

1 A bill to be entitled
2 An act relating to assisted living facilities;
3 amending s. 394.4574, F.S.; providing responsibilities
4 of the Department of Children and Families and mental
5 health service providers for mental health residents
6 who reside in assisted living facilities; directing
7 the agency to impose contract penalties on Medicaid
8 prepaid health plans under specified circumstances;
9 directing the department to impose contract penalties
10 on mental health service providers under specified
11 circumstances; directing the department and the agency
12 to enter into an interagency agreement for the
13 enforcement of their respective responsibilities and
14 procedures related thereto; amending s. 394.463, F.S.;
15 revising the time period during which an involuntary
16 examination of a person believed to have a mental
17 illness may be initiated; amending s. 395.1051, F.S.;
18 requiring a hospital to provide notice to all
19 obstetrical physicians with privileges at that
20 hospital within a specified period of time before the
21 hospital closes an obstetrics department or ceases to
22 provide obstetrical services; amending s. 395.1055,
23 F.S.; revising provisions relating to agency rules
24 regarding standards for infection control,
25 housekeeping, and sanitary conditions in a hospital;
26 requiring housekeeping and sanitation staff to employ
27 and document compliance with specified cleaning and
28 disinfecting procedures; authorizing imposition of

29 | administrative fines for noncompliance; amending s.
30 | 400.0078, F.S.; requiring specified information
31 | regarding the confidentiality of complaints to the
32 | State Long-Term Care Ombudsman Program to be provided
33 | to residents of a long-term care facility upon
34 | admission to the facility; amending s. 408.05, F.S.;
35 | directing the agency to collect, compile, analyze, and
36 | distribute specified health care information for
37 | specified uses; providing for the agency to release
38 | data necessary for the administration of the Medicaid
39 | program to quality improvement collaboratives for
40 | specified purposes; amending s. 408.802, F.S.;
41 | providing that the provisions of part II of ch. 408,
42 | F.S., the Health Care Licensing Procedures Act, apply
43 | to assisted living facility administrators; amending
44 | s. 408.812, F.S.; revising provisions relating to
45 | unlicensed activity by a controlling interest that
46 | participates in the operation of an unlicensed
47 | facility; amending s. 408.813, F.S.; providing
48 | penalties for violations of pt. II of ch. 408, F.S.;
49 | amending s. 408.814, F.S.; authorizing the Agency for
50 | Health Care Administration to impose an immediate
51 | moratorium on or suspension of the license of a
52 | facility under certain conditions; amending s.
53 | 408.815, F.S.; providing additional grounds for denial
54 | or revocations of a license or change of ownership
55 | application; amending s. 408.819, F.S.; authorizing
56 | the agency to adopt rules to require electronic

57 | submission of certain information; amending s.
 58 | 408.820, F.S.; exempting assisted living facility
 59 | administrators from specified provisions of part II of
 60 | ch. 408, F.S., the Health Care Licensing Procedures
 61 | Act; amending s. 409.212, F.S.; increasing a
 62 | limitation on additional supplementation a person who
 63 | receives optional supplementation may receive;
 64 | creating s. 409.986, F.S.; providing definitions;
 65 | directing the agency to establish and implement
 66 | methodologies to adjust Medicaid rates for hospitals,
 67 | nursing homes, and managed care plans; providing
 68 | criteria for and limits on the amount of Medicaid
 69 | payment rate adjustments; directing the agency to seek
 70 | federal approval to implement a performance payment
 71 | system; providing for implementation of the system in
 72 | fiscal year 2016-2017; authorizing the agency to
 73 | appoint a technical advisory panel; providing
 74 | applicability of the performance payment system to
 75 | general hospitals, skilled nursing facilities, and
 76 | managed care plans and providing criteria therefor;
 77 | amending s. 415.1034, F.S.; providing that specified
 78 | persons who have regulatory responsibilities over or
 79 | provide services to persons residing in certain
 80 | facilities must report suspected incidents of abuse to
 81 | the central abuse hotline; amending s. 429.02, F.S.;
 82 | revising and amending definitions; amending s. 429.07,
 83 | F.S.; requiring that an assisted living facility be
 84 | under the management of a licensed assisted living

85 facility administrator; providing for a reduced number
86 of monitoring visits for an assisted living facility
87 that is licensed to provide extended congregate care
88 services under specified circumstances; providing for
89 a reduced number of monitoring visits for an assisted
90 living facility that is licensed to provide limited
91 nursing services under specified circumstances;
92 creating s. 429.074, F.S.; providing conditions for
93 granting an extended congregate care license for an
94 assisted living facility; providing rulemaking
95 authority to the department; amending s. 429.075,
96 F.S.; providing additional requirements for a limited
97 mental health license; removing specified assisted
98 living facility requirements; authorizing a training
99 provider to charge a fee for the training required of
100 facility administrators and staff; revising provisions
101 for application for a limited mental health license;
102 creating s. 429.0751, F.S.; providing requirements for
103 an assisted living facility that has mental health
104 residents; requiring the assisted living facility to
105 enter into a cooperative agreement with a mental
106 health care service provider; providing for the
107 development of a community living support plan;
108 specifying who may have access to the plan; requiring
109 documentation of mental health resident assessments;
110 amending s. 429.14, F.S.; authorizing the agency to
111 revoke an applicant's or controlling interest's
112 license; providing additional criteria for denial or

113 revocation of an assisted living facility license;
114 amending s. 429.17, F.S.; deleting a reference to
115 conditions relating to the expiration of a limited
116 nursing license; creating s. 429.175, F.S.;
117 establishing requirements for qualification as an
118 administrator of an assisted living facility;
119 authorizing the agency to deny appointment of an
120 administrator under certain circumstances; authorizing
121 the Department of Elderly Affairs to establish certain
122 standards; amending s. 429.176, F.S.; revising
123 requirements for submission of notice to the agency
124 when a facility has a change of administrator;
125 amending s. 429.178, F.S.; specifying requirements for
126 facilities that provide care for clients with
127 Alzheimer's disease and other related disorders;
128 conforming cross-references; amending s. 429.19, F.S.;
129 increasing fines for certain violations of pt. I of
130 ch. 429, F.S.; amending s. 429.23, F.S.; providing
131 additional requirements with respect to internal risk
132 management in cases of death or elopement; requiring
133 reports to be reviewed by the Department of Health
134 rather than the agency; creating s. 429.231, F.S.;
135 directing the Department of Elderly Affairs to create
136 an advisory council to review the facts and
137 circumstances of unexpected deaths in assisted living
138 facilities and of elopements that result in harm to a
139 resident; providing duties; providing for appointment
140 and terms of members; providing for meetings;

141 requiring a report; providing for per diem and travel
142 expenses; amending s. 429.255, F.S.; requiring staff
143 employed or under contract with the facility to follow
144 certain policies and procedures; requiring the
145 administrator to monitor a resident's receipt of
146 third-party services and report failure to deliver
147 such services to the third party's regulatory
148 oversight organization; requiring staff to adhere to
149 certain standards and procedures; permitting certain
150 licensed personnel to provide nursing services in a
151 facility; requiring the facility to maintain resident
152 progress reports; removing a provision that grants
153 certain duties to staff and volunteers of facilities
154 licensed to provide extended congregate care;
155 requiring a facility licensed for flexible beds to
156 retain certain information regarding residents;
157 requiring the facility to retain resident contracts
158 for a specified period of time; creating s. 429.257,
159 F.S.; providing guidelines and procedures for the
160 supervision of the administration of medications;
161 providing the Department of Elderly Affairs with
162 rulemaking authority; creating s. 429.258, F.S.;

163 defining the term "over-the-counter medication";
164 providing guidelines for the administration of over-
165 the-counter medications; amending s. 429.26, F.S.;

166 providing that the owner or administrator of a
167 facility is responsible for arranging medical
168 evaluations and reevaluations of individuals admitted

169 to or residing in the facility to assess
170 appropriateness of admission or continued residence;
171 requiring that the medical examination be conducted by
172 a physician, physician assistant, or nurse
173 practitioner and that the subsequent report be
174 submitted within a specified timeframe; requiring the
175 medical examination report to be recorded on a
176 specified form provided by the Agency for Health Care
177 Administration; providing immunity from liability for
178 owners and administrators under certain circumstances;
179 amending s. 429.27, F.S.; increasing the amount of
180 funds that a facility may keep on behalf of a
181 resident; amending s. 429.29, F.S.; providing that a
182 cause of action does not accrue against an employee or
183 agent of a facility unless the employee or agent has
184 been found personally guilty of a criminal offense
185 that constitutes abuse, neglect, or exploitation;
186 amending s. 429.34, F.S.; authorizing the agency to
187 conduct periodic unannounced inspections and surveys
188 of facilities; designating the agency as the central
189 agency for tracking licensure complaints; requiring
190 violations to be reported within a specified period of
191 time; providing exceptions; imposing a fee for
192 additional inspections after specified violations;
193 amending s. 429.41, F.S.; providing staffing
194 requirements relating to evacuation of residents under
195 certain emergency conditions; adding policies and
196 procedures relating to elopement and infection

197 control; providing applicability with regard to
198 facilities using flexible beds; revising provisions
199 relating to citations for licensure violations;
200 amending s. 429.445, F.S.; prohibiting facility staff
201 from occupying an assisted living facility bed under
202 certain circumstances; amending s. 429.47, F.S.;
203 providing additional advertising guidelines; creating
204 s. 429.50, F.S.; prohibiting a person from performing
205 the duties of an assisted living facility
206 administrator without a license; providing
207 qualifications for licensure; providing requirements
208 for the issuance of assisted living facility
209 administrator certifications; providing agency
210 responsibilities; providing exceptions; providing
211 license and license renewal fees; providing grounds
212 for revocation or denial of licensure; providing
213 rulemaking authority; authorizing the agency to issue
214 a temporary license to an assisted living facility
215 administrator under certain conditions and for a
216 specified period of time; amending s. 429.52, F.S.;
217 providing requirements for preservice orientation and
218 core training of facility administrators and staff;
219 providing conditions under which the agency must
220 impose a moratorium; specifying entities that may
221 provide training; amending s. 429.54, F.S.;
222 authorizing the agency to develop electronic
223 communication systems to transmit information
224 regarding assisted living facilities; requiring

225 | assisted living facilities to submit periodic
 226 | electronic reports; providing a fine for failure to
 227 | timely report; specifying information that must be
 228 | included in the report; amending s. 817.505, F.S.;
 229 | providing an exception from prohibitions relating to
 230 | patient brokering; providing an effective date.

231

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

233

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

236 | 394.4574 ~~Department~~ Responsibilities for coordination of
 237 | services for a mental health resident who resides in an assisted
 238 | living facility that holds a limited mental health license.-

239 | (1) The term "mental health resident," for purposes of
 240 | this section, means an individual who receives social security
 241 | disability income due to a mental disorder as determined by the
 242 | Social Security Administration or receives supplemental security
 243 | income due to a mental disorder as determined by the Social
 244 | Security Administration and receives optional state
 245 | supplementation.

246 | (2) A Medicaid prepaid behavioral health plan is
 247 | responsible for a mental health resident enrolled in a Medicaid
 248 | prepaid mental health plan and the managing entity under
 249 | contract with the department is responsible for a mental health
 250 | resident not enrolled with a Medicaid prepaid mental plan. Each
 251 | responsible entity ~~The department~~ must ensure that:

252 | (a) A mental health resident has been assessed and

253 determined by a psychiatrist, clinical psychologist, clinical
 254 social worker, or psychiatric nurse, or an individual who is
 255 supervised by one of these professionals, ~~and determined~~ to be
 256 appropriate to reside in an assisted living facility. The
 257 documentation must be provided to the administrator of the
 258 facility within 30 days after the mental health resident has
 259 been admitted to the facility. An evaluation completed upon
 260 discharge from a state mental hospital meets the requirements of
 261 this subsection related to appropriateness for placement as a
 262 mental health resident if it was completed within 90 days before
 263 ~~prior to~~ admission to the facility.

264 (b) A cooperative agreement, as required in s. 429.075, is
 265 developed between the mental health care services provider that
 266 serves a mental health resident and the administrator of the
 267 assisted living facility with a limited mental health license in
 268 which the mental health resident is living. ~~Any entity that~~
 269 ~~provides Medicaid prepaid health plan services shall ensure the~~
 270 ~~appropriate coordination of health care services with an~~
 271 ~~assisted living facility in cases where a Medicaid recipient is~~
 272 ~~both a member of the entity's prepaid health plan and a resident~~
 273 ~~of the assisted living facility. If the entity is at risk for~~
 274 ~~Medicaid targeted case management and behavioral health~~
 275 ~~services, the entity shall inform the assisted living facility~~
 276 ~~of the procedures to follow should an emergent condition arise.~~

277 (c) The community living support plan, as defined in s.
 278 429.02, has been prepared by a mental health resident and a
 279 mental health case manager of that resident in consultation with
 280 the administrator of the facility or the administrator's

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281 | designee. The plan must be provided to the administrator of the
282 | assisted living facility with a limited mental health license in
283 | which the mental health resident lives. The support plan and the
284 | agreement may be in one document.

285 | (d) The assisted living facility with a limited mental
286 | health license is provided with documentation that the
287 | individual meets the definition of a mental health resident.

288 | (e) The mental health services provider assigns a case
289 | manager to each mental health resident who lives in an assisted
290 | living facility with a limited mental health license. The case
291 | manager is responsible for coordinating the development of and
292 | implementation of the community living support plan defined in
293 | s. 429.02. The plan must be updated at least annually to ensure
294 | that the ongoing needs of the resident are addressed or when
295 | there is a significant change in the resident's behavioral
296 | health status, such as when there is a change regarding an
297 | inpatient admission or a patient's behavioral status,
298 | medications, level of service, or residence. Each case manager
299 | must keep a record of the date and time of any face-to-face
300 | interaction with the mental health resident and make the record
301 | available to the responsible entity for inspection. The record
302 | must be retained for 2 years after the date of the most recent
303 | interaction.

304 | (f) Adequate and consistent monitoring and enforcement of
305 | community-supported living plans and cooperative agreements are
306 | conducted.

307 | (g) Concerns are reported to the appropriate regulatory
308 | oversight organization if a regulated provider fails to deliver

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309 appropriate services or otherwise acts in a manner that has the
310 potential to result in harm to the resident.

311 (3)~~(2)~~ The department must ensure that:

312 (a) A mental health resident has been assessed by a
313 psychiatrist, clinical psychologist, clinical social worker, or
314 psychiatric nurse, or an individual who is supervised by one of
315 these professionals, and determined to be appropriate to reside
316 in an assisted living facility. The documentation must be
317 provided to the administrator of the facility within 30 days
318 after the mental health resident has been admitted to the
319 facility. An evaluation completed upon discharge from a state
320 mental hospital meets the requirements of this subsection
321 related to appropriateness for placement as a mental health
322 resident if it was completed within 90 days before ~~prior to~~
323 admission to the facility.

324 (b) A cooperative agreement, as required in s. 429.0751
325 ~~429.075~~, is developed between the mental health care services
326 provider that serves a mental health resident and ~~the~~
327 ~~administrator of the assisted living facility with a limited~~
328 ~~mental health license in which the mental health resident is~~
329 ~~living. Any entity that provides Medicaid prepaid health plan~~
330 ~~services shall ensure the appropriate coordination of health~~
331 ~~care services with an assisted living facility in cases where a~~
332 ~~Medicaid recipient is both a member of the entity's prepaid~~
333 ~~health plan and a resident of the assisted living facility. If~~
334 ~~the entity is at risk for Medicaid targeted case management and~~
335 ~~behavioral health services, the entity shall inform the assisted~~
336 ~~living facility of the procedures to follow should an emergent~~

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337 ~~condition arise.~~

338 (c) The community living support plan, as defined in s.
339 429.02, has been prepared by a mental health resident and a
340 mental health case manager of that resident in consultation with
341 the administrator of the facility or the administrator's
342 designee. The plan must be provided to the administrator of the
343 assisted living facility ~~with a limited mental health license~~ in
344 which the mental health resident lives. The support plan and the
345 agreement may be in one document.

346 (d) The assisted living facility ~~with a limited mental~~
347 ~~health license~~ is provided with documentation that the
348 individual meets the definition of a mental health resident.

349 (e) The mental health services provider assigns a case
350 manager to each mental health resident who lives in an assisted
351 living facility ~~with a limited mental health license~~. The case
352 manager is responsible for coordinating the development of and
353 implementation of the community living support plan defined in
354 s. 429.02. The plan must be updated as needed, but at least
355 annually, to ensure that the ongoing needs of the residents are
356 addressed.

357
358 The department shall adopt rules to implement the community
359 living support plans and cooperative agreements established
360 under this section.

361 (4) A Medicaid prepaid health plan shall ensure the
362 appropriate coordination of health care services with an
363 assisted living facility when a Medicaid recipient is both a
364 member of the entity's prepaid health plan and a resident of the

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365 assisted living facility. If the Medicaid prepaid health plan is
366 responsible for Medicaid-targeted case management and behavioral
367 health services, the plan shall inform the assisted living
368 facility of the procedures to follow when an emergent condition
369 arises.

370 (5) The department shall include in contracts with mental
371 health service providers provisions that require the service
372 provider to assign a case manager for a mental health resident,
373 prepare a community living support plan, enter into a
374 cooperative agreement with the assisted living facility, and
375 otherwise comply with the provisions of this section. The
376 department shall establish and impose contract penalties for
377 mental health service providers under contract with the
378 department that fail to comply with this section.

379 (6) The Agency for Health Care Administration shall
380 include in contracts with Medicaid prepaid health plans
381 provisions that require the mental health service provider to
382 prepare a community living support plan, enter into a
383 cooperative agreement with the assisted living facility, and
384 otherwise comply with the provisions of this section. The agency
385 shall also establish and impose contract penalties for Medicaid
386 prepaid health plans that fail to comply with this section.

387 (7) The department shall enter into an interagency
388 agreement with the Agency for Health Care Administration that
389 delineates their respective responsibilities and procedures for
390 enforcing the requirements of this section with respect to
391 assisted living facilities and mental health service providers.

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392 (8)~~(3)~~ The Secretary of Children and Families ~~Family~~
393 ~~Services~~, in consultation with the Agency for Health Care
394 Administration, shall annually require each district
395 administrator to develop, with community input, detailed plans
396 that demonstrate how the district will ensure the provision of
397 state-funded mental health and substance abuse treatment
398 services to residents of assisted living facilities ~~that hold a~~
399 ~~limited mental health license~~. These plans must be consistent
400 with the substance abuse and mental health district plan
401 developed pursuant to s. 394.75 and must address case management
402 services; access to consumer-operated drop-in centers; access to
403 services during evenings, weekends, and holidays; supervision of
404 the clinical needs of the residents; and access to emergency
405 psychiatric care.

