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 13 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 24 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

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29 case manager; amending s. 400.0078, F.S.; requiring 30 that, upon admission to a long-term care facility, a 31 resident or the representative of a resident be 32 informed that retaliatory action cannot be taken 33 against a resident for presenting grievances or for 34 exercising any other resident right; amending s. 35 429.07, F.S.; requiring an extended congregate care license to be issued to certain facilities that have 36 37 been licensed as assisted living facilities under 38 certain circumstances; providing the purpose of an extended congregate care license; providing that the 39 40 initial extended congregate care license of an assisted living facility is provisional under certain 41 42 circumstances; requiring the licensee to notify the 43 Agency for Health Care Administration whenever it 44 accepts a resident who qualifies for extended 45 congregate care services; revising the frequency of 46 and conditions for monitoring visits to facilities 47 providing extended congregate care or limited nursing services to residents; authorizing the agency to deny 48 or revoke a facility's extended congregate care 49 50 license under certain circumstances; providing that 51 the agency's monitoring visits may be in conjunction 52 with other agency inspections; amending s. 429.075, 53 F.S.; requiring an assisted living facility that 54 serves one or more mental health residents to obtain a 55 limited mental health license; revising the methods 56 employed by a limited mental health facility relating

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57 to placement requirements to include providing the 58 Department of Children and Families that a request for 59 documentation was sent within a specified period of 60 time after admission; amending s. 429.14, F.S.; 61 revising the actions under which the agency may deny, 62 revoke, or suspend the license of an assisted living 63 facility or impose an administrative fine; revising 64 the criteria upon which the agency must deny or revoke the license of an assisted living facility; providing 65 66 that the licensee may present certain factors in 67 mitigation of the revocation of a license; requiring 68 the agency to impose an immediate moratorium on the 69 license of an assisted living facility under certain 70 circumstances; deleting a requirement that the agency 71 to provide a list of facilities with denied, 72 suspended, or revoked licenses to the Department of 73 Business and Professional Regulation; exempting a facility from the 45-day notice requirement if the 74 agency requires the facility to relocate residents 75 76 under certain circumstances; amending s. 429.19, F.S.; 77 revising provisions relating to the determination of 78 and the amounts and uses of administrative fines; 79 amending s. 429.41, F.S.; revising provisions relating 80 to agency inspections of a facility that has been 81 cited for certain licensure violations; amending s. 82 429.52, F.S.; requiring new employees of assisted 83 living facilities to attend an orientation; requiring verification of completion of the orientation by the 84

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85 employee and requiring this information to be 86 maintained by the assisted living facility; conforming 87 a cross-reference; requiring the agency to establish a 88 database for the collection of certain information; 89 providing sanctions for failure to comply with 90 reporting requirements; amending s. 429.54, F.S.; requiring the development of electronic systems of 91 communication among all agencies involved in the 92 93 regulation of assisted living facilities; creating s. 429.55, F.S.; requiring the agency to submit a report 94 95 to the Governor and the Legislature; creating s. 96 429.56, F.S.; requiring the agency to propose a rating 97 system of assisted living facilities for consumers; 98 providing criteria for the content and a timetable for 99 the implementation of the rating system; providing 100 appropriations; providing an effective date. 101 102 Be It Enacted by the Legislature of the State of Florida: 103 104 Section 1. Section 394.4574, Florida Statutes, is amended 105 to read: 106 394.4574 Department Responsibilities for coordination of 107 services for a mental health resident who resides in an assisted living facility that holds a limited mental health license.-108 109 As used in this section, the term "mental health (1)110 resident, "for purposes of this section, means an individual who receives social security disability income due to a mental 111 112 disorder as determined by the Social Security Administration or Page 4 of 34

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113 receives supplemental security income due to a mental disorder 114 as determined by the Social Security Administration and receives 115 optional state supplementation.

116 (2) <u>Medicaid prepaid behavioral health plans are</u> 117 <u>responsible for enrolled mental health residents, and managing</u> 118 <u>entities under contract with the department are responsible for</u> 119 <u>mental health residents who are not enrolled with a Medicaid</u> 120 <u>prepaid behavioral health plan. Each responsible entity shall</u> 121 <u>The department must</u> ensure that:

A mental health resident has been assessed by a 122 (a) 123 psychiatrist, clinical psychologist, clinical social worker, or 124 psychiatric nurse, or an individual who is supervised by one of 125 these professionals, and determined to be appropriate to reside 126 in an assisted living facility. The documentation must be 127 provided to the administrator of the facility within 30 days after the mental health resident has been admitted to the 128 129 facility. An evaluation completed upon discharge from a state 130 mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health 131 132 resident if it was completed within 90 days before prior to 133 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

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141 assisted living facility in cases where a Medicaid recipient is 142 both a member of the entity's prepaid health plan and a resident 143 of the assisted living facility. If the entity is at risk for 144 Medicaid targeted case management and behavioral health 145 services, the entity shall inform the assisted living facility 146 of the procedures to follow should an emergent condition arise.

