department previously entered in a disciplinary hearing or failing to comply with a lawfully issued subpoena of the board or department.
- (j) Practicing with a revoked, suspended, inactive, or delinquent license.
- (k) Repeatedly acting in a manner inconsistent with the health, safety, or welfare of the patients of the facility in which he or she is the administrator.
- (1) Being unable to practice nursing home administration or assisted living facility administration with reasonable skill and safety to patients by reason of illness, drunkenness, use of drugs, narcotics, chemicals, or any other material or substance or as a result of any mental or physical condition. In enforcing this paragraph, upon a finding of the State Surgeon General or

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his or her designee that probable cause exists to believe that the licensee is unable to serve as a nursing home administrator or assisted living facility administrator due to the reasons stated in this paragraph, the department shall have the authority to issue an order to compel the licensee to submit to a mental or physical examination by a physician designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or serves as a nursing home administrator or assisted living facility administrator. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee affected under this paragraph shall have the opportunity, at reasonable intervals, to demonstrate that he or she can resume the competent practice of nursing home administration or assisted living facility administration with reasonable skill and safety to patients.

- (m) Willfully or repeatedly violating any of the provisions of the law, code, or rules of the licensing or supervising authority or agency of the state or political subdivision thereof having jurisdiction of the operation and licensing of nursing homes or assisted living facilities.
- (n) Paying, giving, causing to be paid or given, or offering to pay or to give to any person a commission or other valuable consideration for the solicitation or procurement, either directly or indirectly, of nursing home usage or assisted

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living facility usage, except as specifically authorized by law.

- (o) Willfully permitting unauthorized disclosure of information relating to a patient or his or her records.
- (p) Discriminating with respect to patients, residents, employees, or staff on account of race, religion, color, sex, or national origin.
- (q) Failing to implement an ongoing quality assurance program by a nursing home administrator which is directed by an interdisciplinary team that meets at least every other month.
- (r) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.
- (2) The board may enter an order denying nursing home administrator licensure, assisted living facility administrator licensure, or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who:
- (a) Is found guilty of violating any provision of subsection (1) of this section or who is found quilty of violating any provision of s. 456.072(1).
- (b) Has a controlling interest in or knowingly participates in one or more violations at an assisted living facility or nursing home which results in denial or revocation of an assisted living facility license or nursing home license.
- (c) Has a controlling interest in or knowingly operates an unlicensed assisted living facility.
- (3) The board may deny or revoke the application for licensure or the license of an assisted living facility administrator if the licensee or applicant knowingly participated in intentional misconduct, engaged in conduct that constitutes gross negligence, or was the administrator of record

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when the facility was cited for violations within the previous 3 years that resulted in a resident's death or which contributed to the death of a resident.

(4) The department shall reissue the license of a disciplined licensee upon certification by the board that the disciplined licensee has complied with all of the terms and conditions set forth in the final order.

Section 39. Section 468.1756, Florida Statutes, is amended to read:

468.1756 Statute of limitations.—An administrative complaint may only be filed pursuant to s. 456.073 for an act listed in s. 468.1755 s. 468.1755(1)(c)-(q) within 4 years after from the time of the incident giving rise to the complaint, or within 4 years after from the time the incident is discovered or should have been discovered.

Section 40. Assisted living facility streamlining task force.-

- (1) The Agency for Health Care Administration shall create a task force consisting of at least one representative of the agency, the Department of Elderly Affairs, the Department of Children and Family Services, the Department of Health, and the Office of State Long-Term Care Ombudsman.
- (2) The purpose of the task force is to determine whether agencies currently have overlapping regulatory responsibilities over assisted living facilities and whether increased efficiency and effectiveness may be realized by transferring, consolidating, eliminating, or modifying such oversight between agencies.
 - (3) The task force shall meet at least three times and

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submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2013, which includes the task force's findings and recommendations pertaining to streamlining agency oversight and improving the effectiveness of regulatory functions.

- (4) The task force is terminated effective March 1, 2013. Section 41. For fiscal year 2012-2013:
- (1) Six full-time equivalent positions, with associated salary rate of 243,720, are authorized and the sum of \$375,000 in recurring funds from the Health Care Trust Fund of the Agency for Health Care Administration are appropriated to the Agency for Health Care Administration;
- (2) One full-time equivalent position, with associated salary rate of 40,620 is authorized and the sum of \$62,500 in recurring funds from the Medical Quality Assistance Trust Fund of the Department of Health; and
- (3) One full-time equivalent position, with associated salary rate of 40,620 is authorized and the sum of \$62,500 in recurring funds from the Operations and Maintenance Trust Fund of the Department of Elderly Affairs are appropriated to the Department of Elderly Affairs

for the purpose of carrying out the regulatory activities provided in this act.

Section 42. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2012.

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



Delete everything before the enacting clause and insert:

A bill to be entitled

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An act relating to quality improvement initiates for entities regulated by the Agency for Health Care Administration; amending s. 394.4574, F.S.; revising the duties of the case manager for, and requirements relating to the cooperative agreement and the community living support plan of, a mental health resident of an assisted living facility; amending s. 395.002, F.S.; revising the definition of the term "accrediting organization" as it relates to hospital licensing and regulation; amending s. 395.1051, F.S.; requiring that hospital provide notice to obstetrical physicians before the hospital closes on an obstetrics department or ceases to provide obstetrical services; amending s. 400.0078, F.S.; requiring that residents of long-term care facilities be informed about the confidentiality of the identity of the complainant of a complaint received by the State Long-Term Care Ombudsman Program; amending s. 408.05, F.S.; requiring that the Agency for Health Care Administration collect, compile, and analyze health information and statistics; providing uses for the information; conforming provisions to changes made by the act; revising functions of the agency; amending s. 409.212, F.S.; increasing a limitation on additional supplementation a person may receive from third