406 Section 2. Paragraphs (a), (b), (e), and (i) of subsection
407 (2) of section 394.463, Florida Statutes, are amended to read:

408 394.463 Involuntary examination.—

409 (2) INVOLUNTARY EXAMINATION.—

410 (a) An involuntary examination may be initiated by any one
411 of the following means:

412 1. A court may enter an ex parte order stating that a
413 person appears to meet the criteria for involuntary examination,
414 giving the findings on which that conclusion is based. The ex
415 parte order for involuntary examination must be based on sworn
416 testimony, written or oral. If other less restrictive means are
417 not available, such as voluntary appearance for outpatient
418 evaluation, a law enforcement officer, or other designated agent
419 of the court, shall take the person into custody and deliver him

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420 or her to the nearest receiving facility for involuntary
421 examination. The order of the court shall be made a part of the
422 patient's clinical record. No fee shall be charged for the
423 filing of an order under this subsection. Any receiving facility
424 accepting the patient based on this order must send a copy of
425 the order to the Agency for Health Care Administration no later
426 than the next business ~~on the next working~~ day. The order shall
427 be valid only until executed or, if not executed, for the period
428 specified in the order itself. If no time limit is specified in
429 the order, the order shall be valid for 7 days after the date
430 that the order was signed.

431 2. A law enforcement officer shall take a person who
432 appears to meet the criteria for involuntary examination into
433 custody and deliver the person or have him or her delivered to
434 the nearest receiving facility for examination. The officer
435 shall execute a written report detailing the circumstances under
436 which the person was taken into custody, and the report shall be
437 made a part of the patient's clinical record. Any receiving
438 facility accepting the patient based on this report must send a
439 copy of the report to the Agency for Health Care Administration
440 no later than the next business ~~on the next working~~ day.

441 3. A physician, clinical psychologist, psychiatric nurse,
442 mental health counselor, marriage and family therapist, or
443 clinical social worker may execute a certificate stating that he
444 or she has examined a person within the preceding 48 hours and
445 finds that the person appears to meet the criteria for
446 involuntary examination and stating the observations upon which
447 that conclusion is based. If other less restrictive means are

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448 | not available, such as voluntary appearance for outpatient
449 | evaluation, a law enforcement officer shall take the person
450 | named in the certificate into custody and deliver him or her to
451 | the nearest receiving facility for involuntary examination. The
452 | law enforcement officer shall execute a written report detailing
453 | the circumstances under which the person was taken into custody.
454 | The report and certificate shall be made a part of the patient's
455 | clinical record. Any receiving facility accepting the patient
456 | based on this certificate must send a copy of the certificate to
457 | the Agency for Health Care Administration no later than the next
458 | business ~~on the next working~~ day.

459 | (b) A person shall not be removed from any program or
460 | residential placement licensed under chapter 400 or chapter 429
461 | and transported to a receiving facility for involuntary
462 | examination unless an ex parte order, a professional
463 | certificate, or a law enforcement officer's report is first
464 | prepared. If the condition of the person is such that
465 | preparation of a law enforcement officer's report is not
466 | practicable before removal, the report shall be completed as
467 | soon as possible after removal, but in any case before the
468 | person is transported to a receiving facility. A receiving
469 | facility admitting a person for involuntary examination who is
470 | not accompanied by the required ex parte order, professional
471 | certificate, or law enforcement officer's report shall notify
472 | the Agency for Health Care Administration of such admission by
473 | certified mail no later than the next business ~~working~~ day. The
474 | provisions of this paragraph do not apply when transportation is
475 | provided by the patient's family or guardian.

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476 (e) The Agency for Health Care Administration shall
477 receive and maintain the copies of ex parte orders, involuntary
478 outpatient placement orders issued pursuant to s. 394.4655,
479 involuntary inpatient placement orders issued pursuant to s.
480 394.467, professional certificates, and law enforcement
481 officers' reports. These documents shall be considered part of
482 the clinical record, governed by the provisions of s. 394.4615.
483 If the patient is admitted from a residential placement licensed
484 under chapter 400 or chapter 429, the receiving facility also
485 must report information identifying the licensed facility. The
486 agency shall prepare annual reports analyzing the data obtained
487 from these documents, without information identifying patients,
488 and shall provide copies of reports to the department, the
489 President of the Senate, the Speaker of the House of
490 Representatives, and the minority leaders of the Senate and the
491 House of Representatives.

492 (i) Within the 72-hour examination period or, if the 72
493 hours ends on a weekend or holiday, no later than the next
494 business ~~working~~ day thereafter, one of the following actions
495 must be taken, based on the individual needs of the patient:

496 1. The patient shall be released, unless he or she is
497 charged with a crime, in which case the patient shall be
498 returned to the custody of a law enforcement officer;

499 2. The patient shall be released, subject to the
500 provisions of subparagraph 1., for voluntary outpatient
501 treatment;

502 3. The patient, unless he or she is charged with a crime,
503 shall be asked to give express and informed consent to placement

504 as a voluntary patient, and, if such consent is given, the
 505 patient shall be admitted as a voluntary patient; or

506 4. A petition for involuntary placement shall be filed in
 507 the circuit court when outpatient or inpatient treatment is
 508 deemed necessary. When inpatient treatment is deemed necessary,
 509 the least restrictive treatment consistent with the optimum
 510 improvement of the patient's condition shall be made available.
 511 When a petition is to be filed for involuntary outpatient
 512 placement, it shall be filed by one of the petitioners specified
 513 in s. 394.4655(3)(a). A petition for involuntary inpatient
 514 placement shall be filed by the facility administrator.

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

517 395.1051 Duty to notify ~~patients~~.—

518 (1) An appropriately trained person designated by each
 519 licensed facility shall inform each patient, or an individual
 520 identified pursuant to s. 765.401(1), in person about adverse
 521 incidents that result in serious harm to the patient.
 522 Notification of outcomes of care that result in harm to the
 523 patient under this section does ~~shall~~ not constitute an
 524 acknowledgment or admission of liability and may not, ~~nor can it~~
 525 be introduced as evidence.

526 (2) A hospital must provide notice to all obstetrical
 527 physicians with privileges at the hospital at least 120 days
 528 before the hospital closes an obstetrics department or ceases to
 529 provide obstetrical services.

530 Section 4. Paragraph (b) of subsection (1) of section
 531 395.1055, Florida Statutes, is amended to read:

532 395.1055 Rules and enforcement.—

533 (1) The agency shall adopt rules pursuant to ss.
 534 120.536(1) and 120.54 to implement the provisions of this part,
 535 which shall include reasonable and fair minimum standards for
 536 ensuring that:

537 (b) Infection control, housekeeping, sanitary conditions,
 538 and medical record procedures that will adequately protect
 539 patient care and safety are established and implemented. These
 540 procedures shall require housekeeping and sanitation staff to
 541 wear masks and gloves when cleaning patient rooms, to disinfect
 542 environmental surfaces in patient rooms in accordance with the
 543 time instructions on the label of the disinfectant used by the
 544 hospital, and to document compliance with this paragraph. The
 545 agency may impose an administrative fine for each day that a
 546 violation of this paragraph occurs.

547 Section 5. Subsection (2) of section 400.0078, Florida
 548 Statutes, is amended to read:

549 400.0078 Citizen access to State Long-Term Care Ombudsman
 550 Program services.—

551 (2) ~~Every resident or representative of a resident shall~~
 552 ~~receive,~~ Upon admission to a long-term care facility, each
 553 resident or representative of a resident must receive
 554 information regarding:

555 (a) 1. The purpose of the State Long-Term Care Ombudsman
 556 Program;~~;~~

557 2. The statewide toll-free telephone number for receiving
 558 complaints;~~;~~

559 3. The resident's rights under s. 429.28, including

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560 information that retaliatory action cannot be taken against a
561 resident for presenting grievances or for exercising these
562 rights; and

563 4. Other relevant information regarding how to contact the
564 program.

565 (b) Residents or their representatives must be furnished
566 additional copies of this information upon request.

567 Section 6. Subsection (30) is added to section 408.802,
568 Florida Statutes, to read:

569 408.802 Applicability.—The provisions of this part apply
570 to the provision of services that require licensure as defined
571 in this part and to the following entities licensed, registered,
572 or certified by the agency, as described in chapters 112, 383,
573 390, 394, 395, 400, 429, 440, 483, and 765:

574 (30) Assisted living facility administrators, as provided
575 under part I of chapter 429, are exempt from ss. 408.806(7),
576 408.810(4)-(10), and 408.811.

577 Section 7. Subsection (3) of section 408.05, Florida
578 Statutes, is amended to read:

579 408.05 Florida Center for Health Information and Policy
580 Analysis.—

581 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.—The agency
582 shall collect, compile, analyze, and distribute ~~In order to~~
583 ~~produce comparable and uniform~~ health information and
584 statistics. Such information shall be used for developing the
585 ~~development of~~ policy recommendations, evaluating program and
586 provider performance, and facilitating the independent and
587 collaborative quality improvement activities of providers,

588 payors, and others involved in the delivery of health services.

589 The agency shall perform the following functions:

590 (a) Coordinate the activities of state agencies involved
591 in the design and implementation of the comprehensive health
592 information system.

593 (b) Undertake research, development, and evaluation
594 respecting the comprehensive health information system.

595 (c) Review the statistical activities of state agencies to
596 ensure that they are consistent with the comprehensive health
597 information system.

598 (d) Develop written agreements with local, state, and
599 federal agencies for the sharing of health-care-related data or
600 using the facilities and services of such agencies. State
601 agencies, local health councils, and other agencies under state
602 contract shall assist the center in obtaining, compiling, and
603 transferring health-care-related data maintained by state and
604 local agencies. Written agreements must specify the types,
605 methods, and periodicity of data exchanges and specify the types
606 of data that will be transferred to the center.

607 (e) Establish by rule the types of data collected,
608 compiled, processed, used, or shared. Decisions regarding center
609 data sets should be made based on consultation with the State
610 Consumer Health Information and Policy Advisory Council and
611 other public and private users regarding the types of data which
612 should be collected and their uses. The center shall establish
613 standardized means for collecting health information and
614 statistics under laws and rules administered by the agency.

615 (f) Establish minimum health-care-related data sets which

616 are necessary on a continuing basis to fulfill the collection
617 requirements of the center and which shall be used by state
618 agencies in collecting and compiling health-care-related data.
619 The agency shall periodically review ongoing health care data
620 collections of the Department of Health and other state agencies
621 to determine if the collections are being conducted in
622 accordance with the established minimum sets of data.

623 (g) Establish advisory standards to ensure the quality of
624 health statistical and epidemiological data collection,
625 processing, and analysis by local, state, and private
626 organizations.

627 (h) Prescribe standards for the publication of health-
628 care-related data reported pursuant to this section which ensure
629 the reporting of accurate, valid, reliable, complete, and
630 comparable data. Such standards should include advisory warnings
631 to users of the data regarding the status and quality of any
632 data reported by or available from the center.

633 (i) Prescribe standards for the maintenance and
634 preservation of the center's data. This should include methods
635 for archiving data, retrieval of archived data, and data editing
636 and verification.

637 (j) Ensure that strict quality control measures are
638 maintained for the dissemination of data through publications,
639 studies, or user requests.

640 (k) Develop, in conjunction with the State Consumer Health
641 Information and Policy Advisory Council, and implement a long-
642 range plan for making available health care quality measures and
643 financial data that will allow consumers to compare health care

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644 services. The health care quality measures and financial data
645 the agency must make available shall include, but is not limited
646 to, pharmaceuticals, physicians, health care facilities, and
647 health plans and managed care entities. The agency shall update
648 the plan and report on the status of its implementation
649 annually. The agency shall also make the plan and status report
650 available to the public on its Internet website. As part of the
651 plan, the agency shall identify the process and timeframes for
652 implementation, any barriers to implementation, and
653 recommendations of changes in the law that may be enacted by the
654 Legislature to eliminate the barriers. As preliminary elements
655 of the plan, the agency shall:

656 1. Make available patient-safety indicators, inpatient
657 quality indicators, and performance outcome and patient charge
658 data collected from health care facilities pursuant to s.
659 408.061(1)(a) and (2). The terms "patient-safety indicators" and
660 "inpatient quality indicators" shall be as defined by the
661 Centers for Medicare and Medicaid Services, the National Quality
662 Forum, the Joint Commission ~~on Accreditation of Healthcare~~
663 ~~Organizations~~, the Agency for Healthcare Research and Quality,
664 the Centers for Disease Control and Prevention, or a similar
665 national entity that establishes standards to measure the
666 performance of health care providers, or by other states. The
667 agency shall determine which conditions, procedures, health care
668 quality measures, and patient charge data to disclose based upon
669 input from the council. When determining which conditions and
670 procedures are to be disclosed, the council and the agency shall
671 consider variation in costs, variation in outcomes, and

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672 magnitude of variations and other relevant information. When
673 determining which health care quality measures to disclose, the
674 agency:

675 a. Shall consider such factors as volume of cases; average
676 patient charges; average length of stay; complication rates;
677 mortality rates; and infection rates, among others, which shall
678 be adjusted for case mix and severity, if applicable.

679 b. May consider such additional measures that are adopted
680 by the Centers for Medicare and Medicaid Studies, National
681 Quality Forum, the Joint Commission ~~on Accreditation of~~
682 ~~Healthcare Organizations~~, the Agency for Healthcare Research and
683 Quality, Centers for Disease Control and Prevention, or a
684 similar national entity that establishes standards to measure
685 the performance of health care providers, or by other states.
686 When determining which patient charge data to disclose, the
687 agency shall include such measures as the average of
688 undiscounted charges on frequently performed procedures and
689 preventive diagnostic procedures, the range of procedure charges
690 from highest to lowest, average net revenue per adjusted patient
691 day, average cost per adjusted patient day, and average cost per
692 admission, among others.

693 2. Make available performance measures, benefit design,
694 and premium cost data from health plans licensed pursuant to
695 chapter 627 or chapter 641. The agency shall determine which
696 health care quality measures and member and subscriber cost data
697 to disclose, based upon input from the council. When determining
698 which data to disclose, the agency shall consider information
699 that may be required by either individual or group purchasers to

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700 assess the value of the product, which may include membership
701 satisfaction, quality of care, current enrollment or membership,
702 coverage areas, accreditation status, premium costs, plan costs,
703 premium increases, range of benefits, copayments and
704 deductibles, accuracy and speed of claims payment, credentials
705 of physicians, number of providers, names of network providers,
706 and hospitals in the network. Health plans shall make available
707 to the agency any such data or information that is not currently
708 reported to the agency or the office.

709 3. Determine the method and format for public disclosure
710 of data reported pursuant to this paragraph. The agency shall
711 make its determination based upon input from the State Consumer
712 Health Information and Policy Advisory Council. At a minimum,
713 the data shall be made available on the agency's Internet
714 website in a manner that allows consumers to conduct an
715 interactive search that allows them to view and compare the
716 information for specific providers. The website must include
717 such additional information as is determined necessary to ensure
718 that the website enhances informed decisionmaking among
719 consumers and health care purchasers, which shall include, at a
720 minimum, appropriate guidance on how to use the data and an
721 explanation of why the data may vary from provider to provider.

722 4. Publish on its website undiscounted charges for no
723 fewer than 150 of the most commonly performed adult and
724 pediatric procedures, including outpatient, inpatient,
725 diagnostic, and preventative procedures.

726 5. Assist quality improvement collaboratives by releasing
727 information to the providers, payors, or entities representing

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

733 | Section 8. Subsections (3) and (5) of section 408.812,
 734 | Florida Statutes, are amended to read:

735 | 408.812 Unlicensed activity.—

736 | (5) When a controlling interest ~~or licensee~~ has an
 737 | interest in more than one provider and fails to license a
 738 | provider rendering services that require licensure, or when any
 739 | controlling interest participates or assists in the operation of
 740 | an unlicensed facility, the agency may revoke all licenses and
 741 | impose actions under s. 408.814 and a fine of \$1,000 per day,
 742 | unless otherwise specified by authorizing statutes, against each
 743 | licensee until such time as the appropriate license is obtained
 744 | ~~for the unlicensed operation.~~

745 | Section 9. Subsections (2) and (3) of section 408.813,
 746 | Florida Statutes, are amended, and subsection (4) is added to
 747 | that section to read:

748 | 408.813 Administrative fines; violations.—As a penalty for
 749 | any violation of this part, authorizing statutes, or applicable
 750 | rules, the agency may impose an administrative fine.

751 | (2) Violations of this part, authorizing statutes, or
 752 | applicable rules shall be classified according to the nature of
 753 | the violation and the gravity of its probable effect on clients.
 754 | The scope of a violation may be cited as an isolated, patterned,
 755 | or widespread violation ~~deficiency~~. An isolated violation

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756 | ~~deficiency~~ is a violation ~~deficiency~~ affecting one or a very
757 | limited number of clients, or involving one or a very limited
758 | number of staff, or a situation that occurred only occasionally
759 | or in a very limited number of locations. A patterned violation
760 | ~~deficiency~~ is a violation ~~deficiency~~ in which more than a very
761 | limited number of clients are affected, or more than a very
762 | limited number of staff are involved, or the situation has
763 | occurred in several locations, or the same client or clients
764 | have been affected by repeated occurrences of the same deficient
765 | practice but the effect of the deficient practice is not found
766 | to be pervasive throughout the provider. A widespread violation
767 | ~~deficiency~~ is a violation ~~deficiency~~ in which the problems
768 | causing the violation ~~deficiency~~ are pervasive in the provider
769 | or represent systemic failure that has affected or has the
770 | potential to affect a large portion of the provider's clients.
771 | This subsection does not affect the legislative determination of
772 | the amount of a fine imposed under authorizing statutes.
773 | Violations shall be classified on the written notice as follows:
774 | (a) Class "I" violations are those conditions or
775 | occurrences related to the operation and maintenance of a
776 | provider or to the care of clients which the agency determines
777 | has caused or could present an imminent danger to the clients of
778 | the provider or a substantial probability that death or serious
779 | physical or emotional harm has caused or could ~~would~~ result
780 | therefrom. The condition or practice constituting a class I
781 | violation shall be abated or eliminated within 24 hours, unless
782 | a fixed period, as determined by the agency, is required for
783 | correction. The agency shall issue a citation regardless

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784 of correction and an administrative fine as provided by law for
785 a cited class I violation. Violations may be identified and a
786 fine shall be levied notwithstanding the correction of the
787 violation.

788 (b) Class "II" violations are those conditions or
789 occurrences related to the operation and maintenance of a
790 provider or to the care of clients which the agency determines
791 places a client at risk of harm or likelihood of future harm,
792 threatening ~~directly threaten~~ the physical or emotional health,
793 safety, or security of the clients, other than class I
794 violations. The agency shall impose an administrative fine as
795 provided by law for a cited class II violation. A fine shall be
796 levied notwithstanding the correction of the violation.

797 (c) Class "III" violations are those conditions or
798 occurrences related to the operation and maintenance of a
799 provider or to the care of clients which the agency determines
800 indirectly or potentially threaten the physical or emotional
801 health, safety, or security of clients, other than class I or
802 class II violations. The agency shall impose an administrative
803 fine as provided in this section for a cited class III
804 violation. A citation for a class III violation must specify the
805 time within which the violation is required to be corrected. If
806 a class III violation is corrected within the time specified, a
807 fine may not be imposed.

808 (d) Class "IV" violations are those conditions or
809 occurrences related to the operation and maintenance of a
810 provider or to required reports, forms, or documents that do not
811 have the potential of negatively affecting clients. These

812 | violations are of a type that the agency determines do not
 813 | threaten the health, safety, or security of clients. The agency
 814 | shall impose an administrative fine as provided in this section
 815 | for a cited class IV violation. A citation for a class IV
 816 | violation must specify the time within which the violation is
 817 | required to be corrected. If a class IV violation is corrected
 818 | within the time specified, a fine may not be imposed.