147 (C) The community living support plan, as defined in s. 429.02, has been prepared by a mental health resident and a 148 149 mental health case manager of that resident in consultation with 150 the administrator of the facility or the administrator's 151 designee. The plan must be completed and provided to the 152 administrator of the assisted living facility with a limited 153 mental health license in which the mental health resident lives upon the resident's admission. The support plan and the 154 155 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.

159 The mental health services provider assigns a case (e) 160 manager to each mental health resident for whom the entity is 161 responsible who lives in an assisted living facility with a 162 limited mental health license. The case manager is responsible 163 for coordinating the development of and implementation of the 164 community living support plan defined in s. 429.02. The plan 165 must be updated at least annually or when there is a significant 166 change to the resident's behavioral health status, such as an 167 inpatient admission, medications, level of service, or 168 residence. Each case manager shall keep a record of the date and

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169 time of any face-to-face interaction with the resident and make 170 the record available to the responsible entity for inspection. 171 The record must be retained for at least 2 years after the date 172 of the most recent interaction.

173 (f) Adequate and consistent monitoring and enforcement of 174 community living support plans and cooperative agreements are 175 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.

The Secretary of Children and Families Family 180 (3) 181 Services, in consultation with the Agency for Health Care 182 Administration, shall annually require each district 183 administrator to develop, with community input, a detailed 184 annual plan that demonstrates detailed plans that demonstrate 185 how the district will ensure the provision of state-funded 186 mental health and substance abuse treatment services to 187 residents of assisted living facilities that hold a limited 188 mental health license. These plans must be consistent with the 189 substance abuse and mental health district plan developed 190 pursuant to s. 394.75 and must address case management services; 191 access to consumer-operated drop-in centers; access to services 192 during evenings, weekends, and holidays; supervision of the 193 clinical needs of the residents; and access to emergency psychiatric care. 194

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

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197 400.0078 Citizen access to State Long-Term Care Ombudsman 198 Program services.-

199 Every resident or representative of a resident shall (2) 200 receive, Upon admission to a long-term care facility, each 201 resident or representative of a resident must receive 202 information regarding the purpose of the State Long-Term Care 203 Ombudsman Program, the statewide toll-free telephone number for 204 receiving complaints, information that retaliatory action cannot 205 be taken against a resident for presenting grievances or for 206 exercising any other resident right, and other relevant 207 information regarding how to contact the program. Residents or 208 their representatives must be furnished additional copies of 209 this information upon request.

210 Section 3. Paragraphs (b) and (c) of subsection (3) of 211 section 429.07, Florida Statutes, are amended to read:

212

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

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225 persons who would otherwise be disqualified from continued 226 residence in a facility licensed under this part. An extended 227 congregate care license may also be issued to those facilities 228 that have provisional extended congregate care licenses and meet 229 the requirements for licensure under subparagraph 2. The primary 230 purpose of extended congregate care services is to allow 231 residents, as they become more impaired, the option of remaining 232 in a familiar setting from which they would otherwise be 233 disqualified for continued residency. A facility licensed to 234 provide extended congregate care services may also admit an 235 individual who exceeds the admission criteria for a facility 236 with a standard license if the individual is determined 237 appropriate for admission to the facility.

238 1. In order for extended congregate care services to be 239 provided, the agency must first determine that all requirements 240 established in law and rule are met and must specifically 241 designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of 242 the facility. Such designation may be made at the time of 243 244 initial licensure or relicensure, or upon request in writing by 245 a licensee under this part and part II of chapter 408. The 246 notification of approval or the denial of the request shall be 247 made in accordance with part II of chapter 408. Existing 248 facilities qualifying to provide extended congregate care 249 services must have maintained a standard license and may not 250 have been subject to administrative sanctions during the 251 previous 2 years, or since initial licensure if the facility has 252 been licensed for less than 2 years, for any of the following

