1 A bill to be entitled 2 An act relating to assisted living facilities; 3 amending s. 394.4574, F.S.; providing that Medicaid 4 prepaid behavioral health plans are responsible for 5 enrolled mental health residents; providing that 6 managing entities under contract with the Department 7 of Children and Families are responsible for mental 8 health residents who are not enrolled with a Medicaid 9 prepaid behavioral health plan; providing responsibilities for Medicaid prepaid behavioral 10 11 health plans and managing entities; deleting 12 provisions relating to coordination of health care 1.3 services with an assisted living facility under certain circumstances and notice of procedures 14 15 relating to resident emergent conditions; requiring that the community living support plan be completed 16 17 and provided to the administrator of a facility upon 18 admission of a mental health resident; requiring the 19 community living support plan to be updated under 20 certain conditions relating to a resident's behavioral health status; requiring the case manager assigned to 21 22 a mental health resident of an assisted living 23 facility that holds a limited mental health license to 2.4 keep specified records regarding interactions with the 25 resident and provide those records to the responsible 26 entity and maintain the records for a specified time; 27 requiring the monitoring and enforcement of community 28 living support plans and cooperative agreements by the

Page 1 of 31

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case manager; amending s. 400.0078, F.S.; requiring that, upon admission to a long-term care facility, a resident or the representative of a resident be informed that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right; amending s. 429.07, F.S.; requiring an extended congregate care license to be issued to certain facilities that have been licensed as assisted living facilities under certain circumstances; providing the purpose of an extended congregate care license; providing that the initial extended congregate care license of an assisted living facility is provisional under certain circumstances; requiring the licensee to notify the Agency for Health Care Administration whenever it accepts a resident who qualifies for extended congregate care services; revising the frequency of and conditions for monitoring visits to facilities providing extended congregate care or limited nursing services to residents; authorizing the agency to deny or revoke a facility's extended congregate care license under certain circumstances; providing that the agency's monitoring visits may be in conjunction with other agency inspections; amending s. 429.075, F.S.; requiring an assisted living facility that serves one or more mental health residents to obtain a limited mental health license; revising the methods employed by a limited mental health facility relating

Page 2 of 31

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to placement requirements to include providing the Department of Children and Families that a request for documentation was sent within a specified period of time after admission; amending s. 429.14, F.S.; revising the actions under which the agency may deny, revoke, or suspend the license of an assisted living facility or impose an administrative fine; revising the criteria upon which the agency must deny or revoke the license of an assisted living facility; providing that the licensee may present certain factors in mitigation of the revocation of a license; requiring the agency to impose an immediate moratorium on the license of an assisted living facility under certain circumstances; deleting a requirement that the agency to provide a list of facilities with denied, suspended, or revoked licenses to the Department of Business and Professional Regulation; exempting a facility from the 45-day notice requirement if the agency requires the facility to relocate residents under certain circumstances; amending s. 429.19, F.S.; revising provisions relating to the determination of and the amounts and uses of administrative fines; amending s. 429.41, F.S.; revising provisions relating to agency inspections of a facility that has been cited for certain licensure violations; amending s. 429.52, F.S.; requiring new employees of assisted living facilities to attend an orientation; requiring verification of completion of the orientation by the

Page 3 of 31

employee and requiring this information to be maintained by the assisted living facility; conforming a cross-reference; requiring the agency in conjunction with the Department of Elder Affairs to establish a database for the collection of employee and administrator training documentation; amending s. 429.54, F.S.; requiring the development of electronic systems of communication among all agencies involved in the regulation of assisted living facilities; creating s. 429.55, F.S.; requiring the agency to submit a report to the Governor and the Legislature; creating s. 429.56, F.S.; requiring the agency to propose a rating system of assisted living facilities for consumers; providing criteria for the content and a timetable for the implementation of the rating system; providing an effective date.