819 | (3) The agency may impose an administrative fine for a
 820 | violation that is not designated as a class I, class II, class
 821 | III, or class IV violation. Unless otherwise specified by law,
 822 | the amount of the fine may not exceed \$500 for each violation.
 823 | Unclassified violations include:

- 824 | (a) Violating any term or condition of a license.
- 825 | (b) Violating any provision of this part, authorizing
 826 | statutes, or applicable rules.
- 827 | (c) Exceeding licensed capacity.
- 828 | (d) Providing services beyond the scope of the license.
- 829 | (e) Violating a moratorium imposed pursuant to s. 408.814.
- 830 | (f) Failure to comply with background screening
 831 | requirements in s. 408.809.

832 | (4) Unless otherwise specified in authorizing statutes, a
 833 | controlling interest, administrator, employee, or representative
 834 | thereof may not act as a representative, agent, health care
 835 | surrogate, or guardian of, or hold a power of attorney for, a
 836 | client who is not a relative. For purposes of this subsection,
 837 | the term "relative" means an individual who is the father,
 838 | mother, stepfather, stepmother, son, daughter, brother, sister,
 839 | grandmother, grandfather, great-grandmother, great-grandfather,

840 grandson, granddaughter, uncle, aunt, first cousin, nephew,
 841 niece, husband, wife, father-in-law, mother-in-law, son-in-law,
 842 daughter-in-law, brother-in-law, sister-in-law, stepson,
 843 stepdaughter, stepbrother, stepsister, half-brother, or half-
 844 sister of a controlling interest or staff of the provider. The
 845 licensee is responsible for ensuring that employees and
 846 contractors performing services for licensee do no act as a
 847 representative, agent, health care surrogate, or guardian of, or
 848 hold power of attorney for, a resident or client who is not a
 849 relative.

850 Section 10. Subsections (5) and (6) are added to section
 851 408.814, Florida Statutes, to read:

852 408.814 Moratorium; emergency suspension.-

853 (5) The agency shall impose an immediate moratorium if the
 854 provider fails to provide the agency access to the facility or
 855 prohibits the agency from conducting a regulatory inspection.
 856 The provider may not restrict agency staff from accessing and
 857 copying records or from conducting confidential interviews of
 858 facility staff or any individual receiving services from the
 859 facility.

860 (6) The agency may impose a moratorium or emergency
 861 suspension of the provider's license if it is determined by the
 862 agency or the Department of Health that any of the following
 863 conditions exist at a provider location where clients receive
 864 services that require licensure:

- 865 (a) An infestation of insects or vermin on the premises;
- 866 or
- 867 (b) Unsanitary conditions of any sewer, well, or septic

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868 system, or any other condition that requires the issuance of a
869 precautionary boil water notice or the discontinued use of the
870 kitchen.

871 Section 11. Paragraph (f) is added to subsection (1) of
872 section 408.815, Florida Statutes, to read:

873 408.815 License or application denial; revocation.—

874 (1) In addition to the grounds provided in authorizing
875 statutes, grounds that may be used by the agency for denying and
876 revoking a license or change of ownership application include
877 any of the following actions by a controlling interest:

878 (f) The applicant or licensee had a license that was
879 revoked by the agency, the Department of Children and Families,
880 the Department of Juvenile Justice, or the Agency for Persons
881 with Disabilities.

882 Section 12. Section 408.819, Florida Statutes, is amended
883 to read:

884 408.819 Rules.—The agency is authorized to adopt rules as
885 necessary to administer this part.

886 (1) The agency may adopt rules to require electronic
887 submission of information for the development of performance
888 measures and consumer information. The agency may provide
889 comparative information regarding regulated providers.

890 (2) Any licensed provider that is in operation at the time
891 of adoption of any applicable rule under this part or
892 authorizing statutes shall be given a reasonable time under the
893 particular circumstances, not to exceed 6 months after the date
894 of such adoption, within which to comply with such rule, unless
895 otherwise specified by rule.

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896 Section 13. Subsection (29) is added to section 408.820,
 897 Florida Statutes, to read:

898 408.820 Exemptions.—Except as prescribed in authorizing
 899 statutes, the following exemptions shall apply to specified
 900 requirements of this part:

901 (29) Assisted living facility administrators, as provided
 902 under part I of chapter 429, are exempt from ss. 408.806(7),
 903 408.810(4)-(10), and 408.811.

904 Section 14. Paragraph (c) of subsection (4) of section
 905 409.212, Florida Statutes, is amended to read:

906 409.212 Optional supplementation.—

907 (4) In addition to the amount of optional supplementation
 908 provided by the state, a person may receive additional
 909 supplementation from third parties to contribute to his or her
 910 cost of care. Additional supplementation may be provided under
 911 the following conditions:

912 (c) The additional supplementation shall not exceed four
 913 ~~two~~ times the provider rate recognized under the optional state
 914 supplementation program.

915 Section 15. Section 409.986, Florida Statutes, is created
 916 to read:

917 409.986 Quality adjustments to Medicaid rates.—

918 (1) As used in this section, the term:

919 (a) "Expected rate" means the risk-adjusted rate for each
 920 provider that accounts for the severity of illness, diagnosis
 921 related groups, and the age of a patient.

922 (b) "Hospital-acquired infections" means infections not
 923 present and without evidence of incubation at the time of

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924 admission to a hospital.

925 (c) "Observed rate" means the actual number for each
926 provider of potentially preventable events divided by the number
927 of cases in which potentially preventable events may have
928 occurred.

929 (d) "Potentially preventable admission" means an admission
930 of a person to a hospital that might have reasonably been
931 prevented with adequate access to ambulatory care or health care
932 coordination.

933 (e) "Potentially preventable ancillary service" means a
934 health care service provided or ordered by a physician or other
935 health care provider to supplement or support the evaluation or
936 treatment of a patient, including a diagnostic test, laboratory
937 test, therapy service, or radiology service, that may not be
938 reasonably necessary for the provision of quality health care or
939 treatment.

940 (f) "Potentially preventable complication" means a harmful
941 event or negative outcome with respect to a person, including an
942 infection or surgical complication, that:

- 943 1. Occurs after the person's admission to a hospital; and
944 2. May have resulted from the care, lack of care, or
945 treatment provided during the hospital stay rather than from a
946 natural progression of an underlying disease.

947 (g) "Potentially preventable emergency department visit"
948 means treatment of a person in a hospital emergency room or
949 freestanding emergency medical care facility for a condition
950 that does not require or should not have required emergency
951 medical attention because the condition can or could have been

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952 treated or prevented by a physician or other health care
953 provider in a nonemergency setting.

954 (h) "Potentially preventable event" means a potentially
955 preventable admission, a potentially preventable ancillary
956 service, a potentially preventable complication, a potentially
957 preventable emergency department visit, a potentially
958 preventable readmission, or a combination of those events.

959 (i) "Potentially preventable readmission" means a return
960 hospitalization of a person within 15 days that may have
961 resulted from deficiencies in the care or treatment provided to
962 the person during a previous hospital stay or from deficiencies
963 in posthospital discharge followup. The term does not include a
964 hospital readmission necessitated by the occurrence of unrelated
965 events after the discharge. The term includes the readmission of
966 a person to a hospital for:

967 1. The same condition or procedure for which the person
968 was previously admitted;

969 2. An infection or other complication resulting from care
970 previously provided; or

971 3. A condition or procedure that indicates that a surgical
972 intervention performed during a previous admission was
973 unsuccessful in achieving the anticipated outcome.

974 (j) "Quality improvement collaboration" means a structured
975 process involving multiple providers and subject matter experts
976 to focus on a specific aspect of quality care in order to
977 analyze past performance and plan, implement, and evaluate
978 specific improvement methods.

979 (2) The agency shall establish and implement methodologies

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980 to adjust Medicaid payment rates for hospitals, nursing homes,
981 and managed care plans based on evidence of improved patient
982 outcomes. Payment adjustments shall be dependent on
983 consideration of specific outcome measures for each provider
984 category, documented activities by providers to improve
985 performance, and evidence of significant improvement over time.
986 Measurement of outcomes shall include appropriate risk
987 adjustments, exclude cases that cannot be determined to be
988 preventable, and waive adjustments for providers with too few
989 cases to calculate reliable rates.

990 (a) Performance-based payment adjustments may be made up
991 to 1 percent of each qualified provider's rate for hospital
992 inpatient services, hospital outpatient services, nursing home
993 care, and the plan-specific capitation rate for prepaid health
994 plans. Adjustments for activities to improve performance may be
995 made up to 0.25 percent based on evidence of a provider's
996 engagement in activities specified in this section.

997 (b) Outcome measures shall be established for a base year,
998 which may be state fiscal year 2011-2012 or a more recent 12-
999 month period.

1000 (3) Methodologies established pursuant to this section
1001 shall use existing databases, including Medicaid claims,
1002 encounter data compiled pursuant to s. 409.9122(14), and
1003 hospital discharge data compiled pursuant to s. 408.061(1)(a).
1004 To the extent possible, the agency shall use methods for
1005 determining outcome measures in use by other payors.

1006 (4) The agency shall seek any necessary federal approval
1007 for the performance payment system and implement the system in

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1008 state fiscal year 2016-2017.

1009 (5) The agency may appoint a technical advisory panel for
1010 each provider category in order to solicit advice and
1011 recommendations during the development and implementation of the
1012 performance payment system.

1013 (6) The performance payment system for hospitals shall
1014 apply to general hospitals as defined in s. 395.002. The outcome
1015 measures used to allocate positive payment adjustments shall
1016 consist of one or more potentially preventable events such as
1017 potentially preventable readmissions and potentially preventable
1018 complications.

1019 (a) For each 12-month period after the base year, the
1020 agency shall determine the expected rate and the observed rate
1021 for specific outcome indicators for each hospital. The
1022 difference between the expected and observed rates shall be used
1023 to establish a performance rate for each hospital. Hospitals
1024 shall be ranked based on performance rates.

1025 (b) For at least the first three rate-setting periods
1026 after the performance payment system is implemented, a positive
1027 payment adjustment shall be made to hospitals in the top 10
1028 percent, based on their performance rates, and the 10 hospitals
1029 with the best year-to-year improvement among those hospitals
1030 that did not rank in the top 10 percent. After the third period
1031 of performance payment, the agency may replace the criteria
1032 specified in this subsection with quantified benchmarks for
1033 determining which providers qualify for positive payment
1034 adjustments.

1035 (c) Quality improvement activities that may earn positive

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1036 payment adjustments include:

1037 1. Complying with requirements that reduce hospital-
1038 acquired infections pursuant to s. 395.1055(1)(b); or

1039 2. Actively engaging in a quality improvement
1040 collaboration that focuses on reducing potentially preventable
1041 admissions, potentially preventable readmissions, or hospital-
1042 acquired infections.

1043 (7) The performance payment system for skilled nursing
1044 facilities shall apply to facilities licensed pursuant to part
1045 II of chapter 400 with current Medicaid provider service
1046 agreements. The agency, after consultation with the technical
1047 advisory panel established in subsection (5), shall select
1048 outcome measures to be used to allocate positive payment
1049 adjustments. The outcome measures shall be consistent with the
1050 federal Quality Assurance and Performance Improvement
1051 requirements and include one or more of the following clinical
1052 care areas: pressure sores, falls, or hospitalizations.

1053 (a) For each 12-month period after the base year, the
1054 agency shall determine the expected rate and the observed rate
1055 for specific outcome indicators for each skilled nursing
1056 facility. The difference between the expected and observed rates
1057 shall be used to establish a performance rate for each skilled
1058 nursing facility. Facilities shall be ranked based on
1059 performance rates.

1060 (b) For at least the first three rate-setting periods
1061 after the performance payment system is implemented, a positive
1062 payment adjustment shall be made to facilities in the top three
1063 percent, based on their performance rates, and the 10 facilities

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1064 with the best year-to-year improvement among facilities that did
1065 not rank in the top three percent. After the third period of
1066 performance payment, the agency may replace the criteria
1067 specified in this subsection with quantified benchmarks for
1068 determining which facilities qualify for positive payment
1069 adjustments.

1070 (c) Quality improvement activities that may earn positive
1071 payment adjustments include:

1072 1. Actively engaging in a comprehensive fall-prevention
1073 program.

1074 2. Actively engaging in a quality improvement
1075 collaboration that focuses on reducing potentially preventable
1076 hospital admissions or reducing the percentage of residents with
1077 pressure ulcers that are new or worsened.

1078 (8) A performance payment system shall apply to all
1079 managed care plans. The outcome measures used to allocate
1080 positive payment adjustments shall consist of one or more
1081 potentially preventable events, such as potentially preventable
1082 initial hospital admissions, potentially preventable emergency
1083 department visits, or potentially preventable ancillary
1084 services.

1085 (a) For each 12-month period after the base year, the
1086 agency shall determine the expected rate and the observed rate
1087 for specific outcome indicators for each managed care plan. The
1088 difference between the expected and observed rates shall be used
1089 to establish a performance rate for each plan. Managed care
1090 plans shall be ranked based on performance rates.

1091 (b) For at least the first three rate-setting periods

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1092 after the performance payment system is implemented, a positive
 1093 payment adjustment shall be made to the top 10 managed care
 1094 plans. After the third period during which the performance
 1095 payment system is implemented, the agency may replace the
 1096 criteria specified in this subsection with quantified benchmarks
 1097 for determining which plans qualify for positive payment
 1098 adjustments.

1099 (9) Payment adjustments made pursuant to this section may
 1100 not result in expenditures that exceed the amounts appropriated
 1101 in the General Appropriations Act for hospitals, nursing homes,
 1102 and managed care plans.

1103 Section 16. Paragraph (a) of subsection (1) and subsection
 1104 (2) of section 415.1034, Florida Statutes, are amended to read:

1105 415.1034 Mandatory reporting of abuse, neglect, or
 1106 exploitation of vulnerable adults; mandatory reports of death.-

1107 (1) MANDATORY REPORTING.-

1108 (a) Any person, including, but not limited to, any:

1109 1. A physician, osteopathic physician, medical examiner,
 1110 chiropractic physician, nurse, paramedic, emergency medical
 1111 technician, or hospital personnel engaged in the admission,
 1112 examination, care, or treatment of vulnerable adults;

1113 2. A health professional or mental health professional
 1114 other than one listed in subparagraph 1.;

1115 3. A practitioner who relies solely on spiritual means for
 1116 healing;

1117 4. Nursing home staff; assisted living facility staff;
 1118 adult day care center staff; adult family-care home staff;
 1119 social worker; or other professional adult care, residential, or

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1120 institutional staff;

1121 5. A state, county, or municipal criminal justice employee

1122 or law enforcement officer;

1123 6. An employee of the Department of Business and

1124 Professional Regulation conducting inspections of public lodging

1125 establishments under s. 509.032;

1126 7. A Florida advocacy council member or long-term care

1127 ombudsman council member; ~~or~~

1128 8. A bank, savings and loan, or credit union officer,

1129 trustee, or employee; or

1130 9. An employee or agent of a state or local agency who has

1131 regulatory responsibilities over or who provides services to

1132 persons residing in a state-licensed assisted living facility,

1133

1134 who knows, or has reasonable cause to suspect, that a vulnerable

1135 adult has been or is being abused, neglected, or exploited must

1136 ~~shall~~ immediately report such knowledge or suspicion to the

1137 central abuse hotline.

1138 (2) MANDATORY REPORTS OF DEATH.—Any person who is required

1139 to investigate reports of abuse, neglect, or exploitation and

1140 who has reasonable cause to suspect that a vulnerable adult died

1141 as a result of abuse, neglect, or exploitation shall immediately

1142 report the suspicion to the appropriate medical examiner, to the

1143 appropriate criminal justice agency, and to the department,

1144 notwithstanding the existence of a death certificate signed by a

1145 practicing physician. The medical examiner shall accept the

1146 report for investigation pursuant to s. 406.11 and shall report

1147 the findings of the investigation, in writing, to the

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1148 appropriate local criminal justice agency, the appropriate state
1149 attorney, and the department. If the findings indicate
1150 culpability of a regulated entity, the department shall provide
1151 a report to the appropriate regulatory agency. Autopsy reports
1152 maintained by the medical examiner are not subject to the
1153 confidentiality requirements provided for in s. 415.107.

1154 Section 17. Subsections (7) through (26) of section
1155 429.02, Florida Statutes, are amended, and new subsections (14)
1156 and (17) are added to that section, to read:

1157 429.02 Definitions.—When used in this part, the term:

1158 (7) "Community living support plan" means a written
1159 document prepared by a mental health resident and the resident's
1160 mental health case manager in consultation with the
1161 administrator of an assisted living facility ~~with a limited~~
1162 ~~mental health license~~ or the administrator's designee. A copy
1163 must be provided to the administrator. The plan must include
1164 information about the supports, services, and special needs of
1165 the resident which enable the resident to live in the assisted
1166 living facility and a method by which facility staff can
1167 recognize and respond to the signs and symptoms particular to
1168 that resident which indicate the need for professional services.

1169 (8) "Cooperative agreement" means a written statement of
1170 understanding between a mental health care provider and the
1171 administrator of the assisted living facility ~~with a limited~~
1172 ~~mental health license~~ in which a mental health resident is
1173 living. The agreement must specify directions for accessing
1174 emergency and after-hours care for the mental health resident. A
1175 single cooperative agreement may service all mental health

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1176 residents who are clients of the same mental health care
 1177 provider.

1178 (9) "Department" means the Department of Elderly Affairs.

1179 (10) "Emergency" means a situation, physical condition, or
 1180 method of operation which presents imminent danger of death or
 1181 serious physical or mental harm to facility residents.

1182 (11) "Flexible beds" means licensed beds designated to
 1183 allow a continuing care facility licensed under chapter 651 or a
 1184 retirement community that offers other services pursuant to this
 1185 part in addition to nursing home, home health, or adult day care
 1186 services licensed pursuant to chapter 400 or chapter 429 on a
 1187 single campus, to provide assisted living services for to up to
 1188 25 percent of the residents in apartments or other residential
 1189 units designated for independent living on the campus. The
 1190 purpose of flexible beds is to allow residents who need personal
 1191 or nursing services but do not require a secure environment to
 1192 age in place. ~~"Extended congregate care" means acts beyond those~~
 1193 ~~authorized in subsection (16) that may be performed pursuant to~~
 1194 ~~part I of chapter 464 by persons licensed thereunder while~~
 1195 ~~carrying out their professional duties, and other supportive~~
 1196 ~~services which may be specified by rule. The purpose of such~~
 1197 ~~services is to enable residents to age in place in a residential~~
 1198 ~~environment despite mental or physical limitations that might~~
 1199 ~~otherwise disqualify them from residency in a facility licensed~~
 1200 ~~under this part.~~

1201 (12) "Guardian" means a person to whom the law has
 1202 entrusted the custody and control of the person or property, or
 1203 both, of a person who has been legally adjudged incapacitated.