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253	reasons:
254	a. A class I or class II violation;
255	b. Three or more repeat or recurring class III violations
256	of identical or similar resident care standards from which a
257	pattern of noncompliance is found by the agency;
258	c. Three or more class III violations that were not
259	corrected in accordance with the corrective action plan approved
260	by the agency;
261	d. Violation of resident care standards which results in
262	requiring the facility to employ the services of a consultant
263	pharmacist or consultant dietitian;
264	e. Denial, suspension, or revocation of a license for
265	another facility licensed under this part in which the applicant
266	for an extended congregate care license has at least 25 percent
267	ownership interest; or
268	f. Imposition of a moratorium pursuant to this part or
269	part II of chapter 408 or initiation of injunctive proceedings.
270	2. If an assisted living facility has been licensed for
271	less than 2 years but meets all other licensure requirements for
272	an extended congregate care license, the facility shall be
273	issued a provisional extended congregate care license for 6
274	months. Within the first 3 months after the provisional license
275	is issued, the licensee shall notify the agency when the
276	facility has admitted an extended congregate care resident,
277	after which an unannounced inspection shall be made to determine
278	compliance with requirements of an extended congregate care
279	license. If the licensee demonstrates compliance with all of the
280	requirements of an extended congregate care license during the

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281 inspection, the licensee shall be issued an extended congregate 282 care license. In addition to sanctions authorized under this 283 part, if violations are found during the inspection and the 284 licensee fails to demonstrate compliance with all assisted 285 living requirements during a followup inspection, the licensee 286 shall immediately suspend extended congregate care services and 287 the provisional extended congregate care license expires.

288 3.2. A facility that is licensed to provide extended 289 congregate care services shall maintain a written progress 290 report on each person who receives services which describes the 291 type, amount, duration, scope, and outcome of services that are 292 rendered and the general status of the resident's health. A 293 registered nurse, or appropriate designee, representing the 294 agency shall visit the facility at least twice a year quarterly 295 to monitor residents who are receiving extended congregate care 296 services and to determine if the facility is in compliance with 297 this part, part II of chapter 408, and relevant rules. One of 298 the visits may be in conjunction with the regular survey. The 299 monitoring visits may be provided through contractual 300 arrangements with appropriate community agencies. A registered 301 nurse shall serve as part of the team that inspects the 302 facility. The agency may waive one of the required yearly 303 monitoring visits for a facility that has been licensed for at 304 least 24 months to provide extended congregate care services, 305 if, during the inspection, the registered nurse determines that 306 extended congregate care services are being provided 307 appropriately, and if the facility has held an extended congregate care license during the last 24 months, has had no 308

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309 class I or class II violations, has had and no uncorrected class 310 III violations, and has had no confirmed ombudsman council 311 complaints that resulted in a citation for licensure. The agency 312 must first consult with the long-term care ombudsman council for 313 the area in which the facility is located to determine if any 314 complaints have been made and substantiated about the quality of 315 services or care. The agency may not waive one of the required yearly monitoring visits if complaints have been made and 316 317 substantiated.

318 <u>4.3.</u> A facility that is licensed to provide extended 319 congregate care services must:

320 a. Demonstrate the capability to meet unanticipated321 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.

326 c. Have sufficient staff available, taking into account 327 the physical plant and firesafety features of the building, to 328 assist with the evacuation of residents in an emergency.

329 d. Adopt and follow policies and procedures that maximize 330 resident independence, dignity, choice, and decisionmaking to 331 permit residents to age in place, so that moves due to changes 332 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

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337 decisionmaking.

338

f. Implement the concept of managed risk.

339 g. Provide, directly or through contract, the services of340 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.

344 5.4. A facility that is licensed to provide extended 345 congregate care services is exempt from the criteria for 346 continued residency set forth in rules adopted under s. 429.41. 347 A licensed facility must adopt its own requirements within 348 guidelines for continued residency set forth by rule. However, 349 the facility may not serve residents who require 24-hour nursing 350 supervision. A licensed facility that provides extended 351 congregate care services must also provide each resident with a 352 written copy of facility policies governing admission and 353 retention.

354 5. The primary purpose of extended congregate care 355 services is to allow residents, as they become more impaired, 356 the option of remaining in a familiar setting from which they 357 would otherwise be disqualified for continued residency. A 358 facility licensed to provide extended congregate care services 359 may also admit an individual who exceeds the admission criteria 360 for a facility with a standard license, if the individual is 361 determined appropriate for admission to the extended congregate 362 care facility.

363 6. Before the admission of an individual to a facility364 licensed to provide extended congregate care services, the

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365 individual must undergo a medical examination as provided in s.
366 429.26(4) and the facility must develop a preliminary service
367 plan for the individual.

368 7. <u>If When</u> a facility can no longer provide or arrange for 369 services in accordance with the resident's service plan and 370 needs and the facility's policy, the facility <u>must</u> shall make 371 arrangements for relocating the person in accordance with s. 372 429.28(1)(k).

373 8. Failure to provide extended congregate care services 374 may result in denial of extended congregate care license 375 renewal.

376

377 The agency may deny or revoke a facility's extended congregate 378 care license for not meeting the standards of an extended 379 congregate care license or for any of the grounds listed in this 380 paragraph.