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

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

394.4574 Department Responsibilities for coordination of services for a mental health resident who resides in an assisted living facility that holds a limited mental health license.—

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

Page 4 of 31

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

- responsible for enrolled mental health residents, and managing entities under contract with the department are responsible for mental health residents who are not enrolled with a Medicaid prepaid behavioral health plan. Each responsible entity shall The department must ensure that:
- (a) A mental health resident has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or psychiatric nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be provided to the administrator of the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident if it was completed within 90 days before prior to admission to the facility.
- (b) A cooperative agreement, as required in s. 429.075, is developed between the mental health care services provider that serves a mental health resident and the administrator of the assisted living facility with a limited mental health license in which the mental health resident is living. Any entity that provides Medicaid prepaid health plan services shall ensure the appropriate coordination of health care services with an

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

- (c) The community living support plan, as defined in s. 429.02, has been prepared by a mental health resident and a mental health case manager of that resident in consultation with the administrator of the facility or the administrator's designee. The plan must be completed and provided to the administrator of the assisted living facility with a limited mental health license in which the mental health resident lives upon the resident's admission. The support plan and the agreement may be in one document.
- (d) The assisted living facility with a limited mental health license is provided with documentation that the individual meets the definition of a mental health resident.
- (e) The mental health services provider assigns a case manager to each mental health resident for whom the entity is responsible who lives in an assisted living facility with a limited mental health license. The case manager is responsible for coordinating the development of and implementation of the community living support plan defined in s. 429.02. The plan must be updated at least annually or when there is a significant change to the resident's behavioral health status, such as an inpatient admission, medications, level of service, or residence. Each case manager shall keep a record of the date and

time of any face-to-face interaction with the resident and make the record available to the responsible entity for inspection.

The record must be retained for at least 2 years after the date of the most recent interaction.

- (f) Adequate and consistent monitoring and enforcement of community living support plans and cooperative agreements are conducted by the resident's case manager.
- (g) Concerns are reported to the appropriate regulatory oversight organization if a regulated provider fails to deliver appropriate services or otherwise acts in a manner that has the potential to result in harm to the resident.
- (3) The Secretary of Children and Families Family
 Services, in consultation with the Agency for Health Care
 Administration, shall annually require each district
 administrator to develop, with community input, a detailed
 annual plan that demonstrates detailed plans that demonstrate
 how the district will ensure the provision of state-funded
 mental health and substance abuse treatment services to
 residents of assisted living facilities that hold a limited
 mental health license. These plans must be consistent with the
 substance abuse and mental health district plan developed
 pursuant to s. 394.75 and must address case management services;
 access to consumer-operated drop-in centers; access to services
 during evenings, weekends, and holidays; supervision of the
 clinical needs of the residents; and access to emergency
 psychiatric care.

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

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

- (2) Every resident or representative of a resident shall receive, Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding the purpose of the State Long-Term Care Ombudsman Program, the statewide toll-free telephone number for receiving complaints, information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right, and other relevant information regarding how to contact the program. Residents or their representatives must be furnished additional copies of this information upon request.
- Section 3. Paragraphs (b) and (c) of subsection (3) of section 429.07, Florida Statutes, are amended to read:
 - 429.07 License required; fee.—

- (3) In addition to the requirements of s. 408.806, each license granted by the agency must state the type of care for which the license is granted. Licenses shall be issued for one or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited mental health.
- (b) An extended congregate care license shall be issued to facilities that have been licensed as assisted living facilities for 2 years or more and that provide providing, directly or through contract, services beyond those authorized in paragraph (a), including services performed by persons licensed under part I of chapter 464 and supportive services, as defined by rule, to

persons who would otherwise be disqualified from continued residence in a facility licensed under this part. An extended congregate care license may also be issued to those facilities that have provisional extended congregate care licenses and meet the requirements for licensure under subparagraph 2. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license if the individual is determined appropriate for admission to the facility.