1204 (13) "Health care provider" means a physician or
 1205 physician's assistant licensed under chapter 458 or chapter 459,
 1206 or an advanced registered nurse practitioner licensed under
 1207 chapter 464. "Limited nursing services" means acts that may be
 1208 performed pursuant to part I of chapter 464 by persons licensed
 1209 thereunder while carrying out their professional duties but
 1210 limited to those acts which the department specifies by rule.
 1211 ~~Acts which may be specified by rule as allowable limited nursing~~
 1212 ~~services shall be for persons who meet the admission criteria~~
 1213 ~~established by the department for assisted living facilities and~~
 1214 ~~shall not be complex enough to require 24-hour nursing~~
 1215 ~~supervision and may include such services as the application and~~
 1216 ~~care of routine dressings, and care of casts, braces, and~~
 1217 ~~splints.~~

1218 (14) "Medication technician" means an unlicensed staff
 1219 member who has completed 6 hours of training approved by the
 1220 department and provided by a trainer that is certified by the
 1221 department. A medication technician is authorized to provide
 1222 assistance with the self-administration of medications and
 1223 provide assistance with point-of-care devices.

1224 ~~(14) "Managed risk" means the process by which the~~
 1225 ~~facility staff discuss the service plan and the needs of the~~
 1226 ~~resident with the resident and, if applicable, the resident's~~
 1227 ~~representative or designee or the resident's surrogate,~~
 1228 ~~guardian, or attorney in fact, in such a way that the~~
 1229 ~~consequences of a decision, including any inherent risk, are~~
 1230 ~~explained to all parties and reviewed periodically in~~
 1231 ~~conjunction with the service plan, taking into account changes~~

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1232 | ~~in the resident's status and the ability of the facility to~~
 1233 | ~~respond accordingly.~~

1234 | (15) "Mental health resident" means an individual who
 1235 | receives social security disability income due to a mental
 1236 | disorder as determined by the Social Security Administration or
 1237 | receives supplemental security income due to a mental disorder
 1238 | as determined by the Social Security Administration and receives
 1239 | optional state supplementation.

1240 | (16) "Personal services" means direct physical assistance
 1241 | with or supervision of the activities of daily living ~~and the~~
 1242 | ~~self-administration of medication~~ and other similar services
 1243 | which the department may define by rule. "Personal services"
 1244 | shall not be construed to mean the provision of medical,
 1245 | nursing, dental, or mental health services.

1246 | (17) "Point-of-care devices" means testing equipment
 1247 | designed and approved to be used by the resident with assistance
 1248 | and supervision from trained staff to help gather, collect, and
 1249 | record information regarding the resident's condition.

1250 | (18)~~(17)~~ "Physical restraint" means a device which
 1251 | physically limits, restricts, or deprives an individual of
 1252 | movement or mobility, including, but not limited to, a half-bed
 1253 | rail, a full-bed rail, a geriatric chair, and a posey restraint.
 1254 | The term "physical restraint" shall also include any device
 1255 | which was not specifically manufactured as a restraint but which
 1256 | has been altered, arranged, or otherwise used for this purpose.
 1257 | The term shall not include bandage material used for the purpose
 1258 | of binding a wound or injury.

1259 | (19)~~(18)~~ "Relative" means an individual who is the father,

1260 mother, stepfather, stepmother, son, daughter, brother, sister,
 1261 grandmother, grandfather, great-grandmother, great-grandfather,
 1262 grandson, granddaughter, uncle, aunt, first cousin, nephew,
 1263 niece, husband, wife, father-in-law, mother-in-law, son-in-law,
 1264 daughter-in-law, brother-in-law, sister-in-law, stepson,
 1265 stepdaughter, stepbrother, stepsister, half brother, or half
 1266 sister of a controlling interest or a staff member of the
 1267 facility ~~an owner or administrator.~~

1268 (20)~~(19)~~ "Resident" means a person 18 years of age or
 1269 older, residing in and receiving care from a facility.

1270 (21)~~(20)~~ "Resident's representative or designee" means a
 1271 person other than the owner, or an agent or employee of the
 1272 facility, designated in writing by the resident, if legally
 1273 competent, to receive notice of changes in the contract executed
 1274 pursuant to s. 429.24; to receive notice of and to participate
 1275 in meetings between the resident and the facility owner,
 1276 administrator, or staff concerning the rights of the resident;
 1277 to assist the resident in contacting the ombudsman council if
 1278 the resident has a complaint against the facility; or to bring
 1279 legal action on behalf of the resident pursuant to s. 429.29.

1280 ~~(21) "Service plan" means a written plan, developed and~~
 1281 ~~agreed upon by the resident and, if applicable, the resident's~~
 1282 ~~representative or designee or the resident's surrogate,~~
 1283 ~~guardian, or attorney in fact, if any, and the administrator or~~
 1284 ~~designee representing the facility, which addresses the unique~~
 1285 ~~physical and psychosocial needs, abilities, and personal~~
 1286 ~~preferences of each resident receiving extended congregate care~~
 1287 ~~services. The plan shall include a brief written description, in~~

1288 ~~easily understood language, of what services shall be provided,~~
 1289 ~~who shall provide the services, when the services shall be~~
 1290 ~~rendered, and the purposes and benefits of the services.~~

1291 ~~(22) "Shared responsibility" means exploring the options~~
 1292 ~~available to a resident within a facility and the risks involved~~
 1293 ~~with each option when making decisions pertaining to the~~
 1294 ~~resident's abilities, preferences, and service needs, thereby~~
 1295 ~~enabling the resident and, if applicable, the resident's~~
 1296 ~~representative or designee, or the resident's surrogate,~~
 1297 ~~guardian, or attorney in fact, and the facility to develop a~~
 1298 ~~service plan which best meets the resident's needs and seeks to~~
 1299 ~~improve the resident's quality of life.~~

1300 (22)~~(23)~~ "Supervision" means reminding residents to engage
 1301 in activities of daily living and the self-administration of
 1302 medication, and, when necessary, observing or providing verbal
 1303 cuing to residents while they perform these activities.

1304 (23)~~(24)~~ "Supplemental security income," Title XVI of the
 1305 Social Security Act, means a program through which the Federal
 1306 Government guarantees a minimum monthly income to every person
 1307 who is age 65 or older, or disabled, or blind and meets the
 1308 income and asset requirements.

1309 (24)~~(25)~~ "Supportive services" means services designed to
 1310 encourage and assist aged persons or adults with disabilities to
 1311 remain in the least restrictive living environment and to
 1312 maintain their independence as long as possible.

1313 (25)~~(26)~~ "Twenty-four-hour nursing supervision" means
 1314 services that are ordered by a physician for a resident whose
 1315 condition requires the supervision of a physician and continued

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1316 monitoring of vital signs and physical status. Such services
1317 shall be: medically complex enough to require constant
1318 supervision, assessment, planning, or intervention by a nurse;
1319 required to be performed by or under the direct supervision of
1320 licensed nursing personnel or other professional personnel for
1321 safe and effective performance; required on a daily basis; and
1322 consistent with the nature and severity of the resident's
1323 condition or the disease state or stage.

1324 Section 18. Section 429.07, Florida Statutes, is amended
1325 to read:

1326 429.07 License required; fee.—

1327 (1) The requirements of part II of chapter 408 apply to
1328 the provision of services that require licensure pursuant to
1329 this part and part II of chapter 408 and to entities licensed by
1330 or applying for such licensure from the agency pursuant to this
1331 part. A license issued by the agency is required in order to
1332 operate an assisted living facility in this state. Effective
1333 July 1, 2013, an assisted living facility may not operate in
1334 this state unless the facility is under the management of an
1335 assisted living facility administrator licensed pursuant to s.
1336 429.50.

1337 (2) Separate licenses shall be required for facilities
1338 maintained in separate premises, even though operated under the
1339 same management. A separate license shall not be required for
1340 separate buildings on the same grounds.

1341 (3) In addition to the requirements of s. 408.806, each
1342 license granted by the agency must state the type of care for
1343 which the license is granted. Licenses shall be issued for one

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1344 or more of the following categories of care: standard, extended
1345 congregate care, ~~limited nursing services~~, or limited mental
1346 health.

1347 (a) A standard license shall be issued to facilities
1348 providing one or more of the personal services identified in s.
1349 429.02. Such facilities may also employ or contract with a
1350 person licensed under part I of chapter 464 to administer
1351 medications and perform other tasks as specified in s. 429.255.

1352 (b) An extended congregate care license shall be issued to
1353 facilities providing, directly or through contract, services
1354 beyond those authorized in paragraph (a), including services
1355 performed by persons licensed under part I of chapter 464 and
1356 supportive services, as defined by rule, to persons who would
1357 otherwise be disqualified from continued residence in a facility
1358 licensed under this part.

1359 1. In order for extended congregate care services to be
1360 provided, the agency must first determine that all requirements
1361 established in law and rule are met and must specifically
1362 designate, on the facility's license, that such services may be
1363 provided and whether the designation applies to all or part of
1364 the facility. Such designation may be made at the time of
1365 initial licensure or relicensure, or upon request in writing by
1366 a licensee under this part and part II of chapter 408. The
1367 notification of approval or the denial of the request shall be
1368 made in accordance with part II of chapter 408. Existing
1369 facilities qualifying to provide extended congregate care
1370 services must have maintained a standard license and may not
1371 have been subject to administrative sanctions during the

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1372 previous 2 years, or since initial licensure if the facility has
1373 been licensed for less than 2 years, for any of the following
1374 reasons:

- 1375 a. A class I or class II violation;
- 1376 b. Three or more repeat or recurring class III violations
1377 of identical or similar resident care standards from which a
1378 pattern of noncompliance is found by the agency;
- 1379 c. Three or more class III violations that were not
1380 corrected in accordance with the corrective action plan approved
1381 by the agency;
- 1382 d. Violation of resident care standards which results in
1383 requiring the facility to employ the services of a consultant
1384 pharmacist or consultant dietitian;
- 1385 e. Denial, suspension, or revocation of a license for
1386 another facility licensed under this part in which the applicant
1387 for an extended congregate care license has at least 25 percent
1388 ownership interest; or
- 1389 f. Imposition of a moratorium pursuant to this part or
1390 part II of chapter 408 or initiation of injunctive proceedings.

1391 2. A facility that is licensed to provide extended
1392 congregate care services shall maintain a written progress
1393 report on each person who receives services which describes the
1394 type, amount, duration, scope, and outcome of services that are
1395 rendered and the general status of the resident's health. A
1396 registered nurse, or appropriate designee, representing the
1397 agency shall visit the facility at least once a year ~~quarterly~~
1398 to monitor residents who are receiving extended congregate care
1399 services and to determine if the facility is in compliance with

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1400 | this part, part II of chapter 408, and relevant rules. One of
1401 | the visits may be in conjunction with the regular survey. The
1402 | monitoring visits may be provided through contractual
1403 | arrangements with appropriate community agencies. A registered
1404 | nurse shall serve as part of the team that inspects the
1405 | facility. The agency may waive a ~~one of the required yearly~~
1406 | monitoring visit ~~visits~~ for a facility that has been licensed
1407 | for at least 24 months to provide extended congregate care
1408 | services, if, during the inspection, the registered nurse
1409 | determines that extended congregate care services are being
1410 | provided appropriately, and if the facility has no:

1411 | a. Class I or class II violations and no uncorrected class
1412 | III violations;

1413 | b. Citations for a licensure violation that resulted from
1414 | referrals by the ombudsman to the agency; or

1415 | c. Citations for a licensure violation that resulted from
1416 | complaints to the agency. ~~The agency must first consult with the~~
1417 | ~~long-term care ombudsman council for the area in which the~~
1418 | ~~facility is located to determine if any complaints have been~~
1419 | ~~made and substantiated about the quality of services or care.~~
1420 | ~~The agency may not waive one of the required yearly monitoring~~
1421 | ~~visits if complaints have been made and substantiated.~~

1422 | 3. A facility that is licensed to provide extended
1423 | congregate care services must:

1424 | a. Demonstrate the capability to meet unanticipated
1425 | resident service needs.

1426 | b. Offer a physical environment that promotes a homelike
1427 | setting, provides for resident privacy, promotes resident

1428 independence, and allows sufficient congregate space as defined
 1429 by rule.

1430 c. Have sufficient staff available, taking into account
 1431 the physical plant and firesafety features of the building, to
 1432 assist with the evacuation of residents in an emergency.

1433 d. Adopt and follow policies and procedures that maximize
 1434 resident independence, dignity, choice, and decisionmaking to
 1435 permit residents to age in place, so that moves due to changes
 1436 in functional status are minimized or avoided.

1437 e. Allow residents or, if applicable, a resident's
 1438 representative, designee, surrogate, guardian, or attorney in
 1439 fact to make a variety of personal choices, participate in
 1440 developing service plans, and share responsibility in
 1441 decisionmaking.

1442 f. Implement the concept of managed risk.

1443 g. Provide, directly or through contract, the services of
 1444 a person licensed under part I of chapter 464.

1445 h. In addition to the training mandated in s. 429.52,
 1446 provide specialized training as defined by rule for facility
 1447 staff.

1448 4. A facility that is licensed to provide extended
 1449 congregate care services is exempt from the criteria for
 1450 continued residency set forth in rules adopted under s. 429.41.
 1451 A licensed facility must adopt its own requirements within
 1452 guidelines for continued residency set forth by rule. However,
 1453 the facility may not serve residents who require 24-hour nursing
 1454 supervision. A licensed facility that provides extended
 1455 congregate care services must also provide each resident with a

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1456 written copy of facility policies governing admission and
1457 retention.

1458 5. The primary purpose of extended congregate care
1459 services is to allow residents, as they become more impaired,
1460 the option of remaining in a familiar setting from which they
1461 would otherwise be disqualified for continued residency. A
1462 facility licensed to provide extended congregate care services
1463 may also admit an individual who exceeds the admission criteria
1464 for a facility with a standard license, if the individual is
1465 determined appropriate for admission to the extended congregate
1466 care facility.

1467 6. Before the admission of an individual to a facility
1468 licensed to provide extended congregate care services, the
1469 individual must undergo a medical examination as provided in s.
1470 429.26(4) and the facility must develop a preliminary service
1471 plan for the individual.

1472 7. When a facility can no longer provide or arrange for
1473 services in accordance with the resident's service plan and
1474 needs and the facility's policy, the facility shall make
1475 arrangements for relocating the person in accordance with s.
1476 429.28(1)(k).

1477 8. Failure to provide extended congregate care services
1478 may result in denial of extended congregate care license
1479 renewal.

1480 (c) A limited nursing services license shall be issued to
1481 a facility that provides services beyond those authorized in
1482 paragraph (a) and as specified in this paragraph.

1483 1. In order for limited nursing services to be provided in

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1484 a facility licensed under this part, the agency must first
1485 determine that all requirements established in law and rule are
1486 met and must specifically designate, on the facility's license,
1487 that such services may be provided. Such designation may be made
1488 at the time of initial licensure or relicensure, or upon request
1489 in writing by a licensee under this part and part II of chapter
1490 408. Notification of approval or denial of such request shall be
1491 made in accordance with part II of chapter 408. Existing
1492 facilities qualifying to provide limited nursing services shall
1493 have maintained a standard license and may not have been subject
1494 to administrative sanctions that affect the health, safety, and
1495 welfare of residents for the previous 2 years or since initial
1496 licensure if the facility has been licensed for less than 2
1497 years.

1498 2. Facilities that are licensed to provide limited nursing
1499 services shall maintain a written progress report on each person
1500 who receives such nursing services, which report describes the
1501 type, amount, duration, scope, and outcome of services that are
1502 rendered and the general status of the resident's health. A
1503 registered nurse representing the agency shall visit such
1504 facilities at least once ~~twice~~ a year to monitor residents who
1505 are receiving limited nursing services and to determine if the
1506 facility is in compliance with applicable provisions of this
1507 part, part II of chapter 408, and related rules. The monitoring
1508 visits may be provided through contractual arrangements with
1509 appropriate community agencies. A registered nurse shall also
1510 serve as part of the team that inspects such facility. The
1511 agency may waive a monitoring visit for a facility that has been

1512 licensed for at least 24 months to provide limited nursing
 1513 services and if the facility has no:

1514 a. Class I or class II violations and no uncorrected class
 1515 III violations;

1516 b. Citations for a licensure violation which resulted from
 1517 referrals by the ombudsman to the agency; or

1518 c. Citations for a licensure violation which resulted from
 1519 complaints to the agency.

1520 3. A person who receives limited nursing services under
 1521 this part must meet the admission criteria established by the
 1522 agency for assisted living facilities. When a resident no longer
 1523 meets the admission criteria for a facility licensed under this
 1524 part, arrangements for relocating the person shall be made in
 1525 accordance with s. 429.28(1)(k), unless the facility is licensed
 1526 to provide extended congregate care services.

1527 (4) In accordance with s. 408.805, an applicant or
 1528 licensee shall pay a fee for each license application submitted
 1529 under this part, part II of chapter 408, and applicable rules.
 1530 The amount of the fee shall be established by rule.

1531 (a) The biennial license fee required of a facility is
 1532 \$300 per license, with an additional fee of \$50 per resident
 1533 based on the total licensed resident capacity of the facility,
 1534 ~~except that no additional fee will be assessed for beds~~
 1535 ~~designated for recipients of optional state supplementation~~
 1536 ~~payments provided for in s. 409.212.~~ The total fee may not
 1537 exceed \$10,000.

1538 (b) In addition to the total fee assessed under paragraph
 1539 (a), the agency shall require facilities that are licensed to

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1540 provide extended congregate care services under this part to pay
 1541 an additional fee per licensed facility. The amount of the
 1542 biennial fee shall be \$400 per license, with an additional fee
 1543 of \$10 per resident based on the total licensed resident
 1544 capacity of the facility.

1545 ~~(c) In addition to the total fee assessed under paragraph~~
 1546 ~~(a), the agency shall require facilities that are licensed to~~
 1547 ~~provide limited nursing services under this part to pay an~~
 1548 ~~additional fee per licensed facility. The amount of the biennial~~
 1549 ~~fee shall be \$250 per license, with an additional fee of \$10 per~~
 1550 ~~resident based on the total licensed resident capacity of the~~
 1551 ~~facility.~~

1552 ~~(5) Counties or municipalities applying for licenses under~~
 1553 ~~this part are exempt from the payment of license fees.~~

1554 Section 19. Section 429.074, Florida Statutes, is created
 1555 to read:

1556 429.074 Extended congregate care license.-

1557 (1) The purpose of an extended congregate care license is
 1558 to enable residents to age in place in a residential environment
 1559 despite mental or physical limitations that might otherwise
 1560 disqualify them from residency in a facility licensed under this
 1561 part.

1562 (2) An initial extended congregate care license may be
 1563 issued to an applicant at the time of initial licensure, license
 1564 renewal, or upon request in writing by a licensee. A request for
 1565 an extended congregate care license shall be processed in
 1566 accordance with part II of chapter 408. The request for an
 1567 extended congregate care license shall be denied if a

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1568 controlling interest held a controlling interest in another
1569 provider licensed under chapter 408, subject to the following
1570 conditions:

1571 (a) Citation of a class I violation or a class II
1572 violation or three or more uncorrected class III violations in
1573 the past 2 years;

1574 (b) The requirement to employ the services of a consultant
1575 pharmacist or consultant dietitian pursuant to s. 429.42;

1576 (c) Denial, suspension, or revocation of a license; or

1577 (d) Imposition of a moratorium pursuant to this part or
1578 part II of chapter 408 or initiation of injunctive proceedings.