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

384 In order for limited nursing services to be provided in 1. 385 a facility licensed under this part, the agency must first 386 determine that all requirements established in law and rule are 387 met and must specifically designate, on the facility's license, 388 that such services may be provided. Such designation may be made 389 at the time of initial licensure or licensure renewal 390 relicensure, or upon request in writing by a licensee under this 391 part and part II of chapter 408. Notification of approval or 392 denial of such request shall be made in accordance with part II

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393 of chapter 408. <u>An</u> existing <u>facility that qualifies</u> facilities 394 qualifying to provide limited nursing services <u>must</u> shall have 395 maintained a standard license and may not have been subject to 396 administrative sanctions that affect the health, safety, and 397 welfare of residents for the previous 2 years or since initial 398 licensure if the facility has been licensed for less than 2 399 years.

400 2. A facility Facilities that is are licensed to provide 401 limited nursing services shall maintain a written progress 402 report on each person who receives such nursing services. The $_{\tau}$ 403 which report must describe describes the type, amount, duration, 404 scope, and outcome of services that are rendered and the general 405 status of the resident's health. A registered nurse representing 406 the agency shall visit the facility such facilities at least 407 annually twice a year to monitor residents who are receiving 408 limited nursing services and to determine if the facility is in 409 compliance with applicable provisions of this part, part II of 410 chapter 408, and related rules. The monitoring visits may be 411 provided through contractual arrangements with appropriate 412 community agencies. A registered nurse shall also serve as part 413 of the team that inspects such facility. Visits may be in 414 conjunction with other agency inspections. The agency may waive 415 one of the required yearly monitoring visits for a facility that 416 has: 417 a. A limited nursing services license for at least 24 418 months; 419 b. No class I or class II violations and no uncorrected 420 class III violations; and

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421 c. No confirmed ombudsman council complaints that resulted 422 in a citation for licensure. 423 3. A person who receives limited nursing services under 424 this part must meet the admission criteria established by the 425 agency for assisted living facilities. When a resident no longer 426 meets the admission criteria for a facility licensed under this 427 part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed 428 429 to provide extended congregate care services. 430 Section 4. Section 429.075, Florida Statutes, is amended 431 to read: 432 429.075 Limited mental health license.-An assisted living 433 facility that serves one three or more mental health residents must obtain a limited mental health license. 434 435 (1)To obtain a limited mental health license, a facility 436 must hold a standard license as an assisted living facility, 437 must not have any current uncorrected deficiencies or 438 violations, and must ensure that, within 6 months after 439 receiving a limited mental health license, the facility 440 administrator and the staff of the facility who are in direct 441 contact with mental health residents must complete training of 442 no less than 6 hours related to their duties. Such designation 443 may be made at the time of initial licensure or relicensure or 444 upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such 445 446 request shall be made in accordance with this part, part II of 447 chapter 408, and applicable rules. This training must will be 448 provided by or approved by the Department of Children and

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449 Families Family Services.

450 (2) <u>A facility that is Facilities</u> licensed to provide
451 services to mental health residents <u>must shall</u> provide
452 appropriate supervision and staffing to provide for the health,
453 safety, and welfare of such residents.

454 (3) A facility that has a limited mental health license 455 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> Family Services that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility <u>that has</u> with a limited mental health license <u>or provide written evidence that a</u> <u>request for documentation was sent to the Department of Children</u> <u>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.

471 (d) Assist the mental health resident in carrying out the
472 activities identified in the individual's community living
473 support plan.

474 (4) A facility that has with a limited mental health
475 license may enter into a cooperative agreement with a private
476 mental health provider. For purposes of the limited mental

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477 health license, the private mental health provider may act as478 the case manager.

479 Section 5. Section 429.14, Florida Statutes, is amended to 480 read:

481

429.14 Administrative penalties.-

In addition to the requirements of part II of chapter 482 (1)483 408, the agency may deny, revoke, and suspend any license issued 484 under this part and impose an administrative fine in the manner 485 provided in chapter 120 against a licensee for a violation of 486 any provision of this part, part II of chapter 408, or 487 applicable rules, or for any of the following actions by a 488 licensee, for the actions of any person subject to level 2 489 background screening under s. 408.809, or for the actions of any 490 facility staff employee:

491 (a) An intentional or negligent act seriously affecting492 the health, safety, or welfare of a resident of the facility.

(b) <u>A</u> 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.

502 (e) A citation of any of the following <u>violations</u>
 503 deficiencies as specified in s. 429.19:

504

1. One or more cited class I violations deficiencies.

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505 2. Three or more cited class II <u>violations</u> deficiencies.
506 3. Five or more cited class III <u>violations</u> deficiencies
507 that have been cited on a single survey and have not been
508 corrected within the times specified.