1. In order for extended congregate care services to be provided, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of the facility. Such designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. The notification of approval or the denial of the request shall be made in accordance with part II of chapter 408. Existing facilities qualifying to provide extended congregate care services must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following

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- a. A class I or class II violation;
- b. Three or more repeat or recurring class III violations of identical or similar resident care standards from which a pattern of noncompliance is found by the agency;
- c. Three or more class III violations that were not corrected in accordance with the corrective action plan approved by the agency;
- d. Violation of resident care standards which results in requiring the facility to employ the services of a consultant pharmacist or consultant dietitian;
- e. Denial, suspension, or revocation of a license for another facility licensed under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or
- f. Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings.
- 2. If an assisted living facility has been licensed for less than 2 years but meets all other licensure requirements for an extended congregate care license, the facility shall be issued a provisional extended congregate care license for 6 months. Within the first 3 months after the provisional license is issued, the licensee shall notify the agency when the facility has admitted an extended congregate care resident, after which an unannounced inspection shall be made to determine compliance with requirements of an extended congregate care license. If the licensee demonstrates compliance with all of the requirements of an extended congregate care license during the

Page 10 of 31

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

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inspection, the licensee shall be issued an extended congregate care license. In addition to sanctions authorized under this part, if violations are found during the inspection and the licensee fails to demonstrate compliance with all assisted living requirements during a followup inspection, the licensee shall immediately suspend extended congregate care services and the provisional extended congregate care license expires.

3.2. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives services which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year quarterly to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has been licensed for at least 24 months to provide extended congregate care services, if, during the inspection, the registered nurse determines that extended congregate care services are being provided appropriately, and if the facility has held an extended congregate care license during the last 24 months, has had no

class I or class II violations, has had and no uncorrected class III violations, and has had no confirmed ombudsman council complaints that resulted in a citation for licensure. The agency must first consult with the long-term care ombudsman council for the area in which the facility is located to determine if any complaints have been made and substantiated about the quality of services or care. The agency may not waive one of the required yearly monitoring visits if complaints have been made and substantiated.

- $\underline{4.3.}$ A facility that is licensed to provide extended congregate care services must:
- a. Demonstrate the capability to meet unanticipated resident service needs.
- b. Offer a physical environment that promotes a homelike setting, provides for resident privacy, promotes resident independence, and allows sufficient congregate space as defined by rule.
- c. Have sufficient staff available, taking into account the physical plant and firesafety features of the building, to assist with the evacuation of residents in an emergency.
- d. Adopt and follow policies and procedures that maximize resident independence, dignity, choice, and decisionmaking to permit residents to age in place, so that moves due to changes in functional status are minimized or avoided.
- e. Allow residents or, if applicable, a resident's representative, designee, surrogate, guardian, or attorney in fact to make a variety of personal choices, participate in developing service plans, and share responsibility in

Page 12 of 31

337 decisionmaking.

- f. Implement the concept of managed risk.
- g. Provide, directly or through contract, the services of a person licensed under part I of chapter 464.
- h. In addition to the training mandated in s. 429.52, provide specialized training as defined by rule for facility staff.
- 5.4. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and retention.
- 5. The primary purpose of extended congregate care services is to allow residents, as they become more impaired, the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if the individual is determined appropriate for admission to the extended congregate care facility.
- 6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the

Page 13 of 31

individual must undergo a medical examination as provided in s. 429.26(4) and the facility must develop a preliminary service plan for the individual.

- 7. If When a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility <u>must shall</u> make arrangements for relocating the person in accordance with s. 429.28(1)(k).
- 8. Failure to provide extended congregate care services may result in denial of extended congregate care license renewal.

The agency may deny or revoke a facility's extended congregate care license for not meeting the standards of an extended congregate care license or for any of the grounds listed in this paragraph.

- (c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.
- 1. In order for limited nursing services to be provided in a facility licensed under this part, the agency must first determine that all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided. Such designation may be made at the time of initial licensure or licensure renewal relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with part II

of chapter 408. An existing <u>facility that qualifies</u> facilities qualifying to provide limited nursing services <u>must</u> shall have maintained a standard license and may not have been subject to administrative sanctions that affect the health, safety, and welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.