1579 (3) If the assisted living facility has been licensed for
1580 less than 2 years, the initial extended congregate care license
1581 shall be provisional and may not exceed 6 months. Within the
1582 first 3 months after the provisional license is issued, the
1583 facility must notify the agency when it has admitted at least
1584 two extended congregate care residents, after which time an
1585 unannounced inspection shall be made to determine if the
1586 facility is in compliance with extended congregate care license
1587 requirements before the provisional designation is removed. If
1588 the facility fails to demonstrate compliance with extended
1589 congregate care license within 6 months, the extended congregate
1590 care license shall expire.

1591 (4) Facilities licensed to provide extended congregate
1592 care services shall promote aging in place by conducting a
1593 comprehensive review of the resident's physical and functional
1594 status and developing and implementing a plan to meet each
1595 resident's needs. Each resident must have a service plan that

1596 addresses the unique physical and psychosocial needs, abilities,
 1597 and personal preferences of the resident. The service plan must:

1598 (a) Be developed and agreed upon by the resident and, if
 1599 applicable, the resident's representative or designee or the
 1600 resident's surrogate, guardian, or attorney in fact, if any, and
 1601 the administrator or designee representing the facility.

1602 (b) Include a brief written description, in easily
 1603 understood language, of what services shall be provided, who
 1604 shall provide the services, when the services shall be rendered,
 1605 and the purposes and benefits of the services.

1606 (5) Before the admission of an individual to a facility
 1607 licensed to provide extended congregate care services, the
 1608 individual must undergo a medical examination as provided under
 1609 s. 429.26(4) and the facility must develop a preliminary service
 1610 plan for the individual.

1611 (6) When a facility can no longer provide or arrange for
 1612 services in accordance with the resident's service plan and
 1613 needs and the facility's policy, the facility shall make
 1614 arrangements for relocating the person in accordance with s.
 1615 429.28.

1616 (7) The department shall adopt rules establishing criteria
 1617 for continued residency in a licensed extended congregate care
 1618 facility. Each facility must adopt requirements within
 1619 guidelines for continued residency adopted by rule. The facility
 1620 may not serve residents who require 24-hour nursing supervision.

1621 (8) A facility that is licensed to provide extended
 1622 congregate care services must:

1623 (a) Provide each resident with a written copy of facility

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1624 policies governing admission and retention.

1625 (b) Maintain a written progress report on each resident
1626 which describes the type, amount, duration, scope, and outcome
1627 of services that are rendered and the general status of the
1628 resident's health.

1629 (c) Employ or contract with a full-time licensed nurse and
1630 provide access to a licensed nurse at all times.

1631 (d) Demonstrate the capability to meet the unanticipated
1632 needs of the resident.

1633 (e) Offer a physical environment that promotes a homelike
1634 setting, provides for resident privacy, promotes resident
1635 independence, and allows sufficient congregate space as defined
1636 by rule.

1637 (f) Adopt and follow policies and procedures that maximize
1638 resident independence, dignity, choice, and decisionmaking to
1639 permit residents to age in place, so that moves due to changes
1640 in functional status are minimized or avoided.

1641 (g) Allow residents or, if applicable, a resident's
1642 representative, designee, surrogate, guardian, or attorney in
1643 fact to make a variety of personal choices, participate in
1644 developing service plans, and share responsibility in
1645 decisionmaking.

1646 (h) Implement a managed-risk and shared-responsibility
1647 approach that includes a discussion of the proposed service plan
1648 and the needs of the resident with the resident and, if
1649 applicable, the resident's representative or designee or the
1650 resident's surrogate, guardian, or attorney in fact, in such a
1651 way that the consequences of a decision, including any inherent

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1652 risk, are explained to all parties and reviewed periodically in
1653 conjunction with the service plan, taking into account changes
1654 in the resident's status and the ability of the facility to
1655 respond accordingly. The approach shall also include exploring
1656 the options available to a resident within a facility and the
1657 risks involved with each option when making decisions pertaining
1658 to the resident's abilities, preferences, and service needs,
1659 thereby enabling the resident and, if applicable, the resident's
1660 representative or designee, or the resident's surrogate,
1661 guardian, or attorney in fact, and the facility to develop a
1662 service plan which best meets the resident's needs and seeks to
1663 improve the resident's quality of life.

1664 (i) In addition to the training mandated in s. 429.52,
1665 provide specialized training as defined by rule for facility
1666 staff.

1667 (9) The agency may deny or revoke the extended congregate
1668 care license for the following:

1669 (a) Any grounds in subsection (2); or

1670 (b) Failure to provide extended congregate care services
1671 for a period of 30 days or more.

1672 (10) The agency shall conduct a visit to monitor the
1673 facility at least twice a year to monitor residents who are
1674 receiving extended congregate care services and to determine if
1675 the facility is in compliance with this part, part II of chapter
1676 408, and relevant rules. Visits may be in conjunction with other
1677 agency inspections. The agency may waive one of the required
1678 yearly monitoring visits for a facility that has:

1679 (a) Held an extended congregate care license for at least

1680 24 months.

1681 (b) No class I or class II violations and no uncorrected
 1682 class III violations.

1683 (c) No confirmed ombudsman council complaints that
 1684 resulted in a citation for licensure.

1685 Section 20. Section 429.075, Florida Statutes, is amended
 1686 to read:

1687 429.075 Limited mental health license.—In order to serve
 1688 three or more mental health residents, an assisted living
 1689 facility ~~that serves three or more mental health residents~~ must
 1690 obtain a limited mental health license.

1691 (1) To obtain a limited mental health license, a facility:

1692 (a) Must hold a standard license as an assisted living
 1693 facility; and,

1694 (b) Must not have been subject to administrative sanctions
 1695 during the previous 2 years, or since initial licensure if the
 1696 assisted living facility has been licensed for less than 2
 1697 years, for any of the following reasons:

1698 1. One or more class I violations imposed by final agency
 1699 action;

1700 2. Three or more class II violations imposed by final
 1701 agency action; or

1702 3. Denial, suspension, or revocation of a license for
 1703 another assisted living facility licensed under this part in
 1704 which the license applicant had at least a 25-percent ownership
 1705 interest. ~~any current uncorrected deficiencies or violations,~~
 1706 ~~and must ensure that,~~

1707 (2) Within 6 months after receiving a limited mental

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1708 health license, the facility administrator and the staff of the
1709 facility who are in direct contact with mental health residents
1710 must complete training of no less than 6 hours related to their
1711 duties. This training shall be approved by the Department of
1712 Children and Families.

1713 (3) Application for a limited mental health license ~~Such~~
1714 ~~designation~~ may be made at the time of initial licensure or
1715 relicensure or upon request in writing by a licensee under this
1716 part and part II of chapter 408. Notification of approval or
1717 denial of the license ~~such request~~ shall be made in accordance
1718 with this part, part II of chapter 408, and applicable rules.
1719 ~~This training will be provided by or approved by the Department~~
1720 ~~of Children and Family Services.~~

1721 (4) ~~(2)~~ Facilities licensed to provide services to mental
1722 health residents shall provide appropriate supervision and
1723 staffing to provide for the health, safety, and welfare of such
1724 residents.

1725 ~~(3) A facility that has a limited mental health license~~
1726 ~~must:~~

1727 ~~(a) Have a copy of each mental health resident's community~~
1728 ~~living support plan and the cooperative agreement with the~~
1729 ~~mental health care services provider. The support plan and the~~
1730 ~~agreement may be combined.~~

1731 ~~(b) Have documentation that is provided by the Department~~
1732 ~~of Children and Family Services that each mental health resident~~
1733 ~~has been assessed and determined to be able to live in the~~
1734 ~~community in an assisted living facility with a limited mental~~
1735 ~~health license.~~

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1736 ~~(c) Make the community living support plan available for~~
1737 ~~inspection by the resident, the resident's legal guardian, the~~
1738 ~~resident's health care surrogate, and other individuals who have~~
1739 ~~a lawful basis for reviewing this document.~~

1740 ~~(d) Assist the mental health resident in carrying out the~~
1741 ~~activities identified in the individual's community living~~
1742 ~~support plan.~~

1743 ~~(4) A facility with a limited mental health license may~~
1744 ~~enter into a cooperative agreement with a private mental health~~
1745 ~~provider. For purposes of the limited mental health license, the~~
1746 ~~private mental health provider may act as the case manager.~~

1747 Section 21. Section 429.0751, Florida Statutes, is created
1748 to read:

1749 429.0751 Mental health residents.—An assisted living
1750 facility that has one or more mental health residents must:

1751 (1) Enter into a cooperative agreement with the mental
1752 health care service provider responsible for providing services
1753 to the mental health resident, including a mental health care
1754 service provider responsible for providing private pay services
1755 to the mental health resident, to ensure coordination of care.

1756 (2) Consult with the mental health case manager and the
1757 mental health resident in the development of a community living
1758 support plan and maintain a copy of each mental health
1759 resident's community living support plan.

1760 (3) Make the community living support plan available for
1761 inspection by the resident, the resident's legal guardian, the
1762 resident's health care surrogate, and other individuals who have
1763 a lawful basis for reviewing this document.

1764 (4) Assist the mental health resident in carrying out the
 1765 activities identified in the individual's community living
 1766 support plan.

1767 (5) Have documentation that is provided by the Department
 1768 of Children and Families that each mental health resident has
 1769 been assessed and determined to be able to live in the community
 1770 in an assisted living facility.

1771 Section 22. Subsections (3) through (7) of section 429.14,
 1772 Florida Statutes, are amended to read:

1773 429.14 Administrative penalties.—

1774 (3) The agency may deny or revoke a license to any
 1775 applicant or controlling interest as defined in part II of
 1776 chapter 408 which has or had a 25-percent or greater financial
 1777 or ownership interest in any other facility licensed under this
 1778 part, or in any entity licensed by this state or another state
 1779 to provide health or residential care, which facility or entity
 1780 during the 5 years before ~~prior to~~ the application for a license
 1781 closed due to financial inability to operate; had a receiver
 1782 appointed or a license denied, suspended, or revoked; was
 1783 subject to a moratorium; or had an injunctive proceeding
 1784 initiated against it.

1785 (4) The agency shall deny or revoke the license of an
 1786 assisted living facility that:

1787 (a) Has had two moratoria issued pursuant to this part or
 1788 part II of chapter 408 which are imposed by final order within a
 1789 2-year period;

1790 (b) Is conditionally licensed for 180 or more continuous
 1791 days;

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1792 (c) Is cited for two class I violations arising from
1793 unrelated circumstances during the same survey or investigation;
1794 or

1795 (d) Is cited for two class I violations arising from
1796 separate surveys or investigations within a 2-year period has
1797 ~~two or more class I violations that are similar or identical to~~
1798 ~~violations identified by the agency during a survey, inspection,~~
1799 ~~monitoring visit, or complaint investigation occurring within~~
1800 ~~the previous 2 years.~~

1801
1802 The licensee may present factors in mitigation of revocation,
1803 and the agency may make a determination not to revoke a license
1804 based upon a showing that revocation is inappropriate under the
1805 circumstances.

1806 (5) An action taken by the agency to suspend, deny, or
1807 revoke a facility's license under this part or part II of
1808 chapter 408, in which the agency claims that the facility owner
1809 or an employee of the facility has threatened the health,
1810 safety, or welfare of a resident of the facility be heard by the
1811 Division of Administrative Hearings of the Department of
1812 Management Services within 120 days after receipt of the
1813 facility's request for a hearing, unless that time limitation is
1814 waived by both parties. The administrative law judge must render
1815 a decision within 30 days after receipt of a proposed
1816 recommended order.

1817 ~~(6) The agency shall provide to the Division of Hotels and~~
1818 ~~Restaurants of the Department of Business and Professional~~
1819 ~~Regulation, on a monthly basis, a list of those assisted living~~

1820 ~~facilities that have had their licenses denied, suspended, or~~
 1821 ~~revoked or that are involved in an appellate proceeding pursuant~~
 1822 ~~to s. 120.60 related to the denial, suspension, or revocation of~~
 1823 ~~a license.~~

1824 (6)~~(7)~~ Agency notification of a license suspension or
 1825 revocation, or denial of a license renewal, shall be posted and
 1826 visible to the public at the facility.

1827 Section 23. Subsections (1) and (5) of section 429.17,
 1828 Florida Statutes, are amended to read:

1829 429.17 Expiration of license; renewal; conditional
 1830 license.—

1831 (1) ~~Limited nursing,~~ Extended congregate care~~,~~ and limited
 1832 mental health licenses shall expire at the same time as the
 1833 facility's standard license, regardless of when issued.

1834 (5) When an extended care ~~or limited nursing~~ license is
 1835 requested during a facility's biennial license period, the fee
 1836 shall be prorated in order to permit the additional license to
 1837 expire at the end of the biennial license period. The fee shall
 1838 be calculated as of the date the additional license application
 1839 is received by the agency.

1840 Section 24. Section 429.175, Florida Statutes, is created
 1841 to read:

1842 429.175 Administrator qualifications.—

1843 (1) An administrator of an assisted living facility must:

1844 (a) Have a high school diploma, general equivalency
 1845 diploma, or a degree from an accredited college or university.

1846 (b) Have at least 15 semester hours of college credits in
 1847 health-related courses from an accredited college or university.

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1848 (2) A 4-year college degree may substitute for the
1849 education requirements for the qualification of an administrator
1850 required under this section.

1851 (3) The agency may deny the appointment of an
1852 administrator who served as the administrator of records of an
1853 assisted living facility during a period when violations were
1854 cited that led to the revocation or denial of the license. The
1855 agency's decision shall consider mitigation actions taken by the
1856 administrator, including:

1857 (a) Successful completion of additional training and
1858 education.

1859 (b) Successful completion of the core competency test
1860 since the revocation or denial.

1861 (c) Completion of a mentorship program of no less than 80
1862 hours, to be conducted by an individual who has been the
1863 administrator of a facility for at least 2 years with no class I
1864 or class II violations in the past 2 years.

1865 (4) The department may establish requirements for
1866 mentorships, health-related courses, and other standards for the
1867 qualification of administrators by rule.

1868 Section 25. Section 429.176, Florida Statutes, is amended
1869 to read:

1870 429.176 Notice of change of administrator.—If, during the
1871 period for which a license is issued, the owner changes
1872 administrators, the owner must notify the agency of the change
1873 within 10 days and ~~provide documentation within 90 days that the~~
1874 ~~new administrator has completed the applicable core educational~~
1875 ~~requirements under s. 429.52.~~

1876 Section 26. Subsections (1), (2), (7), and (8) of section
 1877 429.178, Florida Statutes, are amended to read:

1878 429.178 ~~Special~~ Care for persons with Alzheimer's disease
 1879 or other related disorders.-

1880 (1) A facility ~~which advertises that~~ serves clients ~~it~~
 1881 ~~provides special care for persons~~ with Alzheimer's disease or
 1882 other related disorders must meet the following standards of
 1883 operation:

1884 (a) Have an awake staff member on duty at all hours of the
 1885 day and night if:

1886 1. The facility has 17 or more residents; or

1887 2. The facility has fewer than 17 residents, unless the
 1888 facility has mechanisms in place to monitor and ensure the
 1889 safety of residents.

1890 ~~(a)1. If the facility has 17 or more residents, have an~~
 1891 ~~awake staff member on duty at all hours of the day and night; or~~

1892 ~~2. If the facility has fewer than 17 residents, have an~~
 1893 ~~awake staff member on duty at all hours of the day and night or~~
 1894 ~~have mechanisms in place to monitor and ensure the safety of the~~
 1895 ~~facility's residents.~~

1896 (b) Offer activities specifically designed for persons who
 1897 are cognitively impaired.

1898 (c) Have a physical environment that provides for the
 1899 safety and welfare of the facility's residents.

1900 (d) Employ staff who have completed the training and
 1901 continuing education required in this section ~~subsection (2)~~.

1902 (2) (a) Staff ~~An individual~~ who are ~~is~~ employed by a
 1903 facility that provides ~~special~~ care for residents with

1904 Alzheimer's disease or other related disorders, and who has
 1905 regular contact with such residents, must complete up to 4 hours
 1906 of initial dementia-specific training developed or approved by
 1907 the department. The training must ~~shall~~ be completed within 3
 1908 months after beginning employment and shall satisfy the core
 1909 training requirements of s. 429.52(2)(g).

1910 (b) A direct caregiver who is employed by a facility that
 1911 provides ~~special~~ care for residents with Alzheimer's disease or
 1912 other related disorders, and who provides direct care to such
 1913 residents, must complete the ~~required initial~~ training required
 1914 in paragraph (a) and 4 additional hours of training developed or
 1915 approved by the department. The training must ~~shall~~ be completed
 1916 within 6 ~~9~~ months after beginning employment and shall satisfy
 1917 the core training requirements of s. 429.52(2)(g).

1918 (c) An individual who is employed by a facility that
 1919 provides special care for residents with Alzheimer's disease or
 1920 other related disorders, but who only has incidental contact
 1921 with such residents, must be given, at a minimum, general
 1922 information on interacting with individuals with Alzheimer's
 1923 disease or other related disorders, within 3 months after
 1924 beginning employment.

1925 ~~(7) Any facility more than 90 percent of whose residents~~
 1926 ~~receive monthly optional supplementation payments is not~~
 1927 ~~required to pay for the training and education programs required~~
 1928 ~~under this section. A facility that has one or more such~~
 1929 ~~residents shall pay a reduced fee that is proportional to the~~
 1930 ~~percentage of such residents in the facility. A facility that~~
 1931 ~~does not have any residents who receive monthly optional~~

1932 | ~~supplementation payments must pay a reasonable fee, as~~
 1933 | ~~established by the department, for such training and education~~
 1934 | ~~programs.~~

1935 | ~~(7)-(8)~~ The department shall adopt rules to establish
 1936 | standards for trainers and training and to implement this
 1937 | section.

1938 | Section 27. Subsections (2) through (9) of section 429.19,
 1939 | Florida Statutes, are amended to read:

1940 | 429.19 Violations; imposition of administrative fines;
 1941 | grounds.-

1942 | (2) Each violation of this part and adopted rules shall be
 1943 | classified according to the nature of the violation and the
 1944 | gravity of its probable effect on facility residents.

1945 | (a) The agency shall indicate the classification on the
 1946 | written notice of the violation as follows:

1947 | 1.(a) Class "I" violations are defined in s. 408.813. The
 1948 | agency shall issue a citation regardless of correction. The
 1949 | agency shall impose an administrative fine for a cited class I
 1950 | violation in an amount not less than \$5,000 and not exceeding
 1951 | \$10,000 for each violation.

1952 | 2.(b) Class "II" violations are defined in s. 408.813. The
 1953 | agency may issue a citation regardless of correction. The agency
 1954 | shall impose an administrative fine for a cited class II
 1955 | violation in an amount not less than \$1,000 and not exceeding
 1956 | \$5,000 for each violation.

1957 | 3.(c) Class "III" violations are defined in s. 408.813.
 1958 | The agency shall impose an administrative fine for a cited class
 1959 | III violation in an amount not less than \$500 and not exceeding

1960 \$1,000 for each violation.

1961 4.~~(d)~~ Class "IV" violations are defined in s. 408.813. The
 1962 agency shall impose an administrative fine for a cited class IV
 1963 violation in an amount not less than \$100 and not exceeding \$200
 1964 for each violation.

1965 (b) In lieu of the penalties provided in paragraph (a),
 1966 the agency shall impose a \$10,000 penalty for a violation that
 1967 results in the death of a resident.