509 (f) Failure to comply with the background screening
510 standards of this part, s. 408.809(1), or chapter 435.

511

(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.

525 (k) Any act constituting a ground upon which application 526 for a license may be denied.

527 (2) Upon notification by the local authority having
528 jurisdiction or by the State Fire Marshal, the agency may deny
529 or revoke the license of an assisted living facility that fails
530 to correct cited fire code violations that affect or threaten
531 the health, safety, or welfare of a resident of a facility.
532 (3) The agency may deny or revoke a license of an to any

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533 applicant or controlling interest as defined in part II of 534 chapter 408 which has or had a 25-percent or greater financial 535 or ownership interest in any other facility that is licensed 536 under this part, or in any entity licensed by this state or 537 another state to provide health or residential care, if that 538 which facility or entity during the 5 years prior to the 539 application for a license closed due to financial inability to 540 operate; had a receiver appointed or a license denied, 541 suspended, or revoked; was subject to a moratorium; or had an 542 injunctive proceeding initiated against it. 543 The agency shall deny or revoke the license of an (4) 544 assisted living facility if: 545 The applicant or licensee had a license that was (a) 546 revoked by the agency, the Department of Children and Families, 547 the Department of Juvenile Justice, or the Agency for Persons 548 with Disabilities; There are two moratoria, issued pursuant to this part 549 (b)

550 <u>or part II of chapter 408, within a 2-year period which are</u> 551 <u>imposed by final order;</u>

552 (c) The facility is cited for two or more class I 553 violations arising from unrelated circumstances during the same 554 survey or investigation; or

555 (d) The facility is cited for two or more class I 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.

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561 The licensee may present factors in mitigation of revocation, 562 and the agency may make a determination not to revoke a license 563 based upon a showing that revocation is inappropriate under the 564 circumstances.

565 (5) An action taken by the agency to suspend, deny, or 566 revoke a facility's license under this part or part II of 567 chapter 408, in which the agency claims that the facility owner 568 or an employee of the facility has threatened the health, 569 safety, or welfare of a resident of the facility must be heard 570 by the Division of Administrative Hearings of the Department of 571 Management Services within 120 days after receipt of the 572 facility's request for a hearing, unless that time limitation is 573 waived by both parties. The administrative law judge shall must 574 render a decision within 30 days after receipt of a proposed 575 recommended order.

576 The agency shall impose an immediate moratorium, as (6) 577 provided under s. 408.814, on an assisted living facility that 578 fails to provide the agency access to the facility or prohibits 579 the agency from conducting a regulatory inspection. The licensee 580 may not restrict agency staff in accessing and copying records 581 or in conducting interviews with facility staff or any 582 individual who receives services from the facility provide to 583 the Division of Hotels and Restaurants of the Department of 584 Business and Professional Regulation, on a monthly basis, a list 585 of those assisted living facilities that have had their licenses 586 denied, suspended, or revoked or that are involved in an 587 appellate proceeding pursuant to s. 120.60 related to the 588 denial, suspension, or revocation of a license.

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

592 (8) If a facility is required to relocate some or all of 593 its residents due to agency action, that facility is exempt from 594 the 45 days' notice requirement in s. 429.28(1)(k). This 595 provision does not exempt the facility from any deadlines for 596 corrective action set by the agency.

597 Section 6. Section 429.19, Florida Statutes, is amended to 598 read:

599 429.19 Violations; imposition of administrative fines; 600 grounds.-

601 In addition to the requirements of part II of chapter (1)602 408, the agency shall impose an administrative fine in the 603 manner provided in chapter 120 for the violation of any provision of this part, part II of chapter 408, and applicable 604 605 rules by an assisted living facility, for the actions of any 606 person subject to level 2 background screening under s. 408.809, 607 for the actions of any facility employee, or for an intentional 608 or negligent act seriously affecting the health, safety, or 609 welfare of a resident of the facility.

610 (2) Each violation of this part and adopted rules <u>must</u> 611 shall be classified according to the nature of the violation and 612 the gravity of its probable effect on facility residents. The 613 agency shall indicate the classification on the written notice 614 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

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617 cited class I violation in a facility that is licensed for fewer 618 than 100 beds at the time of the violation in an amount not less 619 than \$5,000 and not exceeding \$10,000 for each violation. The 620 agency shall impose an administrative fine of \$11,250 for each 621 cited class I violation in a facility that is licensed for 100 622 or more beds at the time of the violation. If the noncompliance occurs within the prior 12 months, the fine must be levied for 623 624 violations that are corrected before an inspection.