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- A facility Facilities that is are licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services. The which report must describe describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse representing the agency shall visit the facility such facilities at least annually twice a year to monitor residents who are receiving limited nursing services and to determine if the facility is in compliance with applicable provisions of this part, part II of chapter 408, and related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that inspects such facility. Visits may be in conjunction with other agency inspections. The agency may waive one of the required yearly monitoring visits for a facility that has:
- a. A limited nursing services license for at least 24 months;
- b. No class I or class II violations and no uncorrected class III violations; and

Page 15 of 31

 $\underline{\text{c.}}$ No confirmed ombudsman council complaints that resulted in a citation for licensure.

- 3. A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed to provide extended congregate care services.
- Section 4. Section 429.075, Florida Statutes, is amended to read:
- 429.075 Limited mental health license.—An assisted living facility that serves one three or more mental health residents must obtain a limited mental health license.
- (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected deficiencies or violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. Such designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must will be provided by or approved by the Department of Children and

449 <u>Families</u> Family Services.

- (2) A facility that is Facilities licensed to provide services to mental health residents must shall provide appropriate supervision and staffing to provide for the health, safety, and welfare of such residents.
- (3) A facility that has a limited mental health license must:
- (a) Have a copy of each mental health resident's community living support plan and the cooperative agreement with the mental health care services provider. The support plan and the agreement may be combined.
- (b) Have documentation that is provided by the Department of Children and <u>Families</u> <u>Family Services</u> that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility <u>that has with a limited mental health license or provide written evidence that a request for documentation was sent to the Department of Children and Families within 72 hours of admission.</u>
- (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian, the resident's health care surrogate, and other individuals who have a lawful basis for reviewing this document.
- (d) Assist the mental health resident in carrying out the activities identified in the individual's community living support plan.
- (4) A facility that has with a limited mental health license may enter into a cooperative agreement with a private mental health provider. For purposes of the limited mental

Page 17 of 31

health license, the private mental health provider may act as the case manager.

Section 5. Section 429.14, Florida Statutes, is amended to read:

429.14 Administrative penalties.-

- (1) In addition to the requirements of part II of chapter 408, the agency may deny, revoke, and suspend any license issued under this part and impose an administrative fine in the manner provided in chapter 120 against a licensee for a violation of any provision of this part, part II of chapter 408, or applicable rules, or for any of the following actions by a licensee, for the actions of any person subject to level 2 background screening under s. 408.809, or for the actions of any facility staff employee:
- (a) An intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.
- (b) \underline{A} The determination by the agency that the owner lacks the financial ability to provide continuing adequate care to residents.
- (c) Misappropriation or conversion of the property of a resident of the facility.
- (d) Failure to follow the criteria and procedures provided under part I of chapter 394 relating to the transportation, voluntary admission, and involuntary examination of a facility resident.
- (e) A citation of any of the following <u>violations</u> deficiencies as specified in s. 429.19:
 - 1. One or more cited class I violations deficiencies.

Page 18 of 31

2. Three or more cited class II violations deficiencies.

- 3. Five or more cited class III $\underline{\text{violations}}$ deficiencies that have been cited on a single survey and have not been corrected within the times specified.
- (f) Failure to comply with the background screening standards of this part, s. 408.809(1), or chapter 435.
 - (g) Violation of a moratorium.

- (h) Failure of the license applicant, the licensee during relicensure, or a licensee that holds a provisional license to meet the minimum license requirements of this part, or related rules, at the time of license application or renewal.
- (i) An intentional or negligent life-threatening act in violation of the uniform firesafety standards for assisted living facilities or other firesafety standards which that threatens the health, safety, or welfare of a resident of a facility, as communicated to the agency by the local authority having jurisdiction or the State Fire Marshal.
- (j) Knowingly operating any unlicensed facility or providing without a license any service that must be licensed under this chapter or chapter 400.
- (k) Any act constituting a ground upon which application for a license may be denied.
- (2) Upon notification by the local authority having jurisdiction or by the State Fire Marshal, the agency may deny or revoke the license of an assisted living facility that fails to correct cited fire code violations that affect or threaten the health, safety, or welfare of a resident of a facility.
 - (3) The agency may deny or revoke a license of an to any

Page 19 of 31

applicant or controlling interest as defined in part II of chapter 408 which has or had a 25-percent or greater financial or ownership interest in any other facility that is licensed under this part, or in any entity licensed by this state or another state to provide health or residential care, if that which facility or entity during the 5 years prior to the application for a license closed due to financial inability to operate; had a receiver appointed or a license denied, suspended, or revoked; was subject to a moratorium; or had an injunctive proceeding initiated against it.