1968 (c) Notwithstanding paragraph (a), if the assisted living
 1969 facility is cited for a class I or class II violation and within
 1970 24 months the facility is cited for another class I or class II
 1971 violation, the agency shall double the fine for the subsequent
 1972 violation if the violation is in the same class as the previous
 1973 violation.

1974 ~~(3) For purposes of this section, in determining if a~~
 1975 ~~penalty is to be imposed and in fixing the amount of the fine,~~
 1976 ~~the agency shall consider the following factors:~~

1977 ~~(a) The gravity of the violation, including the~~
 1978 ~~probability that death or serious physical or emotional harm to~~
 1979 ~~a resident will result or has resulted, the severity of the~~
 1980 ~~action or potential harm, and the extent to which the provisions~~
 1981 ~~of the applicable laws or rules were violated.~~

1982 ~~(b) Actions taken by the owner or administrator to correct~~
 1983 ~~violations.~~

1984 ~~(c) Any previous violations.~~

1985 ~~(d) The financial benefit to the facility of committing or~~
 1986 ~~continuing the violation.~~

1987 ~~(e) The licensed capacity of the facility.~~

1988 ~~(4) Each day of continuing violation after the date fixed~~
 1989 ~~for termination of the violation, as ordered by the agency,~~
 1990 ~~constitutes an additional, separate, and distinct violation.~~

1991 (3)~~(5)~~ Any action taken to correct a violation shall be
 1992 documented in writing by the owner or administrator of the
 1993 facility and verified through followup visits by agency
 1994 personnel. The agency may impose a fine and, in the case of an
 1995 owner-operated facility, revoke or deny a facility's license
 1996 when a facility administrator fraudulently misrepresents action
 1997 taken to correct a violation.

1998 (4)~~(6)~~ Any facility whose owner fails to apply for a
 1999 change-of-ownership license in accordance with part II of
 2000 chapter 408 and operates the facility under the new ownership is
 2001 subject to a fine of \$5,000.

2002 (5)~~(7)~~ In addition to any administrative fines imposed,
 2003 the agency may assess a survey fee, equal to the lesser of one
 2004 half of the facility's biennial license and bed fee or \$500, to
 2005 cover the cost of conducting initial complaint investigations
 2006 that result in the finding of a violation that was the subject
 2007 of the complaint or monitoring visits conducted under s.
 2008 429.28(3)(c) to verify the correction of the violations.

2009 (6)~~(8)~~ During an inspection, the agency shall make a
 2010 reasonable attempt to discuss each violation with the owner or
 2011 administrator of the facility, before ~~prior to~~ written
 2012 notification.

2013 (7)~~(9)~~ The agency shall develop and disseminate an annual
 2014 list of all facilities sanctioned or fined for violations of
 2015 state standards, the number and class of violations involved,

2016 the penalties imposed, and the current status of cases. The list
 2017 shall be disseminated, at no charge, to the Department of
 2018 Elderly Affairs, the Department of Health, the Department of
 2019 Children and Families ~~Family Services~~, the Agency for Persons
 2020 with Disabilities, the area agencies on aging, the Florida
 2021 Statewide Advocacy Council, and the state and local ombudsman
 2022 councils. The Department of Children and Families ~~Family~~
 2023 ~~Services~~ shall disseminate the list to service providers under
 2024 contract to the department who are responsible for referring
 2025 persons to a facility for residency. The agency may charge a fee
 2026 commensurate with the cost of printing and postage to other
 2027 interested parties requesting a copy of this list. This
 2028 information may be provided electronically or through the
 2029 agency's Internet site.

2030 Section 28. Subsections (3), (4), (7), and (8) of section
 2031 429.23, Florida Statutes, are amended to read:

2032 429.23 Internal risk management and quality assurance
 2033 program; adverse incidents and reporting requirements.—

2034 (3) Licensed facilities shall provide within 1 business
 2035 day after the occurrence of an adverse incident specified under
 2036 this section involving death or elopement, ~~by electronic mail,~~
 2037 ~~facsimile, or United States mail,~~ a preliminary report
 2038 electronically to the agency ~~on all adverse incidents specified~~
 2039 ~~under this section~~. The report must include information
 2040 regarding the identity of the affected resident, the type of
 2041 adverse incident, and the status of the facility's investigation
 2042 of the incident.

2043 (4) Licensed facilities shall provide within 15 days, ~~by~~

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2044 ~~electronic mail, facsimile, or United States mail,~~ a full report
2045 electronically to the agency on all adverse incidents specified
2046 in this section. The report must include the results of the
2047 facility's investigation into the adverse incident.

2048 (7) Each report filed with ~~The information reported to the~~
2049 ~~agency pursuant to subsection (3)~~ shall be reviewed by the
2050 Department of Health ~~which relates to determine if persons~~
2051 ~~licensed under chapter 458, chapter 459, chapter 461, chapter~~
2052 ~~464, or chapter 465~~ were ~~shall be reviewed by the agency. The~~
2053 ~~agency shall determine whether any of the incidents potentially~~
2054 ~~involved conduct by a health care professional who is subject to~~
2055 ~~disciplinary action, in which case the provisions of s. 456.073~~
2056 ~~apply. The agency may investigate, as it deems appropriate, any~~
2057 ~~such incident and prescribe measures that must or may be taken~~
2058 ~~in response to the incident. The agency shall review each~~
2059 ~~incident and determine whether it potentially involved conduct~~
2060 ~~by a health care professional who is subject to disciplinary~~
2061 ~~action, in which case the provisions of s. 456.073 apply.~~

2062 (8) The agency may investigate, as it deems appropriate,
2063 any such incident and prescribe measures that must or may be
2064 taken in response to the incident. ~~If the agency, through its~~
2065 ~~receipt of the adverse incident reports prescribed in this part~~
2066 ~~or through any investigation, has reasonable belief that conduct~~
2067 ~~by a staff member or employee of a licensed facility is grounds~~
2068 ~~for disciplinary action by the appropriate board, the agency~~
2069 ~~shall report this fact to such regulatory board.~~

2070 Section 29. Section 429.231, Florida Statutes, is created
2071 to read:

2072 429.231 Advisory council; membership; duties.-
 2073 (1) The department shall establish an advisory council to
 2074 review the facts and circumstances of unexpected deaths in
 2075 assisted living facilities and of elopements that result in harm
 2076 to a resident. The purpose of this review is to:
 2077 (a) Achieve a greater understanding of the causes and
 2078 contributing factors of the unexpected deaths and elopements.
 2079 (b) Identify any gaps, deficiencies, or problems in the
 2080 delivery of services to the residents.
 2081 (2) Based on the review, the advisory council shall make
 2082 recommendations for:
 2083 (a) Industry best practices that could be used to prevent
 2084 unexpected deaths and elopements.
 2085 (b) Training and educational requirements for employees
 2086 and administrators of assisted living facilities.
 2087 (c) Changes in the law, rules, or other policies to
 2088 prevent unexpected deaths and elopements.
 2089 (3) The advisory council shall prepare an annual
 2090 statistical report on the incidence and causes of unexpected
 2091 deaths in assisted living facilities and of elopements that
 2092 result in harm to residents during the prior calendar year. The
 2093 advisory council shall submit a copy of the report by December
 2094 31 of each year to the Governor, the President of the Senate,
 2095 and the Speaker of the House of Representatives. The report may
 2096 make recommendations for state action, including specific
 2097 policy, procedural, regulatory, or statutory changes, and any
 2098 other recommended preventive action.
 2099 (4) The advisory council shall consist of the following

2100 members:

2101 (a) The Secretary of Elderly Affairs, or a designee, who

2102 shall be the chair.

2103 (b) The Secretary of Health Care Administration, or a

2104 designee.

2105 (c) The Secretary of Children and Families, or a designee.

2106 (d) The State Long-Term Care Ombudsman, or a designee.

2107 (e) The following members, selected by the Governor:

2108 1. An owner or administrator of an assisted living

2109 facility with fewer than 17 beds.

2110 2. An owner or administrator of an assisted living

2111 facility with 17 or more beds.

2112 3. An owner or administrator of an assisted living

2113 facility with a limited mental health license.

2114 4. A representative from each of three statewide

2115 associations that represent assisted living facilities.

2116 5. A resident of an assisted living facility.

2117 (5) The advisory council shall meet at the call of the

2118 chair, but at least twice each calendar year. The chair may

2119 appoint ad hoc committees as necessary to carry out the duties

2120 of the council.

2121 (6) The members of the advisory council selected by the

2122 Governor shall be appointed to staggered terms of office which

2123 may not exceed 2 years. Members are eligible for reappointment.

2124 (7) Members of the advisory council shall serve without

2125 compensation, but are entitled to reimbursement for per diem and

2126 travel expenses incurred in the performance of their duties as

2127 provided in s. 112.061 and to the extent that funds are

2128 | available.

2129 | Section 30. Section 429.255, Florida Statutes, is amended
2130 | to read:

2131 | 429.255 Use of personnel; emergency care.—

2132 | (1) (a) Persons under contract to the facility, facility
2133 | staff, or volunteers, who are licensed according to part I of
2134 | chapter 464, or those persons exempt under s. 464.022(1), and
2135 | others as defined by rule, may administer medications to
2136 | residents, take residents' vital signs, manage individual weekly
2137 | pill organizers for residents who self-administer medication,
2138 | give prepackaged enemas ordered by a physician, observe
2139 | residents, document observations on the appropriate resident's
2140 | record, report observations to the resident's physician, and
2141 | contract or allow residents or a resident's representative,
2142 | designee, surrogate, guardian, or attorney in fact to contract
2143 | with a third party, provided residents meet the criteria for
2144 | appropriate placement as defined in s. 429.26. Nursing
2145 | assistants certified pursuant to part II of chapter 464 may take
2146 | residents' vital signs as directed by a licensed nurse or
2147 | physician.

2148 | (b) All staff in facilities licensed under this part shall
2149 | exercise their professional responsibility to observe residents,
2150 | to document observations on the appropriate resident's record,
2151 | and to report the observations to the resident's physician.
2152 | However, the owner or administrator of the facility shall be
2153 | responsible for determining that the resident receiving services
2154 | is appropriate for residence in the facility.

2155 | (c) Staff employed or under contract with the facility

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2156 | must follow facility policies and procedures.

2157 | (d) The administrator is responsible for monitoring the
2158 | resident's receipt of third-party services. If a third party's
2159 | failure to deliver appropriate services is or has the potential
2160 | to result in harm to the resident, the administrator must report
2161 | concerns to the regulatory oversight organization for the third
2162 | party and assist the resident in obtaining alternative services.

2163 | (e) Staff who provide direct care to residents must adhere
2164 | to infection control, universal precautions, and facility
2165 | sanitation procedures while providing personal care to
2166 | residents.

2167 | (f)~~(e)~~ In an emergency situation, licensed personnel may
2168 | carry out their professional duties pursuant to part I of
2169 | chapter 464 until emergency medical personnel assume
2170 | responsibility for care.

2171 | (2) In a facility with a standard license, persons under
2172 | contract to the facility and facility staff who are licensed
2173 | according to part I of chapter 464 or those persons exempt under
2174 | s. 464.022(1) may provide nursing services within the scope of
2175 | their license including such services as the application and
2176 | care of routine dressings and care of casts, braces, and
2177 | splints, provided the facility employs or contracts with a full-
2178 | time licensed nurse and provides access to a licensed nurse at
2179 | all times. The facility shall maintain written progress reports
2180 | for each resident receiving nursing services that describe the
2181 | type, amount, duration, scope, and outcome of services that are
2182 | rendered and the general status of the resident's health.

2183 | (3) A facility licensed for flexible beds must retain a

2184 log listing the names of residents who are receiving assisted
 2185 living services to reside in flexible beds, the unit numbers in
 2186 which service recipients reside, the date the contract for
 2187 services started, the date that services ended, and
 2188 documentation to demonstrate that minimum staffing standards are
 2189 met. The log must be available to surveyors upon request and
 2190 surveyors must have access to all the independent living areas
 2191 during an inspection. Residents using flexible beds must enter
 2192 into a contract for assisted living services. Contracts for such
 2193 residents must be retained for 5 years. All other records must
 2194 be retained for at least 2 years after the date of termination
 2195 of assisted living services.

2196 ~~(2) In facilities licensed to provide extended congregate~~
 2197 ~~care, persons under contract to the facility, facility staff, or~~
 2198 ~~volunteers, who are licensed according to part I of chapter 464,~~
 2199 ~~or those persons exempt under s. 464.022(1), or those persons~~
 2200 ~~certified as nursing assistants pursuant to part II of chapter~~
 2201 ~~464, may also perform all duties within the scope of their~~
 2202 ~~license or certification, as approved by the facility~~
 2203 ~~administrator and pursuant to this part.~~

2204 (4)~~(3)~~ (a) An assisted living facility licensed under this
 2205 part with 17 or more beds shall have on the premises at all
 2206 times a functioning automated external defibrillator as defined
 2207 in s. 768.1325(2) (b) .

2208 (b) The facility is encouraged to register the location of
 2209 each automated external defibrillator with a local emergency
 2210 medical services medical director.

2211 (c) The provisions of ss. 768.13 and 768.1325 apply to

2212 automated external defibrillators within the facility.

2213 ~~(5)~~~~(4)~~ Facility staff may withhold or withdraw
 2214 cardiopulmonary resuscitation or the use of an automated
 2215 external defibrillator if presented with an order not to
 2216 resuscitate executed pursuant to s. 401.45. The department shall
 2217 adopt rules providing for the implementation of such orders.
 2218 Facility staff and facilities shall not be subject to criminal
 2219 prosecution or civil liability, nor be considered to have
 2220 engaged in negligent or unprofessional conduct, for withholding
 2221 or withdrawing cardiopulmonary resuscitation or use of an
 2222 automated external defibrillator pursuant to such an order and
 2223 rules adopted by the department. The absence of an order to
 2224 resuscitate executed pursuant to s. 401.45 does not preclude a
 2225 physician from withholding or withdrawing cardiopulmonary
 2226 resuscitation or use of an automated external defibrillator as
 2227 otherwise permitted by law.

2228 ~~(6)~~~~(5)~~ The Department of Elderly Affairs may adopt rules
 2229 to implement the provisions of this section relating to use of
 2230 an automated external defibrillator.

2231 Section 31. Section 429.257, Florida Statutes, is created
 2232 to read:

2233 429.257 Administration of medication.—

2234 (1) In addition to the administration of medication by a
 2235 licensed health care professional authorized to administer
 2236 medication under the scope of the professional's license, a
 2237 certified nursing assistant employed or under contract with an
 2238 assisted living facility may administer medication to a resident
 2239 if the resident or the resident's guardian or legal

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2240 representative has given his or her informed consent. Such
2241 informed consent must be based on a description of the
2242 medication routes and procedures that the staff is authorized
2243 administer. Only a certified nursing assistant who has received
2244 appropriate training and has been validated as competent may
2245 administer medication to a resident. The term "competent" means
2246 that the resident is cognizant of when a medication is required
2247 and understands the purpose for taking the medication.

2248 (2) The determination of competency and annual validation
2249 shall be conducted by a registered nurse, pharmacist, or health
2250 care professional.

2251 (3) The department shall establish by rule standards and
2252 procedures that assisted living providers must follow when
2253 supervising the administration of medication to a resident. Such
2254 rules must at a minimum address requirements for labeling
2255 medication, documentation, and recordkeeping; the storage and
2256 disposal of medication; instructions concerning the safe
2257 administration of medication; informed-consent requirements and
2258 records; and training curriculum and validation procedures.

2259 Section 32. Section 429.258, Florida Statutes, is created
2260 to read:

2261 429.258 Over-the-counter medication.—

2262 (1) For the purposes of this section, the term, "over-the-
2263 counter medication" are medicines that may be sold directly to a
2264 consumer without a prescription from a health care professional.

2265 (2) A facility may provide over-the-counter medication
2266 commonly used for pain relief if requested by a competent
2267 resident for the management of pain.

2268 (3) A facility may provide over-the-counter medication
 2269 commonly used to treat the symptoms of the common cold if
 2270 requested by a competent resident for the management of those
 2271 symptoms.

2272 (4) Any resident that is given over-the-counter medication
 2273 shall have a written note from a nurse, pharmacist, or health
 2274 care professional stating that they have reviewed all
 2275 medications being taken by the resident for adverse indications.

2276 (5) The department may establish additional standards for
 2277 over-the-counter medications by rule.

2278 Section 33. Subsections (1), (4), (10), and (11) of
 2279 section 429.26, Florida Statutes, are amended to read:

2280 429.26 Appropriateness of placements; examinations of
 2281 residents.—

2282 (1) The owner or administrator of a facility is
 2283 responsible for arranging a medical evaluation to determine
 2284 ~~determining~~ the appropriateness of admission of an individual to
 2285 the facility and for arranging a medical reevaluation at least
 2286 annually or when a significant change in condition is observed
 2287 and reported to the administrator regarding ~~determining~~ the
 2288 continued appropriateness of residence of an individual in the
 2289 facility. A determination shall be based upon an assessment of
 2290 the strengths, needs, and preferences of the resident, the care
 2291 and services offered or arranged for by the facility in
 2292 accordance with facility policy, and any limitations in law or
 2293 rule related to admission criteria or continued residency for
 2294 the type of license held by the facility under this part. The
 2295 owner or administrator shall base his or her determination of

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2296 | the initial and continuing appropriateness of placement of an
2297 | individual in a facility on a medical examination report,
2298 | conducted within 60 days before admission by a physician,
2299 | physician assistant, or nurse practitioner. A resident may not
2300 | be moved from one facility to another without consultation with
2301 | and agreement from the resident or, if applicable, the
2302 | resident's representative or designee or the resident's family,
2303 | guardian, surrogate, or attorney in fact. In the case of a
2304 | resident who has been placed by the department or the Department
2305 | of Children and Families ~~Family Services~~, the administrator must
2306 | notify the appropriate contact person in the applicable
2307 | department.

2308 | (4) If possible, each resident shall have been examined by
2309 | a licensed physician, a licensed physician assistant, or a
2310 | licensed nurse practitioner within 60 days before admission to
2311 | the facility. The signed and completed medical examination
2312 | report, which is recorded on AHCA form 1823, the Resident Health
2313 | Assessment for Assisted Living Facilities, as required by Rule
2314 | 58A-5.0181(2)(b), Florida Administrative Code, shall be
2315 | submitted to the owner or administrator of the facility who
2316 | shall use the information contained therein to assist in the
2317 | determination of the appropriateness of the resident's admission
2318 | and continued stay in the facility. The owner or administrator
2319 | is required to ensure that the AHCA Form 1823 is thoroughly
2320 | completed. An owner or administrator who obtains the medical
2321 | evaluation and verifies its completeness is not personally
2322 | liable in any administrative, civil, or criminal action for any
2323 | error in determining that an individual is appropriate for

2324 admission or continued residency. The medical examination report
 2325 shall become a permanent part of the record of the resident at
 2326 the facility and shall be made available to the agency during
 2327 inspection or upon request. An assessment that has been
 2328 completed through the Comprehensive Assessment and Review for
 2329 Long-Term Care Services (CARES) Program fulfills the
 2330 requirements for a medical examination under this subsection and
 2331 s. 429.07(3)(b)6.