Class "II" violations are defined in s. 408.813. The 625 (b) 626 agency shall impose an administrative fine of \$3,000 for each a 627 cited class II violation in a facility that is licensed for 628 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 629 630 violation. The agency shall impose an administrative fine of 631 \$4,500 for each cited class II violation in a facility that is 632 licensed for 100 or more beds at the time of the violation.

Class "III" violations are defined in s. 408.813. The 633 (C) agency shall impose an administrative fine of \$750 for each a 634 cited class III violation in a facility that is licensed for 635 636 fewer than 100 beds at the time of the violation in an amount 637 not less than \$500 and not exceeding \$1,000 for each violation. 638 The agency shall impose an administrative fine of \$1,125 for each cited class III violation in a facility that is licensed 639 640 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

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645 not less than \$100 and not exceeding \$200 for each violation. 646 The agency shall impose an administrative fine of \$225 for each 647 cited class IV violation in a facility that is licensed for 100 648 or more beds at the time of the violation. Any fine imposed for a class I or class II violation 649 (e) 650 must be doubled if a facility was previously cited for one or 651 more class I or class II violations during the agency's last 652 licensure inspection or any inspection or complaint 653 investigation since the last licensure inspection. 654 (f) Notwithstanding s. 408.813(2)(c) and (d) and s. 655 408.832, a fine must be imposed for each class III or class IV 656 violation, regardless of correction, if a facility was 657 previously cited for one or more class III or class IV 658 violations during the agency's last licensure inspection or any 659 inspection or complaint investigation since the last licensure 660 inspection for the same regulatory violation. A fine imposed for 661 a class III or class IV violation must be doubled if a facility 662 was previously cited for one or more class III or class IV 663 violations during the agency's last two licensure inspections 664 for the same regulatory violation. 665 Regardless of the class of violation cited, instead of (q) 666 the fine amounts listed in paragraphs (a)-(d), the agency shall 667 impose an administrative fine of \$500 if a facility is found not 668 to be in compliance with the background screening requirements 669 as provided in s. 408.809. 670 (3) For purposes of this section, in determining if a 671 penalty is to be imposed and in fixing the amount of the fine, 672 the agency shall consider the following factors:

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673 (a) The gravity of the violation, including the 674 probability that death or serious physical or emotional harm to 675 a resident will result or has resulted, the severity of the 676 action or potential harm, and the extent to which the provisions 677 of the applicable laws or rules were violated. 678 (b) Actions taken by the owner or administrator to correct violations. 679 680 (c) Any previous violations. 681 (d) The financial benefit to the facility of committing or 682 continuing the violation. 683 (e) The licensed capacity of the facility. 684 (3) (4) Each day of continuing violation after the date 685 established by the agency fixed for correction termination of the violation, as ordered by the agency, constitutes an 686 687 additional, separate, and distinct violation. 688 (4) (4) (5) An Any action taken to correct a violation shall be 689 documented in writing by the owner or administrator of the 690 facility and verified through followup visits by agency 691 personnel. The agency may impose a fine and, in the case of an 692 owner-operated facility, revoke or deny a facility's license 693 when a facility administrator fraudulently misrepresents action 694 taken to correct a violation.

695 <u>(5) (6)</u> <u>A</u> Any facility whose owner fails to apply for a 696 change-of-ownership license in accordance with part II of 697 chapter 408 and operates the facility under the new ownership is 698 subject to a fine of \$5,000.

699 (6) (7) In addition to any administrative fines imposed,
 700 the agency may assess a survey fee, equal to the lesser of one

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701 half of the facility's biennial license and bed fee or \$500, to 702 cover the cost of conducting initial complaint investigations 703 that result in the finding of a violation that was the subject 704 of the complaint or monitoring visits conducted under s. 705 429.28(3)(c) to verify the correction of the violations.

706 <u>(7)(8)</u> During an inspection, the agency shall make a 707 reasonable attempt to discuss each violation with the owner or 708 administrator of the facility, prior to written notification.

709 (8) (9) The agency shall develop and disseminate an annual 710 list of all facilities sanctioned or fined for violations of 711 state standards, the number and class of violations involved, 712 the penalties imposed, and the current status of cases. The list 713 shall be disseminated, at no charge, to the Department of 714 Elderly Affairs, the Department of Health, the Department of 715 Children and Families Family Services, the Agency for Persons 716 with Disabilities, the area agencies on aging, the Florida 717 Statewide Advocacy Council, and the state and local ombudsman councils. The Department of Children and Families Family 718 719 Services shall disseminate the list to service providers under 720 contract to the department who are responsible for referring 721 persons to a facility for residency. The agency may charge a fee 722 commensurate with the cost of printing and postage to other 723 interested parties requesting a copy of this list. This 724 information may be provided electronically or through the 725 agency's Internet site.