- (4) The agency shall deny or revoke the license of an assisted living facility if:
- (a) The applicant or licensee had a license that was revoked by the agency, the Department of Children and Families, the Department of Juvenile Justice, or the Agency for Persons with Disabilities;
- (b) There are two moratoria, issued pursuant to this part or part II of chapter 408, within a 2-year period which are imposed by final order;
- (c) The facility is cited for two or more class I violations arising from unrelated circumstances during the same survey or investigation; or
- violations arising from separate surveys or investigations
 within a 2-year period that has two or more class I violations
 that are similar or identical to violations identified by the
 agency during a survey, inspection, monitoring visit, or
 complaint investigation occurring within the previous 2 years.

Page 20 of 31

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

- (5) An action taken by the agency to suspend, deny, or revoke a facility's license under this part or part II of chapter 408, in which the agency claims that the facility owner or an employee of the facility has threatened the health, safety, or welfare of a resident of the facility <u>must</u> be heard by the Division of Administrative Hearings of the Department of Management Services within 120 days after receipt of the facility's request for a hearing, unless that time limitation is waived by both parties. The administrative law judge <u>shall</u> <u>must</u> render a decision within 30 days after receipt of a proposed recommended order.
- provided under s. 408.814, on an assisted living facility that fails to provide the agency access to the facility or prohibits the agency from conducting a regulatory inspection. The licensee may not restrict agency staff in accessing and copying records or in conducting interviews with facility staff or any individual who receives services from the facility provide to the Division of Hotels and Restaurants of the Department of Business and Professional Regulation, on a monthly basis, a list of those assisted living facilities that have had their licenses denied, suspended, or revoked or that are involved in an appellate proceeding pursuant to s. 120.60 related to the denial, suspension, or revocation of a license.

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

- (8) If a facility is required to relocate some or all of its residents due to agency action, that facility is exempt from the 45 days' notice requirement in s. 429.28(1)(k). This provision does not exempt the facility from any deadlines for corrective action set by the agency.
- Section 6. Section 429.19, Florida Statutes, is amended to read:
- 429.19 Violations; imposition of administrative fines; grounds.—
- (1) In addition to the requirements of part II of chapter 408, the agency shall impose an administrative fine in the manner provided in chapter 120 for the violation of any provision of this part, part II of chapter 408, and applicable rules by an assisted living facility, for the actions of any person subject to level 2 background screening under s. 408.809, for the actions of any facility employee, or for an intentional or negligent act seriously affecting the health, safety, or welfare of a resident of the facility.
- (2) Each violation of this part and adopted rules <u>must</u> shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. The agency shall indicate the classification on the written notice of the violation as follows:
- (a) Class "I" violations are defined in s. 408.813. The agency shall impose an administrative fine of \$7,500 for each a

Page 22 of 31

cited class I violation in a facility that is licensed for fewer than 100 beds at the time of the violation in an amount not less than \$5,000 and not exceeding \$10,000 for each violation. The agency shall impose an administrative fine of \$11,250 for each cited class I violation in a facility that is licensed for 100 or more beds at the time of the violation. If the noncompliance occurs within the prior 12 months, the fine must be levied for violations that are corrected before an inspection.