2332 ~~(10) Facilities licensed to provide extended congregate~~
 2333 ~~care services shall promote aging in place by determining~~
 2334 ~~appropriateness of continued residency based on a comprehensive~~
 2335 ~~review of the resident's physical and functional status; the~~
 2336 ~~ability of the facility, family members, friends, or any other~~
 2337 ~~pertinent individuals or agencies to provide the care and~~
 2338 ~~services required; and documentation that a written service plan~~
 2339 ~~consistent with facility policy has been developed and~~
 2340 ~~implemented to ensure that the resident's needs and preferences~~
 2341 ~~are addressed.~~

2342 (10)~~(11)~~ No resident who requires 24-hour nursing
 2343 supervision, except for a resident who is an enrolled hospice
 2344 patient pursuant to part IV of chapter 400, shall be retained in
 2345 a facility licensed under this part.

2346 Section 34. Subsection (3) of section 429.27, Florida
 2347 Statutes, is amended to read:

2348 429.27 Property and personal affairs of residents.—

2349 (3) A facility, upon mutual consent with the resident,
 2350 shall provide for the safekeeping in the facility of personal
 2351 effects not in excess of \$500 and funds of the resident not in

2352 excess of \$500 ~~\$200~~ cash, and shall keep complete and accurate
 2353 records of all such funds and personal effects received. If a
 2354 resident is absent from a facility for 24 hours or more, the
 2355 facility may provide for the safekeeping of the resident's
 2356 personal effects in excess of \$500.

2357 Section 35. Subsection (1) of section 429.29, Florida
 2358 Statutes, is amended to read:

2359 429.29 Civil actions to enforce rights.—

2360 (1) Any person or resident whose rights as specified in
 2361 this part are violated shall have a cause of action. The action
 2362 may be brought by the resident or his or her guardian, or by a
 2363 person or organization acting on behalf of a resident with the
 2364 consent of the resident or his or her guardian, or by the
 2365 personal representative of the estate of a deceased resident
 2366 regardless of the cause of death. If the action alleges a claim
 2367 for the resident's rights or for negligence that caused the
 2368 death of the resident, the claimant shall be required to elect
 2369 either survival damages pursuant to s. 46.021 or wrongful death
 2370 damages pursuant to s. 768.21 before the initial pretrial
 2371 conference. If the action alleges a claim for the resident's
 2372 rights or for negligence that did not cause the death of the
 2373 resident, the personal representative of the estate may recover
 2374 damages for the negligence that caused injury to the resident.
 2375 The action may be brought in any court of competent jurisdiction
 2376 to enforce such rights and to recover actual damages, and
 2377 punitive damages for violation of the rights of a resident or
 2378 negligence. Any resident who prevails in seeking injunctive
 2379 relief or a claim for an administrative remedy is entitled to

2380 recover the costs of the action and a reasonable attorney's fee
 2381 assessed against the defendant not to exceed \$25,000. Fees shall
 2382 be awarded solely for the injunctive or administrative relief
 2383 and not for any claim or action for damages whether such claim
 2384 or action is brought together with a request for an injunction
 2385 or administrative relief or as a separate action, except as
 2386 provided under s. 768.79 or the Florida Rules of Civil
 2387 Procedure. Sections 429.29-429.298 provide the exclusive remedy
 2388 for a cause of action for recovery of damages for the personal
 2389 injury or death of a resident arising out of negligence or a
 2390 violation of rights specified in s. 429.28. This section does
 2391 not preclude theories of recovery not arising out of negligence
 2392 or s. 429.28 which are available to a resident or to the agency.
 2393 The provisions of chapter 766 do not apply to any cause of
 2394 action brought under ss. 429.29-429.298.

2395 Section 36. Section 429.34, Florida Statutes, is amended
 2396 to read:

2397 429.34 Right of entry and inspection.—

2398 (1) In addition to the requirements of s. 408.811, ~~a any~~
 2399 ~~duly~~ designated officer or employee of the department, the
 2400 Department of Children and Families ~~Family Services~~, the
 2401 Medicaid Fraud Control Unit of the Office of the Attorney
 2402 General, the state or local fire marshal, or a member of the
 2403 state or local long-term care ombudsman council shall have the
 2404 right to enter unannounced upon and into the premises of any
 2405 facility licensed pursuant to this part in order to determine
 2406 the state of compliance with the provisions of this part, part
 2407 II of chapter 408, and applicable rules. Data collected by the

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2408 state or local long-term care ombudsman councils or the state or
2409 local advocacy councils may be used by the agency in
2410 investigations involving violations of regulatory standards.

2411 (2) In accordance with s. 408.811, every 24 months the
2412 agency shall conduct at least one unannounced inspection to
2413 determine compliance with this part, part II of chapter 408, and
2414 applicable rules. If the assisted living facility is accredited
2415 by the Joint Commission, the Council on Accreditation, or the
2416 Commission on Accreditation of Rehabilitation Facilities, the
2417 agency may conduct inspections less frequently, but in no event
2418 less than once every 5 years.

2419 (a) Two additional inspections shall be conducted every 6
2420 months for the next year if the assisted living facility has
2421 been cited for a class I violation or two or more class II
2422 violations arising from separate inspections within a 60-day
2423 period. In addition to any fines imposed on an assisted living
2424 facility under s. 429.19, the agency shall assess a fee of \$69
2425 per bed for each of the additional two inspections, not to
2426 exceed \$12,000 per inspection.

2427 (b) The agency shall verify through subsequent inspections
2428 that any violation identified during an inspection is corrected.
2429 However, the agency may verify the correction of a class III or
2430 class IV violation unrelated to resident rights or resident care
2431 without reinspection if the facility submits adequate written
2432 documentation that the violation has been corrected.

2433 (3) The agency is designated the central agency for
2434 tracking complaints that involve potential licensure violations
2435 to ensure a timely response to allegations regarding facilities

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2436 and the initiation of licensure enforcement action, if
2437 warranted. Any other state agency regulating or providing
2438 services to residents of assisted living facilities, including
2439 the department, the Long-Term Care Ombudsman Council, and the
2440 Department of Children and Families, must report any allegations
2441 or complaints that represent potential licensure violations that
2442 have been substantiated or are likely to have occurred to the
2443 agency within 2 business days if the report reflects serious and
2444 immediate risk to residents. All other referrals of potential
2445 licensure violations must be made within 10 business days.

2446 Section 37. Paragraphs (a), (h), (i), (j), and (l) of
2447 subsection (1) and subsections (2) and (5) of section 429.41,
2448 Florida Statutes, are amended to read:

2449 429.41 Rules establishing standards.—

2450 (1) It is the intent of the Legislature that rules
2451 published and enforced pursuant to this section shall include
2452 criteria by which a reasonable and consistent quality of
2453 resident care and quality of life may be ensured and the results
2454 of such resident care may be demonstrated. Such rules shall also
2455 ensure a safe and sanitary environment that is residential and
2456 noninstitutional in design or nature. It is further intended
2457 that reasonable efforts be made to accommodate the needs and
2458 preferences of residents to enhance the quality of life in a
2459 facility. The agency, in consultation with the department, may
2460 adopt rules to administer the requirements of part II of chapter
2461 408. In order to provide safe and sanitary facilities and the
2462 highest quality of resident care accommodating the needs and
2463 preferences of residents, the department, in consultation with

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2464 the agency, the Department of Children and Families ~~Family~~
2465 ~~Services~~, and the Department of Health, shall adopt rules,
2466 policies, and procedures to administer this part, which must
2467 include reasonable and fair minimum standards in relation to:

2468 (a) The requirements for and maintenance of facilities,
2469 not in conflict with the provisions of chapter 553, relating to
2470 plumbing, heating, cooling, lighting, ventilation, living space,
2471 and other housing conditions, which will ensure the health,
2472 safety, and comfort of residents and protection from fire
2473 hazard, including adequate provisions for fire alarm and other
2474 fire protection suitable to the size of the structure. Uniform
2475 firesafety standards shall be established and enforced by the
2476 State Fire Marshal in cooperation with the agency, the
2477 department, and the Department of Health.

2478 1. Evacuation capability determination.—

2479 a. The provisions of the National Fire Protection
2480 Association, NFPA 101A, Chapter 5, 1995 edition, shall be used
2481 for determining the ability of the residents, with or without
2482 staff assistance, to relocate from or within a licensed facility
2483 to a point of safety as provided in the fire codes adopted
2484 herein. An evacuation capability evaluation for initial
2485 licensure shall be conducted within 6 months after the date of
2486 licensure. For existing licensed facilities that are not
2487 equipped with an automatic fire sprinkler system, the
2488 administrator shall evaluate the evacuation capability of
2489 residents at least annually. The evacuation capability
2490 evaluation for each facility not equipped with an automatic fire
2491 sprinkler system shall be validated, without liability, by the

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2492 State Fire Marshal, by the local fire marshal, or by the local
2493 authority having jurisdiction over firesafety, before the
2494 license renewal date. If the State Fire Marshal, local fire
2495 marshal, or local authority having jurisdiction over firesafety
2496 has reason to believe that the evacuation capability of a
2497 facility as reported by the administrator may have changed, it
2498 may, with assistance from the facility administrator, reevaluate
2499 the evacuation capability through timed exiting drills.

2500 Translation of timed fire exiting drills to evacuation
2501 capability may be determined:

2502 (I) Three minutes or less: prompt.

2503 (II) More than 3 minutes, but not more than 13 minutes:
2504 slow.

2505 (III) More than 13 minutes: impractical.

2506 b. The Office of the State Fire Marshal shall provide or
2507 cause the provision of training and education on the proper
2508 application of Chapter 5, NFPA 101A, 1995 edition, to its
2509 employees, to staff of the Agency for Health Care Administration
2510 who are responsible for regulating facilities under this part,
2511 and to local governmental inspectors. The Office of the State
2512 Fire Marshal shall provide or cause the provision of this
2513 training within its existing budget, but may charge a fee for
2514 this training to offset its costs. The initial training must be
2515 delivered within 6 months after July 1, 1995, and as needed
2516 thereafter.

2517 c. The Office of the State Fire Marshal, in cooperation
2518 with provider associations, shall provide or cause the provision
2519 of a training program designed to inform facility operators on

2520 how to properly review bid documents relating to the
 2521 installation of automatic fire sprinklers. The Office of the
 2522 State Fire Marshal shall provide or cause the provision of this
 2523 training within its existing budget, but may charge a fee for
 2524 this training to offset its costs. The initial training must be
 2525 delivered within 6 months after July 1, 1995, and as needed
 2526 thereafter.

2527 d. The administrator of a licensed facility shall sign an
 2528 affidavit verifying the number of residents occupying the
 2529 facility at the time of the evacuation capability evaluation.

2530 e. The facility must have sufficient staff available,
 2531 taking into account the assistance required by current
 2532 residents, physical plant, and firesafety features of the
 2533 building, to assist with the evacuation of residents in an
 2534 emergency.

2535 2. Firesafety requirements.-

2536 a. Except for the special applications provided herein,
 2537 effective January 1, 1996, the provisions of the National Fire
 2538 Protection Association, Life Safety Code, NFPA 101, 1994
 2539 edition, Chapter 22 for new facilities and Chapter 23 for
 2540 existing facilities shall be the uniform fire code applied by
 2541 the State Fire Marshal for assisted living facilities, pursuant
 2542 to s. 633.022.

2543 b. Any new facility, regardless of size, that applies for
 2544 a license on or after January 1, 1996, must be equipped with an
 2545 automatic fire sprinkler system. The exceptions as provided in
 2546 s. 22-2.3.5.1, NFPA 101, 1994 edition, as adopted herein, apply
 2547 to any new facility housing eight or fewer residents. On July 1,

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2548 | 1995, local governmental entities responsible for the issuance
 2549 | of permits for construction shall inform, without liability, any
 2550 | facility whose permit for construction is obtained before ~~prior~~
 2551 | ~~to~~ January 1, 1996, of this automatic fire sprinkler
 2552 | requirement. As used in this part, the term "a new facility"
 2553 | does not mean an existing facility that has undergone change of
 2554 | ownership.

2555 | c. Notwithstanding any provision of s. 633.022 or of the
 2556 | National Fire Protection Association, NFPA 101A, Chapter 5, 1995
 2557 | edition, to the contrary, any existing facility housing eight or
 2558 | fewer residents is not required to install an automatic fire
 2559 | sprinkler system, nor to comply with any other requirement in
 2560 | Chapter 23, NFPA 101, 1994 edition, that exceeds the firesafety
 2561 | requirements of NFPA 101, 1988 edition, that applies to this
 2562 | size facility, unless the facility has been classified as
 2563 | impractical to evacuate. Any existing facility housing eight or
 2564 | fewer residents that is classified as impractical to evacuate
 2565 | must install an automatic fire sprinkler system within the
 2566 | timeframes granted in this section.

2567 | d. Any existing facility that is required to install an
 2568 | automatic fire sprinkler system under this paragraph need not
 2569 | meet other firesafety requirements of Chapter 23, NFPA 101, 1994
 2570 | edition, which exceed the provisions of NFPA 101, 1988 edition.
 2571 | The mandate contained in this paragraph which requires certain
 2572 | facilities to install an automatic fire sprinkler system
 2573 | supersedes any other requirement.

2574 | e. This paragraph does not supersede the exceptions
 2575 | granted in NFPA 101, 1988 edition or 1994 edition.

2576 f. This paragraph does not exempt facilities from other
 2577 firesafety provisions adopted under s. 633.022 and local
 2578 building code requirements in effect before July 1, 1995.

2579 g. A local government may charge fees only in an amount
 2580 not to exceed the actual expenses incurred by local government
 2581 relating to the installation and maintenance of an automatic
 2582 fire sprinkler system in an existing and properly licensed
 2583 assisted living facility structure as of January 1, 1996.

2584 h. If a licensed facility undergoes major reconstruction
 2585 or addition to an existing building on or after January 1, 1996,
 2586 the entire building must be equipped with an automatic fire
 2587 sprinkler system. Major reconstruction of a building means
 2588 repair or restoration that costs in excess of 50 percent of the
 2589 value of the building as reported on the tax rolls, excluding
 2590 land, before reconstruction. Multiple reconstruction projects
 2591 within a 5-year period the total costs of which exceed 50
 2592 percent of the initial value of the building at the time the
 2593 first reconstruction project was permitted are to be considered
 2594 as major reconstruction. Application for a permit for an
 2595 automatic fire sprinkler system is required upon application for
 2596 a permit for a reconstruction project that creates costs that go
 2597 over the 50-percent threshold.

2598 i. Any facility licensed before January 1, 1996, that is
 2599 required to install an automatic fire sprinkler system shall
 2600 ensure that the installation is completed within the following
 2601 timeframes based upon evacuation capability of the facility as
 2602 determined under subparagraph 1.:

2603 (I) Impractical evacuation capability, 24 months.

- 2604 (II) Slow evacuation capability, 48 months.
- 2605 (III) Prompt evacuation capability, 60 months.

2606

2607 The beginning date from which the deadline for the automatic
 2608 fire sprinkler installation requirement must be calculated is
 2609 upon receipt of written notice from the local fire official that
 2610 an automatic fire sprinkler system must be installed. The local
 2611 fire official shall send a copy of the document indicating the
 2612 requirement of a fire sprinkler system to the Agency for Health
 2613 Care Administration.

2614 j. It is recognized that the installation of an automatic
 2615 fire sprinkler system may create financial hardship for some
 2616 facilities. The appropriate local fire official shall, without
 2617 liability, grant two 1-year extensions to the timeframes for
 2618 installation established herein, if an automatic fire sprinkler
 2619 installation cost estimate and proof of denial from two
 2620 financial institutions for a construction loan to install the
 2621 automatic fire sprinkler system are submitted. However, for any
 2622 facility with a class I or class II, or a history of uncorrected
 2623 class III, firesafety deficiencies, an extension must not be
 2624 granted. The local fire official shall send a copy of the
 2625 document granting the time extension to the Agency for Health
 2626 Care Administration.

2627 k. A facility owner whose facility is required to be
 2628 equipped with an automatic fire sprinkler system under Chapter
 2629 23, NFPA 101, 1994 edition, as adopted herein, must disclose to
 2630 any potential buyer of the facility that an installation of an
 2631 automatic fire sprinkler requirement exists. The sale of the

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2632 facility does not alter the timeframe for the installation of
2633 the automatic fire sprinkler system.

2634 1. Existing facilities required to install an automatic
2635 fire sprinkler system as a result of construction-type
2636 restrictions in Chapter 23, NFPA 101, 1994 edition, as adopted
2637 herein, or evacuation capability requirements shall be notified
2638 by the local fire official in writing of the automatic fire
2639 sprinkler requirement, as well as the appropriate date for final
2640 compliance as provided in this subparagraph. The local fire
2641 official shall send a copy of the document to the Agency for
2642 Health Care Administration.

2643 m. Except in cases of life-threatening fire hazards, if an
2644 existing facility experiences a change in the evacuation
2645 capability, or if the local authority having jurisdiction
2646 identifies a construction-type restriction, such that an
2647 automatic fire sprinkler system is required, it shall be
2648 afforded time for installation as provided in this subparagraph.

2649
2650 Facilities that are fully sprinkled and in compliance with other
2651 firesafety standards are not required to conduct more than one
2652 of the required fire drills between the hours of 11 p.m. and 7
2653 a.m., per year. In lieu of the remaining drills, staff
2654 responsible for residents during such hours may be required to
2655 participate in a mock drill that includes a review of evacuation
2656 procedures. Such standards must be included or referenced in the
2657 rules adopted by the State Fire Marshal. Pursuant to s.
2658 633.022(1)(b), the State Fire Marshal is the final
2659 administrative authority for firesafety standards established

2660 and enforced pursuant to this section. All licensed facilities
 2661 must have an annual fire inspection conducted by the local fire
 2662 marshal or authority having jurisdiction.

2663 3. Resident elopement requirements.—Facilities are
 2664 required to conduct a minimum of two resident elopement
 2665 prevention and response drills per year. All administrators and
 2666 direct care staff must participate in the drills which shall
 2667 include a review of procedures to address resident elopement.
 2668 Facilities must document the implementation of the drills and
 2669 ensure that the drills are conducted in a manner consistent with
 2670 the facility's resident elopement policies and procedures.

2671 (h) The care and maintenance of residents, which must
 2672 include, but is not limited to:

- 2673 1. The supervision of residents;
- 2674 2. The provision of personal services;
- 2675 3. The provision of, or arrangement for, social and
 2676 leisure activities;
- 2677 4. The arrangement for appointments and transportation to
 2678 appropriate medical, dental, nursing, or mental health services,
 2679 as needed by residents;
- 2680 5. The management of medication;
- 2681 6. Policies and procedures relating to infection control.
- 2682 ~~7.6.~~ The nutritional needs of residents;
- 2683 ~~8.7.~~ Resident records; and
- 2684 ~~9.8.~~ Internal risk management and quality assurance.

2685 (i) Facilities holding an ~~a limited nursing~~, extended
 2686 congregate care~~,~~ or limited mental health license.

2687 (j) The establishment of specific criteria to define

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2688 appropriateness of resident admission and continued residency in
2689 a facility holding a standard, ~~limited nursing,~~ extended
2690 congregate care, and limited mental health license.