726Section 7. Subsection (5) of section 429.41, Florida727Statutes, is amended to read:

429.41 Rules establishing standards.-

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729 In order to allocate resources effectively, the agency (5) 730 may use an abbreviated biennial standard licensure inspection that consists of a review of key quality-of-care standards in 731 732 lieu of a full inspection in a facility that has a good record 733 of past performance. However, a full inspection must be 734 conducted in a facility that has a history of class I or class 735 II violations, uncorrected class III violations, confirmed 736 ombudsman council complaints that resulted in a citation for 737 licensure, or confirmed licensure complaints which resulted in a 738 citation for a licensure violation, within the previous 739 licensure period immediately preceding the inspection or if a 740 potentially serious problem is identified during the abbreviated 741 inspection. The agency, in consultation with the department, 742 shall develop the key quality-of-care standards with input from 743 the State Long-Term Care Ombudsman Council and representatives 744 of provider groups for incorporation into its rules. 745 Section 8. Section 429.52, Florida Statutes, is amended to 746 read: 747 Staff training and educational programs; core 429.52 748 educational requirement.-749 Effective October 1, 2013, each new assisted living (1) 750 facility employee who has not previously completed core training 751 must attend a preservice orientation provided by the facility 752 before interacting with residents. The preservice orientation 753 must be at least 2 hours in duration and cover topics that help 754 the employee provide responsible care and respond to the needs 755 of residents of the facility. Upon completion, the employee and 756 the administrator of the facility must sign an affidavit stating

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757 that the employee completed the required preservice orientation. 758 The facility must keep the affidavit in the employee's work 759 file.

760 (2)(1) Administrators and other assisted living facility 761 staff must meet minimum training and education requirements 762 established by the Department of Elderly Affairs by rule. This 763 training and education is intended to assist facilities to 764 appropriately respond to the needs of residents, to maintain 765 resident care and facility standards, and to meet licensure 766 requirements.

767 <u>(3)(2)</u> The department shall establish a competency test 768 and a minimum required score to indicate successful completion 769 of the training and educational requirements. The competency 770 test must be developed by the department in conjunction with the 771 agency and providers. The required training and education must 772 cover at least the following topics:

(a) State law and rules relating to assisted livingfacilities.

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

(c) Special needs of elderly persons, persons with mental illness, and persons with developmental disabilities and how to meet those needs.

(d) Nutrition and food service, including acceptablesanitation practices for preparing, storing, and serving food.

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

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(f) Firesafety requirements, including fire evacuationdrill procedures and other emergency procedures.

787 (g) Care of persons with Alzheimer's disease and related788 disorders.

789 (4) (3) Effective January 1, 2004, a new facility 790 administrator must complete the required training and education, 791 including the competency test, within a reasonable time after 792 being employed as an administrator, as determined by the department. Failure to do so is a violation of this part and 793 794 subjects the violator to an administrative fine as prescribed in 795 s. 429.19. Administrators licensed in accordance with part II of 796 chapter 468 are exempt from this requirement. Other licensed 797 professionals may be exempted, as determined by the department 798 by rule.

799 <u>(5)(4)</u> Administrators are required to participate in 800 continuing education for a minimum of 12 contact hours every 2 801 years.

802 <u>(6)(5)</u> Staff involved with the management of medications 803 and assisting with the self-administration of medications under 804 s. 429.256 must complete a minimum of 4 additional hours of 805 training provided by a registered nurse, licensed pharmacist, or 806 department staff. The department shall establish by rule the 807 minimum requirements of this additional training.

808 <u>(7)(6)</u> Other facility staff shall participate in training 809 relevant to their job duties as specified by rule of the 810 department.

811 <u>(8)-(7)</u> If the department or the agency determines that 812 there are problems in a facility that could be reduced through

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813 specific staff training or education beyond that already 814 required under this section, the department or the agency may 815 require, and provide, or cause to be provided, the training or 816 education of any personal care staff in the facility.

817 <u>(9)(8)</u> The department shall adopt rules related to these 818 training requirements, the competency test, necessary 819 procedures, and competency test fees and shall adopt or contract 820 with another entity to develop a curriculum, which shall be used 821 as the minimum core training requirements. The department shall 822 consult with representatives of stakeholder associations and 823 agencies in the development of the curriculum.

824 (10) (9) The training required by this section must shall 825 be conducted by persons registered with the department as having 826 the requisite experience and credentials to conduct the 827 training. A person seeking to register as a trainer must provide 828 the department with proof of completion of the minimum core 829 training education requirements, successful passage of the competency test established under this section, and proof of 830 compliance with the continuing education requirement in 831 832 subsection (5) (4).