- (b) Class "II" violations are defined in s. 408.813. The agency shall impose an administrative fine of \$3,000 for each a cited class II violation in a facility that is licensed for fewer than 100 beds at the time of the violation in an amount not less than \$1,000 and not exceeding \$5,000 for each violation. The agency shall impose an administrative fine of \$4,500 for each cited class II violation in a facility that is licensed for 100 or more beds at the time of the violation.
- (c) Class "III" violations are defined in s. 408.813. The agency shall impose an administrative fine of \$750 for each a cited class III violation in a facility that is licensed for fewer than 100 beds at the time of the violation in an amount not less than \$500 and not exceeding \$1,000 for each violation. The agency shall impose an administrative fine of \$1,125 for each cited class III violation in a facility that is licensed for 100 or more beds at the time of the violation.
- (d) Class "IV" violations are defined in s. 408.813. The agency shall impose an administrative fine of \$150 for each a cited class IV violation in a facility that is licensed for fewer than 100 beds at the time of the violation in an amount

Page 23 of 31

not less than \$100 and not exceeding \$200 for each violation.

The agency shall impose an administrative fine of \$225 for each cited class IV violation in a facility that is licensed for 100 or more beds at the time of the violation.

- (e) Any fine imposed for a class I or class II violation must be doubled if a facility was previously cited for one or more class I or class II violations during the agency's last licensure inspection or any inspection or complaint investigation since the last licensure inspection.
- (f) Notwithstanding s. 408.813(2)(c) and (d) and s.

 408.832, a fine must be imposed for each class III or class IV

 violation, regardless of correction, if a facility was

 previously cited for one or more class III or class IV

 violations during the agency's last licensure inspection or any
 inspection or complaint investigation since the last licensure
 inspection for the same regulatory violation. A fine imposed for
 a class III or class IV violation must be doubled if a facility

 was previously cited for one or more class III or class IV

 violations during the agency's last two licensure inspections
 for the same regulatory violation.
- (g) Regardless of the class of violation cited, instead of the fine amounts listed in paragraphs (a)-(d), the agency shall impose an administrative fine of \$500 if a facility is found not to be in compliance with the background screening requirements as provided in s. 408.809.
- (3) For purposes of this section, in determining if a penalty is to be imposed and in fixing the amount of the fine, the agency shall consider the following factors:

Page 24 of 31

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

- (b) Actions taken by the owner or administrator to correct violations.
 - (c) Any previous violations.

- (d) The financial benefit to the facility of committing or continuing the violation.
 - (e) The licensed capacity of the facility.
- (3)(4) Each day of continuing violation after the date established by the agency fixed for correction termination of the violation, as ordered by the agency, constitutes an additional, separate, and distinct violation.
- (4)(5) An Any action taken to correct a violation shall be documented in writing by the owner or administrator of the facility and verified through followup visits by agency personnel. The agency may impose a fine and, in the case of an owner-operated facility, revoke or deny a facility's license when a facility administrator fraudulently misrepresents action taken to correct a violation.
- (5) (6) A Any facility whose owner fails to apply for a change-of-ownership license in accordance with part II of chapter 408 and operates the facility under the new ownership is subject to a fine of \$5,000.
- $\underline{(6)}$ (7) In addition to any administrative fines imposed, the agency may assess a survey fee, equal to the lesser of one

Page 25 of 31

half of the facility's biennial license and bed fee or \$500, to cover the cost of conducting initial complaint investigations that result in the finding of a violation that was the subject of the complaint or monitoring visits conducted under s. 429.28(3)(c) to verify the correction of the violations.

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- $\underline{(7)}$ (8) During an inspection, the agency shall make a reasonable attempt to discuss each violation with the owner or administrator of the facility, prior to written notification.
- (8) (9) The agency shall develop and disseminate an annual list of all facilities sanctioned or fined for violations of state standards, the number and class of violations involved, the penalties imposed, and the current status of cases. The list shall be disseminated, at no charge, to the Department of Elderly Affairs, the Department of Health, the Department of Children and Families Family Services, the Agency for Persons with Disabilities, the area agencies on aging, the Florida Statewide Advocacy Council, and the state and local ombudsman councils. The Department of Children and Families Family Services shall disseminate the list to service providers under contract to the department who are responsible for referring persons to a facility for residency. The agency may charge a fee commensurate with the cost of printing and postage to other interested parties requesting a copy of this list. This information may be provided electronically or through the agency's Internet site.
- Section 7. Subsection (5) of section 429.41, Florida Statutes, is amended to read:
 - 429.41 Rules establishing standards.-