2691 (1) The establishment of specific policies and procedures
2692 on resident elopement, which shall include, at a minimum, the
2693 identification of the residents that are at risk for elopement;
2694 the review of wandering history of residents identified as at
2695 risk for elopement; review of previous elopements and the
2696 circumstances that lead to the elopement; procedures when
2697 elopement is suspected and method of confirmation; steps taken
2698 when elopement is identified including contact with law
2699 enforcement and notification of families and resident
2700 representatives; identification of staff responsibilities and
2701 education; and procedures to evaluate and implement ongoing
2702 improvements. Facilities shall conduct a minimum of two resident
2703 elopement drills each year. All administrators and direct care
2704 staff shall participate in the drills. Facilities shall document
2705 the drills and ensure that the drills are conducted in a manner
2706 consistent with the facility's resident elopement policies and
2707 procedures. The agency may require the facility to conduct an
2708 elopement drill during an inspection to verify compliance with
2709 this section.

2710 (2) In adopting any rules pursuant to this part, the
2711 department, in conjunction with the agency, shall make distinct
2712 standards for facilities based upon facility size; the types of
2713 care provided; the physical and mental capabilities and needs of
2714 residents; the type, frequency, and amount of services and care
2715 offered; and the staffing characteristics of the facility. Rules

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2716 developed pursuant to this section may ~~shall~~ not restrict the
2717 use of shared staffing and shared programming in facilities that
2718 are part of retirement communities that provide multiple levels
2719 of care and otherwise meet the requirements of law and rule. If
2720 a facility uses flexible beds, staffing requirements established
2721 in rule apply only to residents of flexible beds. Except for
2722 uniform firesafety standards, the department shall adopt by rule
2723 separate and distinct standards for facilities with 16 or fewer
2724 beds and for facilities with 17 or more beds. The standards for
2725 facilities with 16 or fewer beds must ~~shall~~ be appropriate for a
2726 noninstitutional residential environment if, ~~provided that~~ the
2727 structure is no more than two stories in height and all persons
2728 who cannot exit the facility unassisted in an emergency reside
2729 on the first floor. The department, in conjunction with the
2730 agency, may make other distinctions among types of facilities as
2731 necessary to enforce the provisions of this part. If ~~where~~
2732 appropriate, the agency shall offer alternate solutions for
2733 complying with established standards, based on distinctions made
2734 by the department and the agency relative to the physical
2735 characteristics of facilities and the types of care offered
2736 therein.

2737 (5) In order to allocate resources effectively, the agency
2738 may use an abbreviated biennial standard licensure inspection
2739 that consists of a review of key quality-of-care standards in
2740 lieu of a full inspection in a facility that has a good record
2741 of past performance. However, a full inspection must be
2742 conducted in a facility that has a history of class I or class
2743 II violations, uncorrected class III violations, confirmed

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2744 ombudsman council complaints that resulted in a citation for
 2745 licensure, or confirmed licensure complaints which resulted in a
 2746 citation for a licensure violation, within the previous
 2747 licensure period immediately preceding the inspection or if a
 2748 potentially serious problem is identified during the abbreviated
 2749 inspection. The agency, in consultation with the department,
 2750 shall develop the key quality-of-care standards with input from
 2751 the State Long-Term Care Ombudsman Council and representatives
 2752 of provider groups for incorporation into its rules.

2753 Section 38. Section 429.445, Florida Statutes, is amended
 2754 to read:

2755 429.445 Compliance with local zoning requirements;
 2756 physical plant.-

2757 (1) A ~~No~~ facility licensed under this part may commence
 2758 any construction which will expand the size of the existing
 2759 structure unless the licensee first submits to the agency proof
 2760 that such construction will be in compliance with applicable
 2761 local zoning requirements. Facilities with a licensed capacity
 2762 of less than 15 persons shall comply with the provisions of
 2763 chapter 419.

2764 (2) Facility staff may only occupy an assisted living bed
 2765 when the room is not occupied by an assisted living or
 2766 independent resident.

2767 Section 39. Subsection (4) of section 429.47, Florida
 2768 Statutes, is amended to read:

2769 429.47 Prohibited acts; penalties for violation.-

2770 (4) A facility licensed under this part which is not part
 2771 of a facility authorized under chapter 651 shall include the

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2772 facility's license number as given by the agency in all
2773 advertising. A company or person owning more than one facility
2774 shall include at least one license number per advertisement. All
2775 advertising shall include the term "assisted living facility" or
2776 "ALF" before the license number.

2777 Section 40. Section 429.50, Florida Statutes, is created
2778 to read:

2779 429.50 Assisted living facility administrator;
2780 qualifications; licensure; fees; continuing education.-

2781 (1) The requirements of part II of chapter 408 apply to
2782 the provision of services that require licensure pursuant to
2783 this section. Effective July 1, 2014, an assisted living
2784 facility administrator must have a license issued by the agency.

2785 (2) To be eligible to be licensed as an assisted living
2786 facility administrator, an applicant must provide proof of a
2787 current and valid assisted living facility administrator
2788 certification and complete background screening pursuant to s.
2789 429.174.

2790 (3) Notwithstanding subsection (2), the agency may grant
2791 an initial license to an applicant who:

2792 (a)1. Has been employed as an assisted living facility
2793 administrator for 2 years of the 5 years immediately preceding
2794 July 1, 2014, or who is employed as an assisted living facility
2795 administrator on June 1, 2014;

2796 2. Is in compliance with the continuing education
2797 requirements in this part;

2798 3. Within 2 years before the initial application for an
2799 assisted living facility administrator license, has not been the

2800 administrator of an assisted living facility when a Class I or
 2801 Class II violation occurred for which the facility was cited by
 2802 final agency action; and

2803 4. Has completed background screening pursuant to s.
 2804 429.174; or

2805 (b) Is licensed in accordance with part II of chapter 468,
 2806 is in compliance with the continuing education requirements in
 2807 part II of chapter 468, and has completed background screening
 2808 pursuant to s. 429.174.

2809 (4) An assisted living facility administrator
 2810 certification must be issued by a third-party credentialing
 2811 entity under contract with the agency, and, for the initial
 2812 certification, the entity must certify that the individual:

2813 (a) Is at least 21 years old.

2814 (b) Has completed 30 hours of core training and 10 hours
 2815 of supplemental training as described in s. 429.52.

2816 (c) Has passed the competency test described in s. 429.52
 2817 with a minimum score of 80.

2818 (d) Has otherwise met the requirements of this part.

2819 (5) The agency shall contract with one or more third-party
 2820 credentialing entities for the purpose of certifying assisted
 2821 living facility administrators. A third-party credentialing
 2822 entity must be a nonprofit organization that has met nationally
 2823 recognized standards for developing and administering
 2824 professional certification programs. The contract must require
 2825 that a third-party credentialing entity:

2826 (a) Develop a competency test as described in s.
 2827 429.52(7).

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2828 (b) Maintain an Internet-based database, accessible to the
2829 public, of all persons holding an assisted living facility
2830 administrator certification.

2831 (c) Require continuing education consistent with s. 429.52
2832 and, at least, biennial certification renewal for persons
2833 holding an assisted living facility administrator certification.

2834 (6) The license shall be renewed biennially.

2835 (7) The fees for licensure shall be \$150 for the initial
2836 licensure and \$150 for each licensure renewal.

2837 (8) A licensed assisted living facility administrator must
2838 complete continuing education described in s. 429.52 for a
2839 minimum of 18 hours every 2 years.

2840 (9) The agency shall deny or revoke the license if the
2841 applicant or licensee:

2842 (a) Was the assisted living facility administrator of
2843 record for an assisted living facility licensed by the agency
2844 under this chapter, part II of chapter 408, or applicable rules,
2845 when the facility was cited for violations that resulted in
2846 denial or revocation of a license; or

2847 (b) Has a final agency action for unlicensed activity
2848 pursuant to this chapter, part II of chapter 408, or applicable
2849 rules.

2850 (10) The agency may deny or revoke the license if the
2851 applicant or licensee was the assisted living facility
2852 administrator of record for an assisted living facility licensed
2853 by the agency under this chapter, part II of chapter 408, or
2854 applicable rules, when the facility was cited for violations
2855 within the previous 3 years that resulted in a resident's death.

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2856 (11) The agency may adopt rules as necessary to administer
2857 this section.

2858 Section 41. Section 429.52, Florida Statutes, is amended
2859 to read:

2860 429.52 Staff, administrator, and administrator license
2861 applicant training and educational programs; preservice
2862 orientation; core educational requirement; continuing education;
2863 medication assistance training.-

2864 (1) Administrators, applicants to become administrators,
2865 and other assisted living facility staff must meet minimum
2866 training and education requirements established by the
2867 Department of Elderly Affairs by rule. This training and
2868 education is intended to assist facilities to appropriately
2869 respond to the needs of residents, to maintain resident care and
2870 facility standards, and to meet licensure requirements.

2871 (2) Effective October 1, 2013, a new employee of an
2872 assisted living facility must attend a preservice orientation
2873 provided by the facility that covers topics that will enable the
2874 employee to relate and respond to the residents of that
2875 facility. A new employee who has previously taken the core
2876 training under subsection (1) is exempt from the preservice
2877 orientation. Upon completion of the preservice orientation, the
2878 employee and administrator must sign an affidavit, under penalty
2879 of perjury, stating that the employee completed the orientation.
2880 The administrator of the facility must maintain the signed
2881 affidavit in the employee's work file. The orientation must be
2882 at least 2 hours in duration and, at a minimum, cover the
2883 following topics:

2884 (a) Care of persons who have Alzheimer's disease or other
 2885 related disorders.

2886 (b) De-escalation techniques.

2887 (c) Aggression control.

2888 (d) Elopement prevention.

2889 (e) Behavior management.

2890 (3)-(2) The department shall establish a competency test
 2891 and a minimum required score to indicate successful completion
 2892 of the core training and educational requirements. The
 2893 competency test must be developed by the department in
 2894 conjunction with the agency and providers. The required training
 2895 and education must cover at least the following topics:

2896 (a) Reporting major incidents and reporting adverse
 2897 incidents ~~State law and rules relating to assisted living~~
 2898 ~~facilities.~~

2899 (b) Resident rights and identifying and reporting abuse,
 2900 neglect, and exploitation.

2901 (c) Emergency procedures, including firesafety and
 2902 resident elopement response policies and procedures ~~Special~~
 2903 ~~needs of elderly persons, persons with mental illness, and~~
 2904 ~~persons with developmental disabilities and how to meet those~~
 2905 ~~needs.~~

2906 (d) General information on interacting with individuals
 2907 with Alzheimer's disease and related disorders ~~Nutrition and~~
 2908 ~~food service, including acceptable sanitation practices for~~
 2909 ~~preparing, storing, and serving food.~~

2910 (e) Medication management, recordkeeping, and proper
 2911 techniques for assisting residents with self-administered

2912 medication.

2913 (f) Firesafety requirements, including fire evacuation

2914 drill procedures and other emergency procedures.

2915 (g) Care of persons with Alzheimer's disease and related

2916 disorders.

2917 ~~(4)(3) Effective January 1, 2004,~~ A new facility

2918 administrator must complete the required core training and

2919 education, including the competency test, no more than 45 days

2920 ~~within a reasonable time after beginning employment to be~~

2921 ~~qualified being employed as an administrator, as determined by~~

2922 ~~the department.~~ Failure to achieve qualification within this

2923 ~~time~~ ~~do so~~ is a violation of this part and subject ~~subjects the~~

2924 ~~violation~~ to an administrative fine of \$50 per day up to \$500 as

2925 ~~prescribed in s. 429.19.~~ The agency shall impose an immediate

2926 moratorium pursuant to s. 408.814 if the provider fails to have

2927 a qualified administration for 90 consecutive dates.

2928 Administrators licensed in accordance with part II of chapter

2929 468 are exempt from this requirement. Other licensed

2930 professionals may be exempted, as determined by the department

2931 by rule.

2932 ~~(5)(4)~~ Administrators are required to participate in

2933 continuing education for a minimum of 18 ~~12~~ contact hours every

2934 2 years.

2935 ~~(6)(5)~~ Medication technicians ~~Staff involved with the~~

2936 ~~management of medications and assisting with the self-~~

2937 ~~administration of medications under s. 429.256~~ must complete a

2938 minimum of 6 ~~4~~ additional hours of training provided by a

2939 registered nurse, licensed pharmacist, or department staff. The

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2940 department shall establish by rule the minimum requirements of
 2941 medication technician ~~this additional~~ training, which shall
 2942 address infection control, safe handling and use of point-of-
 2943 care devices, communicating with case managers and health care
 2944 providers, and methods of assistance with the self-
 2945 administration of medications. The department shall authorize
 2946 approved training for medication technicians to be conducted
 2947 using online materials and courses approved by the department.
 2948 An online training course must administer a posttest, provide a
 2949 certificate with a passing score on the document, and provide a
 2950 unique identification number for the person who was trained. The
 2951 department shall post on its website approved courses and
 2952 certified trainers approved to offer medication technician
 2953 training. The department shall maintain a list of approved
 2954 devices as new technologies make point-of-care devices more
 2955 accessible. The department shall establish requirements for the
 2956 training of staff and supervision of point-of-care devices used
 2957 by residents in a licensed facility.

2958 (7)~~(6)~~ Other facility staff shall participate in training
 2959 relevant to their job duties as specified by rule of the
 2960 department.

2961 (8)~~(7)~~ If the department or the agency determines that
 2962 there are problems in a facility that could be reduced through
 2963 specific staff training or education beyond that already
 2964 required under this section, the department or the agency may
 2965 require, and provide, or cause to be provided, the training or
 2966 education of any personal care staff in the facility.

2967 (9)~~(8)~~ The department may ~~shall~~ adopt rules related to

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2968 ~~these~~ training requirements, ~~the~~ competency testing for training
2969 specified in this part, continuing education test, necessary
2970 procedures, and competency test fees and shall adopt or contract
2971 with another entity to develop a curriculum, which shall be used
2972 as the minimum core training requirements. The department shall
2973 consult with representatives of stakeholder associations and
2974 agencies in the development of the curriculum.

2975 (10) ~~(9)~~ The core training required by this section shall
2976 be conducted by persons registered with the department as having
2977 the requisite experience and credentials to conduct the
2978 training. A person seeking to register as a trainer must provide
2979 the department with proof of completion of the minimum core
2980 training education requirements, successful passage of the
2981 competency test established under this section, and proof of
2982 compliance with the continuing education requirement in this
2983 section ~~subsection (4)~~.

2984 (11) The agency, in conjunction with the department, shall
2985 establish a database for the collection of training
2986 requirements, competency testing, and documentation required
2987 pursuant this part. The database shall be used by administrators
2988 and licensees to determine eligibility of staff. The department
2989 may adopt additional reporting requirements by rules. Effective
2990 July 1, 2014, organizations and individuals providing training,
2991 testing, or documentation under this part must submit the
2992 following electronically to the agency:

2993 (a) The trainee's names and identifying information; dates
2994 of training, tests or certificates of successful passage,
2995 completion, and attendance; and scores for competency testing

2996 | for persons trained, tested or issued certificates.
 2997 | (b) Identifying information for the organization or
 2998 | individual providing the training, testing or certificates.
 2999 |
 3000 | Failure to comply with reporting requirements may result in
 3001 | suspension of the authority to offer training, testing, or issue
 3002 | certificates.
 3003 | ~~(12)-(10)~~ A person seeking to register as a core trainer
 3004 | must also:
 3005 | (a) Provide proof of completion of a 4-year degree from an
 3006 | accredited college or university and must have worked in a
 3007 | management position in an assisted living facility for 3 years
 3008 | after successful completion of the core training and competency
 3009 | test being core certified;
 3010 | (b) Have worked in a management position in an assisted
 3011 | living facility for 5 years after being core certified and have
 3012 | 1 year of teaching experience as an educator or staff trainer
 3013 | for persons who work in assisted living facilities or other
 3014 | long-term care settings;
 3015 | (c) Have been previously employed as a core trainer for
 3016 | the department; or
 3017 | (d) Meet other qualification criteria as defined in rule,
 3018 | which the department is authorized to adopt.
 3019 | ~~(13)-(11)~~ The department shall adopt rules to establish
 3020 | trainer registration requirements.
 3021 | Section 42. Section 429.54, Florida Statutes, is amended
 3022 | to read:
 3023 | 429.54 Collection of information; local subsidy;

3024 interagency communication.—

3025 (1) To enable the department to collect the information
 3026 requested by the Legislature regarding the actual cost of
 3027 providing room, board, and personal care in assisted living
 3028 facilities, the department may ~~is authorized to~~ conduct field
 3029 visits and audits of facilities as ~~may be~~ necessary. The owners
 3030 of randomly sampled facilities shall submit such reports,
 3031 audits, and accountings of cost as the department may require by
 3032 rule; however, ~~provided that~~ such reports, audits, and
 3033 accountings may not be more than ~~shall be~~ the minimum necessary
 3034 to implement the provisions of this subsection ~~section~~. Any
 3035 facility selected to participate in the study shall cooperate
 3036 with the department by providing cost of operation information
 3037 to interviewers.

3038 (2) Local governments or organizations may contribute to
 3039 the cost of care of local facility residents by further
 3040 subsidizing the rate of state-authorized payment to such
 3041 facilities. Implementation of local subsidy shall require
 3042 departmental approval and may ~~shall~~ not result in reductions in
 3043 the state supplement.

3044 (3) Subject to the availability of funds, the agency, the
 3045 department, the Department of Children and Families, and the
 3046 Agency for Persons with Disabilities shall develop or modify
 3047 electronic systems of communication among state-supported
 3048 automated systems to ensure that relevant information pertaining
 3049 to the regulation of assisted living facilities and facility
 3050 staff is timely and effectively communicated among agencies in
 3051 order to facilitate the protection of residents.

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3052 (4) Effective July 15, 2014, all assisted living
3053 facilities shall submit electronic reports to the agency at
3054 least twice a year. Unless otherwise prescribed by rule, the
3055 reports must represent facility information on January 15 and
3056 July 15 of each year and be submitted within 15 calendar days
3057 after those dates. The agency must maintain the information
3058 submitted and, at a minimum, use the information to monitor
3059 trends in resident populations and characteristics. The
3060 department may adopt rules to implement this subsection
3061 including additional information to be reported and an
3062 alternative reporting process that enables routine submission of
3063 specific resident information and performance measures. Failure
3064 to report timely shall result in a fine of \$50 per day.
3065 Reporting under this subsection shall begin on or before March
3066 1, 2014. The following information and must be submitted:
3067 (a) The number of beds in the facility.
3068 (b) The number of occupied beds.
3069 (c) The number of residents who:
3070 1. Meet the definition of a mental health resident.
3071 2. Receive extended congregate care.
3072 3. Receive hospice care.
3073 4. Receive optional state supplementation.
3074 5. Are enrolled in Medicaid and the type of waiver or
3075 Medicaid reimbursement used to fund the assisted living
3076 facility.
3077 6. Were discharged at the initiation of facility.
3078 (d) If there is a facility waiting list, the number of
3079 individuals on the waiting list and the type of services or care

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3080 | they require, if known.

3081 | (e) The number of times a resident was transferred out of
3082 | the assisted living facility under the authority of the Baker
3083 | Act pursuant to s. 394.463, during the reporting period.

3084 | Section 43. Paragraph (k) is added to subsection (3) of
3085 | section 817.505, Florida Statutes, to read:

3086 | 817.505 Patient brokering prohibited; exceptions;
3087 | penalties.—

3088 | (3) This section shall not apply to:

3089 | (k) Any payment permitted under s. 429.195(2).

3090 | Section 44. This act shall take effect July 1, 2013.