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parties that contribute to his or her cost of care; creating s. 409.986, F.S.; providing definitions; directing the agency to establish and implement methodologies to adjust Medicaid rates for hospitals, nursing homes, and managed care plans; providing criteria for and limits on the amount of Medicaid payment rate adjustments; directing the agency to seek federal approval to implement a performance payment system; providing for implementation of the system in the 2015-2016 fiscal year; authorizing the agency to appoint a technical advisory panel; providing applicability of the performance payment system to general hospitals, skilled nursing facilities, and managed care plans and providing criteria therefor; amending s. 415.1034, F.S.; adding certain employees or agents of a state or local agency to the list of persons who must report the known or suspected abuse of a vulnerable adult to the abuse hotline; amending s. 429.02, F.S.; providing definitions for "board" and "mental health surveyor"; amending s. 429.07, F.S.; prohibiting an assisted living facility from operating unless the facility is under the management of an assisted living facility administrator; authorizing the waiver of certain monitoring requirements under certain conditions; amending s. 429.075, F.S.; revising the criteria preventing a licensed facility from receiving a limited mental health license; requiring that a mental health surveyor be part of the team inspecting a facility that has mental health

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residents; providing the role of the mental health surveyor; requiring that the Agency for Health Care Administration enter into an interagency agreement with the Department of Children and Family Services to receive certain reports; providing for monitoring visits; creating s. 429.0751, F.S.; specifying responsibilities of assisted living facilities that have one or more mental health residents; amending s. 429.14, F.S.; revising the conditions for mandatory license denial or revocation; requiring the revocation of a facility license for certain violations that result in the death of a resident; amending s. 429.176, F.S.; authorizing one administrator for multiple facilities under certain conditions; authorizing qualified facility managers during the temporary absence of an administrator; amending s. 429.178, F.S.; revising training requirements for staff who provide care for persons who have Alzheimer's disease and related disorders; amending s. 429.19, F.S.; authorizing the Agency for Health Care Administration to impose certain citations and fines regardless of correction of a violation, an increased fine for certain violations that result in the death of a resident, and doubled fines; amending s. 429.195, F.S.; prohibiting an assisted living facility from contracting or promising to pay or receive certain monies with a person, health care provider, or health care facility; providing for nonapplication; amending s. 817.505, F.S.; providing that it is not patient

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brokering for an assisted living facility to offer payment under certain circumstances; creating s. 429.231, F.S.; creating an advisory council to review unexpected deaths and elopements; providing for membership and duties; amending s. 429.28, F.S.; authorizing a resident to file a grievance with a facility when a notice of relocation or termination of residency has been received; requiring residents of facilities to be informed about the confidentiality of the identity of the resident and complainant of a complaint made to the State Long-Term Care Ombudsman Program unless the resident authorizes disclosure; creating s. 429.281, F.S.; establishing procedures for a resident grievance process upon notification of resident relocation or termination of residency; amending s. 429.34, F.S.; requiring that the agency conduct unannounced inspections of assisted living facilities; authorizing the agency to assess a fee for additional inspections; requiring that the agency verify corrected violations through subsequent inspections; authorizing the agency to verify the correction of certain violations unrelated to resident rights or resident care without inspection under certain circumstances; providing that the agency is designated as the central agency for tracking facility complaints; specifying timeframes for other state agencies to submit reports to the agency; requiring the agency to have lead surveyors who specialize in assessing facilities; amending s. 429.41, F.S.;

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requiring the agency to observe the elopement drills of a randomly selected group of facilities; requiring the agency to conduct an abbreviated biennial licensure inspection; amending s. 429.49, F.S.; increasing the criminal penalty for altering facility records; creating s. 429.515, F.S.; requiring new facility employees to attend a preservice orientation; providing requirements for such orientation; amending s. 429.52, F.S.; revising training, examination, and continuing education requirements for facility staff, including administrators; providing for the use of interactive online tutorials; requiring the Department of Elderly Affairs to develop training, examinations, and tutorials; creating s. 429.522, F.S.; requiring training providers to be certified by the Department of Elderly Affairs and provide trainer oversight; providing trainer requirements; requiring the department to maintain an electronic database of certified providers and persons who complete training if funding is available; amending s. 429.54, F.S.; requiring specified state agencies to have an electronic system of communication pertaining to the regulation of facilities; requiring facilities to submit certain facility and resident information electronically to the agency twice yearly; providing for the maintenance and use of such information; providing for expiration of this requirement; providing a directive to the Division of Statutory Revision; amending s. 468.1635, F.S.; revising the

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purpose of part II of ch. 468, F.S., to include assisted living administrators; amending s. 468.1645, F.S.; requiring assisted living facilities to be operated under the management of a licensed administrator; amending s. 468.1655, F.S.; revising and providing definitions; amending s. 468.1665, F.S.; renaming the Board of Nursing Home Administrators as the "Board of Long-Term Care Administrators"; providing for membership; prohibiting certain conflicts of interest with respect to board members; amending s. 468.1685, F.S.; revising duties of the board to include contracting with third-party credentialing entities for the purpose of certifying an assisted living facility administrator; amending s. 468.1695, F.S.; providing for licensure of assisted living facility administrators through certification; providing licensure requirements; establishing a maximum fee; amending s. 468.1705, F.S., relating to licensure by endorsement; conforming provisions to changes made by the act; amending s. 468.1745, F.S.; providing requirements for who must be licensed as an assisted living facility administrator; amending s. 468.1755, F.S.; conforming provisions to changes made by the act; providing grounds for disciplinary action for assisted living facility administrators; amending s. 468.1756, F.S.; conforming provisions to changes made by the act; providing effective dates.