Page 26 of 31

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

Section 8. Present subsections (1) through (11) of section 429.52, Florida Statutes, are renumbered as subsections (2) through (12), respectively, new subsections (1) and (11) are added to that section, and present subsection (9) of that section is amended, to read:

- 429.52 Staff training and educational programs; core educational requirement.—
- (1) Effective October 1, 2013, each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help

Page 27 of 31

the employee provide responsible care and respond to the needs of residents of the facility. Upon completion, the employee and the administrator of the facility must sign an affidavit stating that the employee completed the required preservice orientation. The facility must keep the affidavit in the employee's work file.

- (10) (9) The training required by this section <u>must shall</u> be conducted by persons registered with the department as having the requisite experience and credentials to conduct the training. A person seeking to register as a trainer must provide the department with proof of completion of the minimum core training education requirements, successful passage of the competency test established under this section, and proof of compliance with the continuing education requirement in subsection (5) (4).
- (11) The agency in conjunction with the department shall establish a database for collection of training requirements, competency testing, and documentation required under this part.

 The database shall be used by administrators and licensees to determine eligibility of staff. The department may adopt additional reporting requirements by rule. Effective July 1, 2014, organizations and individuals providing training, testing, or documentation under this part must submit electronically the following information to the agency:
- (a) The trainee's name and identifying information; dates of training, tests, or certificates of successful passage, completion, and attendance; and scores for competency testing for persons trained, tested, or issued certificates.

Page 28 of 31

(b) Identifying information for the organization or individual providing the training, testing, or certificates.

Failure to comply with reporting requirements may result in suspension of the authority to offer training, testing, or issue certificates.

Section 9. Subsection (3) is added to section 429.54, Florida Statutes, to read:

429.54 Collection of information; local subsidy.-

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

Section 10. Section 429.55, Florida Statutes, is created to read:

429.55 Intersurveyor reliability.—The Legislature finds
that consistent regulation of assisted living facilities
benefits residents and operators of such facilities. To
determine whether all surveys are consistent, the agency shall
conduct a study of intersurveyor reliability for assisted living
facilities. By November 1, 2013, the agency shall submit a
report to the Governor, the President of the Senate, and the
Speaker of the House of Representatives of its findings and make
any recommendations to improve intersurveyor reliability.

Section 11. Section 429.56, Florida Statutes, is created to read:

- 429.56 Consumer information.—The Legislature finds that consumers need additional information on the quality of care and service provided in assisted living facilities in order to select the best facility for themselves or their loved ones.

 Therefore, the agency shall:
- (1) Propose a rating system for assisted living facilities. The proposal must include, but is not limited to, the data elements to be used, the method of collecting the data, the method of determining the rating, an estimate of the initial and ongoing costs of a rating system to both the agency and assisted living facilities, and a timetable for the implementation of the rating system for assisted living facilities. The agency shall submit its proposal to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2013.
- (2) By January 1, 2014, create a content that is easily accessible through the front page of the agency's website. At a minimum, the content must include:
- (a) Information on each licensed assisted living facility, including, but not limited to:
 - 1. The name and address of the facility.
 - 2. The number and type of licensed beds in the facility.
 - 3. The types of licenses held by the facility.
 - 4. The facility's license expiration date and status.
- 5. Other relevant information that the agency currently collects.

Page 30 of 31

5 4 1	(b) A fist of the facility's violations, including, for
842	each violation:
843	1. A summary of the violation which is presented in a
844	manner understandable by the general public;
845	2. Any sanctions imposed by final order; and
846	3. The date of the correction.
847	(c) Links to inspection reports that the agency has on
848	<u>file.</u>
849	Section 12. This act shall take effect July 1, 2013.