833 <u>(11)(10)</u> A person seeking to register as a trainer must 834 also:

(a) Provide proof of completion of a 4-year degree from an
accredited college or university and must have worked in a
management position in an assisted living facility for 3 years
after being core certified;

(b) Have worked in a management position in an assistedliving facility for 5 years after being core certified and have

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841 1 year of teaching experience as an educator or staff trainer 842 for persons who work in assisted living facilities or other 843 long-term care settings;

844 (c) Have been previously employed as a core trainer for 845 the department; or

846 (d) Meet other qualification criteria as defined in rule,847 which the department is authorized to adopt.

848 (12) The agency in conjunction with the department shall 849 establish a database for collection of training requirements, 850 competency testing, and documentation required under this part. 851 The database shall be used by administrators and licensees to 852 determine eligibility of staff. The department may adopt 853 additional reporting requirements by rule. Effective July 1, 854 2014, organizations and individuals providing training, testing, 855 or documentation under this part must submit electronically the 856 following information to the agency:

857 (a) The trainee's name and identifying information; dates
 858 of training, tests, or certificates of successful passage,
 859 completion, and attendance; and scores for competency testing
 860 for persons trained, tested, or issued certificates.

861 (b) Identifying information for the organization or 862 individual providing the training, testing, or certificates. 863 864 Failure to comply with reporting requirements may result in 865 suspension of the authority to offer training, testing, or issue 866 certificates.

867 <u>(13) (11)</u> The department shall adopt rules to establish 868 trainer registration requirements.

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869 Section 9. Subsection (3) is added to section 429.54, 870 Florida Statutes, to read: 871 429.54 Collection of information; local subsidy.-872 (3) Subject to the availability of funds, the agency, the 873 department, the Department of Children and Families, and the 874 Agency for Persons with Disabilities shall develop or modify 875 electronic systems of communication among state-supported 876 automated systems to ensure that relevant information pertaining 877 to the regulation of assisted living facilities and facility 878 staff is timely and effectively communicated among agencies in 879 order to facilitate the protection of residents. 880 Section 10. Section 429.55, Florida Statutes, is created 881 to read: 882 429.55 Intersurveyor reliability.-The Legislature finds 883 that consistent regulation of assisted living facilities 884 benefits residents and operators of such facilities. To 885 determine whether all surveys are consistent, the agency shall 886 conduct a study of intersurveyor reliability for assisted living 887 facilities. By November 1, 2013, the agency shall submit a 888 report to the Governor, the President of the Senate, and the 889 Speaker of the House of Representatives of its findings and make 890 any recommendations to improve intersurveyor reliability. 891 Section 11. Section 429.56, Florida Statutes, is created 892 to read: 893 429.56 Consumer information.-The Legislature finds that 894 consumers need additional information on the quality of care and 895 service provided in assisted living facilities in order to 896 select the best facility for themselves or their loved ones.

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897	Therefore, the agency shall:
898	(1) Propose a rating system for assisted living
899	facilities. The proposal must include, but is not limited to,
900	the data elements to be used, the method of collecting the data,
901	the method of determining the rating, an estimate of the initial
902	and ongoing costs of a rating system to both the agency and
903	assisted living facilities, and a timetable for the
904	implementation of the rating system for assisted living
905	facilities. The agency shall submit its proposal to the
906	Governor, the President of the Senate, and the Speaker of the
907	House of Representatives by November 1, 2013.
908	(2) By January 1, 2014, create a content that is easily
909	accessible through the front page of the agency's website. At a
910	minimum, the content must include:
911	(a) Information on each licensed assisted living facility,
912	including, but not limited to:
913	1. The name and address of the facility.
914	2. The number and type of licensed beds in the facility.
915	3. The types of licenses held by the facility.
916	4. The facility's license expiration date and status.
917	5. Other relevant information that the agency currently
918	collects.
919	(b) A list of the facility's violations, including, for
920	each violation:
921	1. A summary of the violation which is presented in a
922	manner understandable by the general public;
923	2. Any sanctions imposed by final order; and
924	3. The date of the correction.

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925 (c) Links to inspection reports that the agency has on 926 file. Section 12. For fiscal year 2013-2014, two full-time 927 928 equivalent positions, with associated salary rate of 103,651, 929 are authorized and the sums of \$151,322 in recurring funds and 930 \$7,986 in nonrecurring funds from the Administrative Trust Fund 931 of the Agency for Health Care Administration and \$200,080 in 932 nonrecurring funds from the Health Care Trust Fund of the Agency 933 for Health Care Administration are appropriated, to the Agency 934 for Health Care Administration for the purpose of carrying out 935 all regulatory activities provided in this act. 936 Section 13. This act shall take effect July 1, 2013.

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